



FEDERAL ELECTION COMMISSION
WASHINGTON, D C 20463

THIS IS THE BEGINNING OF MUR # 3304

DATE FILMED 3/13/72 CAMERA NO. 3

CAMERAMAN Tim H



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

April 30, 1991

MEMORANDUM

TO: LAWRENCE M. NOBLE
GENERAL COUNSEL

THROUGH: JOHN C. SURINA
STAFF DIRECTOR

FROM: JOHN D. GIBSON
ASSISTANT STAFF DIRECTOR
REPORTS ANALYSIS DIVISION

SUBJECT: REFERRAL OF THE NATIONAL FREEDOM POLITICAL ACTION
COMMITTEE

This is a referral of the National Freedom Political Action Committee ("the Committee") for failure to file the 1990 Year End and 1991 February Monthly Reports within thirty (30) calendar days from the date of the Non-Filer Notice. According to the 1989-1990 RAD Review and Referral Procedures for Unauthorized Committees (Standard 3), this matter requires further examination by your office.

For your information, a Chronic Late Filer Notice was sent to the Committee on September 10, 1990 for failing to file the 1989 Mid-Year Report and the 1990 April, June, July and August Monthly Reports in a timely manner; however, the Committee does not meet the threshold for referral for Chronic Late filing.

Please note that the Committee was sent a Non-Filer Notice on April 11, 1991 for failure to file the 1991 March Monthly Report (due March 20, 1991). The Committee may be referred to your office if the report is not filed within thirty days from the date of the Non-Filer Notice.

If you have any questions regarding this matter, please contact Robert DiNardo at 376-2480.

Attachment

REPORTS ANALYSIS REFERRAL
TO
OFFICE OF GENERAL COUNSEL

DATE: April 30, 1991

ANALYST: ROBERT DINARDO

I. COMMITTEE: National Freedom Political Action
Committee (C00238535)
Kimberly Lingle, Treasurer
(12/10/90 - Present)
Darla Quinn, Treasurer
(8/1/90-12/10/90)
Tammy Hjort, Treasurer
(11/7/89-8/1/90)
Rick Woodrow, Treasurer
(6/1/89-11/7/89)
P.O. Box 458
Mountlake Terrace, WA 98043

II. RELEVANT STATUTE: 2 U.S.C. §434(a)(4)(B)
11 CFR §104.5(c)(3)(i) and (ii)

III. BACKGROUND:

Failure to File Reports

The National Freedom Political Action Committee ("the Committee") failed to file the 1990 Year End and 1991 February Monthly Reports in a timely manner. The Committee was notified on December 27, 1990 that the 1990 Year End Report was due on January 31, 1991, and the 1991 February Monthly Report was due on February 20, 1991 (Attachment 2). Non-Filer Notices were sent to the Committee on February 22, 1991 for the 1990 Year End Report and on March 18, 1991 for the 1991 February Monthly Report (Attachments 3 and 4).

On March 21 and 22, 1991, the Reports Analysis Division ("RAD") analyst attempted to contact Kimberly Lingle, the treasurer of the Committee. However, the RAD analyst was unable to locate a phone number for the Committee (Attachment 5).

As of this date, the 1990 Year End and 1991 February Monthly Reports have not been filed.

IV. OTHER PENDING MATTERS INITIATED BY RAD:

None.

40092902

FEDERAL ELECTION COMMISSION
 1991-1992
 COMMITTEE INDEX OF DISCLOSURE DOCUMENTS - (C)

PAGE 1

COMMITTEE	DOCUMENT	RECEIPTS	DISBURSEMENTS	COVERAGE DATES	# OF PAGES	MICROFILM LOCATION
						TYPE OF FILER
NATIONAL FREEDOM POLITICAL ACTION COMMITTEE						ID #000238535 NON-PARTY NON-QUALIFIED
CONNECTED ORGANIZATION:						
	1991 NOTICE OF FAILURE TO FILE			1JAN91 -31JAN91	1	91FEC/690/2341
	NOTICE OF FAILURE TO FILE			1FEB91 -28FEB91	1	91FEC/692/2802
	TOTAL	0	0			2 TOTAL PAGES

All reports listed have been reviewed.

