

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

TO ORGANIZE A MAJORITY PAC (TOMPAC)

ADDRESS (number and street) PO BOX 752
 Check if different than previously reported. (ACC)
 DES MOINES IA 50303

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00385732

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day **Post -Election** Report for the:
- | | | |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on 11 04 2008 in the State of _____

5. Covering Period 10 16 2008 through 11 24 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Theresa Kehoe

Signature of Treasurer Electronically Filed by Theresa Kehoe Date 01 17 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
TO ORGANIZE A MAJORITY PAC (TOMPAC)

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		34882.94
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	66512.29									
(c) Total Receipts (from Line 19)	27500.00	212439.22								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	94012.29	247322.16								
7. Total Disbursements (from Line 31)	53925.55	207235.42								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	40086.74	40086.74								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
TO ORGANIZE A MAJORITY PAC (TOMPAC)

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2250.00	97050.00
(i) Itemized (use Schedule A)	0.00	139.22
(ii) Unitemized	2250.00	97189.22
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	23250.00	113250.00
(c) Other Political Committees (such as PACs)	25500.00	210439.22
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	2000.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	27500.00	212439.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27500.00	212439.22

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	12925.55	76235.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	12925.55	76235.42
22. Transfers to Affiliated/Other Party Committees.....	5000.00	5000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36000.00	126000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	53925.55	207235.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53925.55	207235.42

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	25500.00	210439.22
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25500.00	210439.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12925.55	76235.42
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12925.55	76235.42

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A. Full Name (Last, First, Middle Initial)
Michael Forscey

Mailing Address 2445 M St NW Ste 233

City State Zip Code
Washington DC 20037

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Forscey & Stinson PLLC Managing Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
10 / 28 / 2008

Transaction ID: SA11AI.12512

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Evan Migdail

Mailing Address 7219 Delfield St

City State Zip Code
Chevy Chase MD 20815

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
DLA Piper Rudnick Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
10 / 20 / 2008

Transaction ID: SA11AI.12508

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Vincent Reusing

Mailing Address 114 Madison Pl

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
VPR Associates atty

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
10 / 28 / 2008

Transaction ID: SA11AI.12510

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	2250.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A. Full Name (Last, First, Middle Initial)
Action Committee for Rural Electrification ACRE
Mailing Address 4301 Wilson Blvd

City State Zip Code
Arlington VA 22203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 8
Transaction ID: SA11C.12514
Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E
Mailing Address 1625 L STREET NW

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8
Transaction ID: SA11C.12517
Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE
Mailing Address 1201 L Street, NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00006080

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8
Transaction ID: SA11C.12516
Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **12500.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 18
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.

Full Name (Last, First, Middle Initial)
DLA PIPER LLP (US) POLITICAL ACTION COMMITTEE (DLA PIPER PAC)

Mailing Address 500 8th Street, NW
Suite 700

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00151340

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: SA11C.12523

Amount of Each Receipt this Period
750.00

B.

Full Name (Last, First, Middle Initial)
MONSANTO COMPANY CITIZENSHIP FUND AKA MONSANTO CITIZENSHIP FUND

Mailing Address 800 N. Lindbergh Blvd.

City St. Louis State MO Zip Code 63167

FEC ID number of contributing federal political committee. **C** C00042069

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11C.12519

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
PLANNED PARENTHOOD ACTION FUND INC. PAC

Mailing Address 434 West 33rd Street

City New York State NY Zip Code 10001

FEC ID number of contributing federal political committee. **C** C00314617

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: SA11C.12521

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	10750.00
TOTAL This Period (last page this line number only)	23250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 18	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.

Full Name (Last, First, Middle Initial)
TOM ALLEN FOR SENATE

Mailing Address 550 FOREST AVE SUITE 101

City State Zip Code
PORTLAND ME 04101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: SA16.12524

Amount of Each Receipt this Period
2000.00

Refund of contribution

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	2000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.	Full Name (Last, First, Middle Initial) Alamo Rent a Car <hr/> Mailing Address Des Moines Airport <hr/> City Des Moines State IA Zip Code 50321 <hr/> Purpose of Disbursement travel exp for TOMPAC Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.12504 Date of Disbursement 10 / 20 / 2008 <hr/> Amount of Each Disbursement this Period 307.98
B.	Full Name (Last, First, Middle Initial) Bambinos Restaurant <hr/> Mailing Address Cumming <hr/> City Cumming State IA Zip Code 50061 <hr/> Purpose of Disbursement catering exp for TOMPAC Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.12500 Date of Disbursement 10 / 20 / 2008 <hr/> Amount of Each Disbursement this Period 253.75
C.	Full Name (Last, First, Middle Initial) Bankers Trust <hr/> Mailing Address 7th & Grand <hr/> City Des Moines State IA Zip Code 50309 <hr/> Purpose of Disbursement bank charges Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.12464 Date of Disbursement 10 / 16 / 2008 <hr/> Amount of Each Disbursement this Period 82.18