Cash-on-hand as of 11/26/90: \$619.82

Debts and obligations owed to the committee as of 11/26/90: \$0

Debts and obligations owed by the committee as of 11/26/90: \$1415.10

FEDERAL ELECTION COMMISSION
1989-1990
COMMITTEE INDEX OF DISCLOSURE DOCUMENTS - (C)

DATE 17APR91

PAGE 1

COMMITTEE	DOCUMENT	RECEIPTS	DISBURSEMENTS	COVERASE DATES	# OF PAGES	MICROFILM LOCATION
						TYPE OF FILER
NATIONAL FREEDOM POLITICAL ACTION COMMITTEE				ID 000238535	NON-PARTY NON-QUALIFIED	
CONNECTED ORGANIZATION:						
1989	STATEMENT OF ORGANIZATION			18SEP89	2	89FEC/609/2720
	REQUEST FOR ADDITIONAL INFORMATION			11OCT89	1	89FEC/611/1379
	STATEMENT OF ORGANIZATION - AMENDMENT			11DEC89	2	89FEC/616/3708
	REQUEST FOR ADDITIONAL INFORMATION 2ND			2NOV89	2	89FEC/614/1691
	MID-YEAR REPORT	5,039	5,259	1JAN89 -30JUN89	7	90FEC/623/0777
	YEAR-END	19,065	18,675	1JUL89 -31DEC89	14	90FEC/623/0785
	REQUEST FOR ADDITIONAL INFORMATION			1JUL89 -31DEC89	2	90FEC/639/1682
	REQUEST FOR ADDITIONAL INFORMATION 2ND			1JUL89 -31DEC89	4	90FEC/641/4482
1990	FILING FREQUENCY CHANGE NOTICE			31JAN90	2	90FEC/623/0774
	STATEMENT OF ORGANIZATION - AMENDMENT			20FEB90	1	90FEC/628/5211
	ACKNOWLEDGEMENT OF FILING FREQUENCY CHANGE			8MAY90	1	90FEC/639/0187
	STATEMENT OF ORGANIZATION - AMENDMENT			5SEP90	2	90FEC/654/3775
	MISCELLANEOUS NOTICE FROM FEC			10SEP90	2	90FEC/654/4880
	STATEMENT OF ORGANIZATION - AMENDMENT			18DEC90	1	90FEC/678/4958
	FEBRUARY MONTHLY	3,906	4,016	1JAN90 -31JAN90	7	90FEC/628/5203
	MARCH MONTHLY	3,306	3,362	1FEB90 -28FEB90	10	90FEC/631/4740
	MARCH MONTHLY - AMENDMENT	3,306	3,362	1FEB90 -28FEB90	8	90FEC/654/3778
	REQUEST FOR ADDITIONAL INFORMATION			1FEB90 -28FEB90	1	90FEC/639/1680
	REQUEST FOR ADDITIONAL INFORMATION 2ND			1FEB90 -28FEB90	4	90FEC/641/4486
	APRIL MONTHLY	5,659	5,622	1MAR90 -31MAR90	13	90FEC/639/0471
	MAY MONTHLY	3,559	3,429	1APR90 -30APR90	10	90FEC/639/0484
	JUNE MONTHLY	4,354	4,476	1MAY90 -31MAY90	12	90FEC/654/3787
	NOTICE OF FAILURE TO FILE			1MAY90 -31MAY90	1	90FEC/651/3716
	1ST LETTER INFORMATIONAL NOTICE			1MAY90 -31MAY90	2	90FEC/664/4775
	JULY MONTHLY	3,019	3,042	1JUN90 -30JUN90	10	90FEC/654/3800
	NOTICE OF FAILURE TO FILE			1JUN90 -30JUN90	1	90FEC/651/3717
	1ST LETTER INFORMATIONAL NOTICE			1JUN90 -30JUN90	2	90FEC/664/4777
	AUGUST MONTHLY	4,220	4,122	1JUL90 -31JUL90	9	90FEC/654/3811
	1ST LETTER INFORMATIONAL NOTICE			1JUL90 -31JUL90	2	90FEC/664/4779
	SEPTEMBER MONTHLY	5,693	5,522	1AUG90 -30AUG90	10	90FEC/657/2102
	REQUEST FOR ADDITIONAL INFORMATION			1AUG90 -31AUG90	2	90FEC/662/0571
	REQUEST FOR ADDITIONAL INFORMATION 2ND			1AUG90 -31AUG90	3	90FEC/670/3664
	OCTOBER MONTHLY	2,780	2,727	1SEP90 -30SEP90	9	90FEC/662/3644
	PRE-GENERAL	3,632	3,368	1OCT90 -17OCT90	9	90FEC/670/0338
	REQUEST FOR ADDITIONAL INFORMATION			1OCT90 -17OCT90	1	91FEC/687/1712
	REQUEST FOR ADDITIONAL INFORMATION 2ND			1OCT90 -17OCT90	2	91FEC/689/1887
	POST-GENERAL	5,120	5,112	18OCT90 -26NOV90	15	90FEC/678/4960
	NOTICE OF FAILURE TO FILE			27NOV90 -31DEC90	1	91FEC/688/3940
	TOTAL	69,352	0	68,732	0	187 TOTAL PAGES

REPORT NOTICE

FEDERAL ELECTION COMMISSION

PARTIES AND PACS

December 27, 1990

REPORT	REPORTING PERIOD	REG./CERT. MAILING DATE*	FILING DATE
Year-End	11/27/90** - 12/31/90	01/31/91	01/31/91

WHO MUST FILE

ALL PARTY COMMITTEES AND PACS (NONCONNECTED COMMITTEES AND SEPARATE SEGREGATED FUNDS) must file a Year-End Report.

WHAT MUST BE REPORTED

Disclose all financial activity (not previously reported) that occurred during the reporting period.

REPORTING FORMS

Party committees and PACs use Form 3X (enclosed).

WHERE TO FILE

Consult the instructions on the back of the Summary Page of Form 3X. Note State filing requirements also.

LABEL

Committees should affix the peel-off label from the envelope to Line 1 of the report. Corrections should be made on the label.

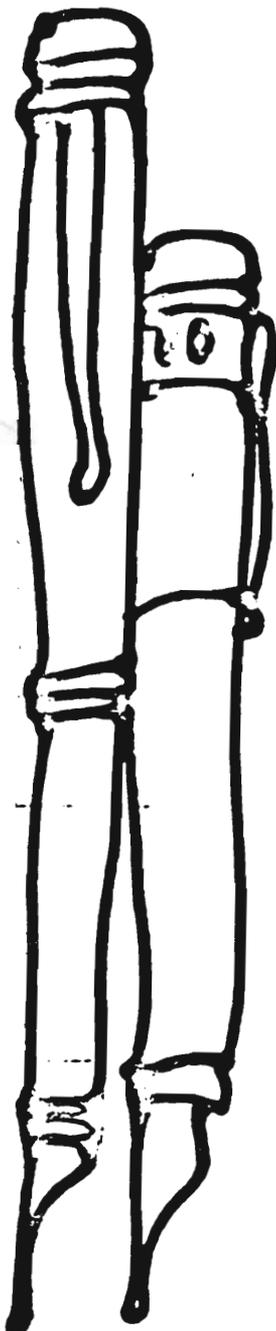
COMPLIANCE

TREASURERS OF POLITICAL COMMITTEES ARE RESPONSIBLE FOR FILING ALL REPORTS ON TIME. FAILURE TO DO SO IS SUBJECT TO ENFORCEMENT ACTION. COMMITTEES FILING ILLEGIBLE REPORTS OR USING NON-FEC FORMS WILL BE REQUIRED TO REFILE.

*Reports sent by registered or certified mail will be considered filed on the date of the U.S. postmark. Reports hand delivered or mailed first class must be received by the filing date.

**The period begins with the close of the last report filed by the committee. If the committee has filed no previous reports, the period begins with the date of the committee's first activity.