SUBTOTAL of Disbursements This Page (optional) ▶

643.91

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.	Full Name (Last, First, Middle Initial) DiNino Associates LLC	Transaction ID: SB21B.12481 Date of Disbursement 10 / 26 / 2008
	Mailing Address 210 Whitestone Road	Amount of Each Disbursement this Period 4000.00
	City Silver Spring State MD Zip Code 20901	
	Purpose of Disbursement fundraising consultant for TOMPAC Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DiNino Associates LLC	Transaction ID: SB21B.12492 Date of Disbursement 11 / 03 / 2008
	Mailing Address 210 Whitestone Road	Amount of Each Disbursement this Period 2464.10
	City Silver Spring State MD Zip Code 20901	
	Purpose of Disbursement travel expenses for TOMPAC Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DiNino Associates LLC	Transaction ID: SB21B.12495 Date of Disbursement 11 / 24 / 2008
	Mailing Address 210 Whitestone Road	Amount of Each Disbursement this Period 4000.00
	City Silver Spring State MD Zip Code 20901	
	Purpose of Disbursement fundraising consultant for TOMPAC Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	10464.10
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.	Full Name (Last, First, Middle Initial) First National Merchant Solutions <hr/> Mailing Address PO Box 3190 <hr/> City Omaha State NE Zip Code 68103 <hr/> Purpose of Disbursement credit card processing fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.12485 Date of Disbursement 11 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 52.45
B.	Full Name (Last, First, Middle Initial) Jeremy Gold <hr/> Mailing Address 1930 18th St #2 <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement travel expenses for TOMPAC Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.12480 Date of Disbursement 10 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 155.00
C.	Full Name (Last, First, Middle Initial) Suites of 800 Locust <hr/> Mailing Address 800 Locust <hr/> City Des Moines State IA Zip Code 50309 <hr/> Purpose of Disbursement travel exp for TOMPAC Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.12501 Date of Disbursement 10 / 20 / 2008 <hr/> Amount of Each Disbursement this Period 652.10

SUBTOTAL of Disbursements This Page (optional) ▶

859.55

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 18

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement
travel exp for TOMPAC

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.12498

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

Amount of Each Disbursement this Period

803.00

SUBTOTAL of Disbursements This Page (optional)

803.00

TOTAL This Period (last page this line number only)

12770.56

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 18

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.

Full Name (Last, First, Middle Initial)
VERMONT DEMOCRATIC PARTY

Transaction ID: SB22.12490

Date of Disbursement

Mailing Address PO Box 1220

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	0	8

City State Zip Code
Montpelier VT 05601

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.	Full Name (Last, First, Middle Initial) ALASKANS FOR BEGICH Mailing Address PO BOX 240287 City ANCHORAGE State AK Zip Code 99524 Purpose of Disbursement contribution Candidate Name MARK BEGICH Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.12466 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8	Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) AL FRANKEN FOR SENATE Mailing Address PO BOX 583144 City MINNEAPOLIS State MN Zip Code 55458 Purpose of Disbursement Contribution Candidate Name AL FRANKEN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.12465 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8	Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) BECKY GREENWALD FOR CONGRESS Mailing Address PO BOX 608 City PERRY State IA Zip Code 50220 Purpose of Disbursement contribution Candidate Name REBECCA GREENWALD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.12467 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8	Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) CITIZENS FOR CALLAHAN</p> <p>Mailing Address PO BOX 9458</p> <p>City PEORIA State IL Zip Code 61612</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name COLLEEN CALLAHAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.12486</p> <p>Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Category/Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) FRANKEN RECOUNT FUND</p> <p>Mailing Address 4190 VINEWOOD LANE #111-554</p> <p>City MINNEAPOLIS State MN Zip Code 55442</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.12493</p> <p>Date of Disbursement 11 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) FRIENDS OF BRUCE LUNSFORD</p> <p>Mailing Address 1500 BARDSTOWN ROAD SECOND FLOOR</p> <p>City LOUISVILLE State KY Zip Code 40205</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name BRUCE LUNSFORD</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.12468</p> <p>Date of Disbursement 10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

11000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A. Full Name (Last, First, Middle Initial) HILLARY CLINTON FOR PRESIDENT <hr/> Mailing Address PO Box 101436 <hr/> City Arlington State VA Zip Code 22210 <hr/> Purpose of Disbursement contribution Candidate Name HILLARY RODHAM CLINTON Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 00	Transaction ID: SB23.12482 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) JEANNE SHAHEEN FOR SENATE <hr/> Mailing Address PO BOX 1510 <hr/> City MANCHESTER State NH Zip Code 03105 <hr/> Purpose of Disbursement contribution Candidate Name JEANNE SHAHEEN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NH District: 00	Transaction ID: SB23.12469 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) MARTIN FOR SENATE INC <hr/> Mailing Address PO BOX 7219 <hr/> City ATLANTA State GA Zip Code 30357 <hr/> Purpose of Disbursement contribution Candidate Name JAMES FRANCIS MARTIN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 00	Transaction ID: SB23.12470 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 4000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.	Full Name (Last, First, Middle Initial) NEBRASKANS FOR KLEEB		Transaction ID: SB23.12473	
	Mailing Address 109 N HASTINGS AVENUE		Date of Disbursement 10 / 22 / 2008	
	City HASTINGS	State NE	Zip Code 68901	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement contribution		Category/ Type	
	Candidate Name SCOTT MICHAEL KLEEB			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: NE	District: 00		

B.	Full Name (Last, First, Middle Initial) SLATTERY FOR SENATE		Transaction ID: SB23.12476	
	Mailing Address BOX 4486		Date of Disbursement 10 / 22 / 2008	
	City TOPEKA	State KS	Zip Code 66604	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement contribution		Category/ Type	
	Candidate Name JIM SLATTERY			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: KS	District: 00		

C.	Full Name (Last, First, Middle Initial) TOM ALLEN FOR SENATE		Transaction ID: SB23.12477	
	Mailing Address 550 FOREST AVE SUITE 101		Date of Disbursement 10 / 22 / 2008	
	City PORTLAND	State ME	Zip Code 04101	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement contribution		Category/ Type	
	Candidate Name THOMAS H ALLEN			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: ME	District: 00		

SUBTOTAL of Disbursements This Page (optional)	8500.00
TOTAL This Period (last page this line number only)	36000.00