(over)



1991 REPORTING SCHEDULE
PARTIES AND PACS

I. SEMIANNUAL FILERS*

REPORT	PERIOD COVERED	REG./CERT.	
		MAILING DATE**	FILING DATE
Mid-Year	01/01/91-06/30/91	07/31/91	07/31/91
Year-End	07/01/91-12/31/91	01/31/92	01/31/92

II. MONTHLY FILERS

REPORT	PERIOD COVERED	REG./CERT.	
		MAILING DATE**	FILING DATE
February	01/01/91-01/31/91	02/20/91	02/20/91
March	02/01/91-02/28/91	03/20/91	03/20/91
April	03/01/91-03/31/91	04/20/91	04/20/91
May	04/01/91-04/30/91	05/20/91	05/20/91
June	05/01/91-05/31/91	06/20/91	06/20/91
July	06/01/91-06/30/91	07/20/91	07/20/91
August	07/01/91-07/31/91	08/20/91	08/20/91
September	08/01/91-08/31/91	09/20/91	09/20/91
October	09/01/91-09/30/91	10/20/91	10/20/91
November	10/01/91-10/31/91	11/20/91	11/20/91
December	11/01/91-11/30/91	12/20/91	12/20/91
Year-End	12/01/91-12/31/91	01/31/92	01/31/92

CHANGE IN FILING FREQUENCY

Committees wishing to change their reporting schedule (for example, from monthly to semiannual or vice versa) must notify the Commission in writing when they file their next report due under their current reporting schedule. Committees may change their filing frequencies no more than once per calendar year.

*Committees that filed quarterly reports in 1990 are only required to file semiannually in 1991.

**Reports sent by registered or certified mail must be postmarked by the mailing date. Otherwise, they must be received by the filing date.

FOR INFORMATION, Call: Information Services Division
202/376-3120 or 800/424-9530



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-7

February 22, 1991

Kimberly Lingle, Treasurer
National Freedom Political
Action Committee
P.O. Box 458
Mountlake Terrace, WA 98043

Identification Number: C00238535

Reference: Year End Report (11/27/90-12/31/90)

Dear Ms. Lingle:

It has come to the attention of the Federal Election Commission ("the Commission") that your committee may be in violation of 2 U.S.C. §434(a) for failing to file the above referenced Report of Receipts and Disbursements. You were previously notified of the due date for this report.

It is important that you file this report immediately with the Federal Election Commission, 999 E Street, NW, Washington, DC 20463 (or with the Clerk of the House or the Secretary of the Senate, as appropriate). A copy of the report or its relevant portions should also be filed with the Secretary of State or equivalent state officer (see 11 CFR §§108.2, 108.3, 108.4).

Although the Commission may initiate an audit or legal enforcement action concerning this matter, your prompt response and a letter of explanation will be taken into consideration.

If you have any questions, please contact Michael Carroll on our toll-free number (800) 424-9530. Our local number is (202) 376-2480.

Sincerely,

A handwritten signature in cursive script that reads "John D. Gibson".

John D. Gibson
Assistant Staff Director
Reports Analysis Division

21536383940

ANALYST: Michael D. Carroll

CONVERSATION WITH: N/A

COMMITTEE: National Freedom PAC

DATE: 3/21/91 - 3/22/91

SUBJECT(S): I tried to contact the committee concerning the nonfiling of their reports, but there was no phone number to contact the committee.



FEDERAL ELECTION COMMISSION
WASHINGTON DC 20463

MEMORANDUM

TO: LAWRENCE M. NOBLE
GENERAL COUNSEL

FROM: MARJORIE W. EMMONS/Bonnie J. Faison *BJF*
COMMISSION SECRETARY

DATE: MAY 17, 1991

SUBJECT: RAD REFERRAL #91NF-70: FIRST GENERAL COUNSEL'S
REPORT DATED MAY 13, 1991.

The above-captioned document was circulated to the
Commission on WED., MAY 15, 1991 AT 11:00 A.M..

Objection(s) have been received from the Commissioner(s)
as indicated by the name(s) checked below:

Commissioner Aikens	_____
Commissioner Elliott	_____
Commissioner Josefiak	_____
Commissioner McDonald	_____
Commissioner McGarry	_____
Commissioner Thomas	<u>XXX</u>

This matter will be placed on the meeting agenda
for TUESDAY, JUNE 4, 1991.

Please notify us who will represent your Division before the
Commission on this matter.

FEDERAL ELECTION COMMISSION
999 E Street, N.W.
Washington, D.C. 20463

FIRST GENERAL COUNSEL'S REPORT

RAD Referral 91NF-70
STAFF MEMBER: Dodie C. Kent

SOURCE: I N T E R N A L L Y G E N E R A T E D

RESPONDENTS: National Freedom Political Action Committee and
Kimberly Lingle, as treasurer

RELEVANT STATUTES: 2 U.S.C. § 434(a)(4)(B)

INTERNAL REPORTS CHECKED: Referral Materials

FEDERAL AGENCIES CHECKED: None

I. GENERATION OF MATTER

The Office of the General Counsel received a referral from the Reports Analysis Division on May 1, 1991. Attachment 1. The basis of the attached referral is the failure of National Freedom Political Action Committee and Kimberly Lingle, as treasurer (the "Committee"), to file both its 1990 Year End and February Monthly Reports.¹

II. FACTUAL AND LEGAL ANALYSIS

For the Factual and Legal Analysis, see Attachment 2.

III. DISCUSSION OF CONCILIATION AND CIVIL PENALTY

1. To date, the March and April Monthly Reports also have not been filed. These reports may similarly be referred to this Office. See Attachment 1 at 1.

For your information, the Committee also failed to timely file its 1989 Mid Year Report, as well as the 1990 April, June, July and August Monthly Reports.

III. RECOMMENDATIONS

1. Open a MUR.
2. Find reason to believe that National Freedom Political Action Committee and Kimberly Lingle, as treasurer, violated 2 U.S.C. 434(a)(4), and enter into conciliation prior to a finding of probable cause to believe.

3. Approve the attached Factual and Legal Analysis and proposed conciliation agreement, and the appropriate letter.

Lawrence M. Noble
General Counsel

Date

5/28/91

BY:


Lois G. Lerner
Associate General Counsel

Attachments:

1. Referral Materials
2. Factual and Legal Analysis (1)
3. Proposed Conciliation Agreement

BEFORE THE FEDERAL ELECTION COMMISSION

(MUR 3324)

In the Matter of)
)
National Freedom Political Action) RAD Referral #91NF-70
Committee and Kimberly Lingle, as)
treasurer.)

CERTIFICATION

I, Marjorie W. Emmons, Secretary of the Federal Election Commission, do hereby certify that on May 31, 1991, the Commission decided by a vote of 5-0 to take the following actions in RAD Referral #91NF-70:

1. Open a MUR.
2. Find reason to believe that National Freedom Political Action Committee and Kimberly Lingle, as treasurer, violated 2 U.S.C. § 434(a)(4), and enter into conciliation prior to a finding of probable cause to believe.
3. Approve the Factual and Legal Analysis proposed conciliation agreement, and the appropriate letter, as recommended in the General Counsel's Report dated May 28, 1991.

Commissioners Aikens, Elliott, Josefiak, McDonald, and Thomas voted affirmatively for the decision; Commissioner McGarry did not cast a vote.

Attest:

6-3-91
Date

Marjorie W. Emmons
Marjorie W. Emmons
Secretary of the Commission

Received in the Secretariat: Tues., May 28, 1991 1:42 p.m.
Circulated to the Commission: Wed., May 29, 1991 4:00 p.m.
Deadline for vote: Fri., May 31, 1991 4:00 p.m.



FEDERAL ELECTION COMMISSION
WASHINGTON D.C. 20463

June 10, 1991

Kimberly Lingle, Treasurer
National Freedom Political
Action Committee
P.O. Box 458
Mountlake Terrace, WA 98043

RE: MUR 3324
National Freedom Political
Action Committee and
Kimberly Lingle, as Treasurer

Dear Ms. Lingle:

On May 31, 1991, the Federal Election Commission found that there is reason to believe the National Freedom Political Action Committee and you, as treasurer, violated 2 U.S.C. § 434(a)(4), a provision of the Federal Election Campaign Act of 1971, as amended ("the Act"). The Factual and Legal Analysis, which formed a basis for the Commission's finding, is attached for your information.

Under the Act, you have an opportunity to demonstrate that no action should be taken against the National Freedom Political Action Committee and you, as treasurer. You may submit any factual or legal materials that you believe are relevant to the Commission's consideration of this matter. Please submit such materials to the General Counsel's Office within 15 days of your receipt of this letter. Where appropriate, statements should be submitted under oath.

In the absence of any additional information demonstrating that no further action should be taken against the National Freedom Political Action Committee and you, as treasurer, the Commission may find probable cause to believe that a violation has occurred and proceed with conciliation.

In order to expedite the resolution of this matter, the Commission has also decided to offer to enter into negotiations directed towards reaching a conciliation agreement in settlement of this matter prior to a finding of probable cause to believe. Enclosed is a conciliation agreement that the Commission has approved.

Kimberly Lingle
Page 2

If you are interested in expediting the resolution of this matter by pursuing preprobable cause conciliation and if you agree with the provisions of the enclosed agreement, please sign and return the agreement, along with the civil penalty, to the Commission. In light of the fact that conciliation negotiations, prior to a finding of probable cause to believe, are limited to a maximum of 30 days, you should respond to this notification as soon as possible.

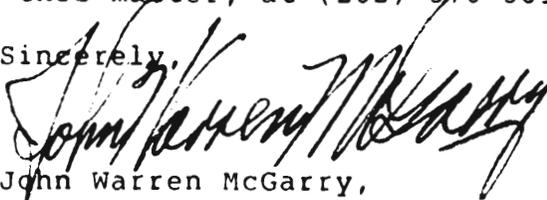
Requests for extensions of time will not be routinely granted. Requests must be made in writing at least five days prior to the due date of the response and specific good cause must be demonstrated. In addition, the Office of the General Counsel ordinarily will not give extensions beyond 20 days.

If you intend to be represented by counsel in this matter, please advise the Commission by completing the enclosed form stating the name, address, and telephone number of such counsel, and authorizing such counsel to receive any notifications and other communications from the Commission.

This matter will remain confidential in accordance with 2 U.S.C. §§ 437g(a)(4)(B) and 437g(a)(12)(A), unless you notify the Commission in writing that you wish the investigation to be made public.

For your information, we have attached a brief description of the Commission's procedures for handling possible violations of the Act. If you have any questions, please contact Dodie C. Kent, the attorney assigned to this matter, at (202) 376-5690.

Sincerely,



John Warren McGarry,
Chairman

Enclosures
Factual and Legal Analysis
Procedures
Designation of Counsel Form
Conciliation Agreement

FEDERAL ELECTION COMMISSION

FACTUAL AND LEGAL ANALYSIS

RESPONDENTS: National Freedom Political Action Committee and Kimberly Lingle,
as treasurer **MUR: 3324**

The Federal Election Campaign Act of 1971, as amended (the "Act"), requires treasurers of unauthorized political committees to file periodic reports of receipts and disbursements on a quarterly or a monthly basis during a calendar year in which a regularly scheduled general election is held. 2 U.S.C. § 434(a)(4). Political committees opting to file on a monthly basis are required to file on or before the 20th day of each month, except that, in lieu of filing the reports otherwise due in November and December of any year in which a regularly scheduled general election is held, pre-general and post-general election reports must be timely filed, and a year end report must be filed no later than January 31 of the following calendar year. 2 U.S.C. § 434(a)(4)(B).

National Freedom Political Action Committee (the "Committee") is an unauthorized committee which has elected to file on a monthly basis. Pursuant to 2 U.S.C. § 434(a)(4)(B), the Committee was required to file a 1990 Year End Report no later than January 31, 1991. Furthermore, the Committee was required to file its 1991 February Monthly Report no later than February 20, 1991.

Accordingly, the Committee was notified on December 27,

1990 that the 1990 Year End Report was due no later than January 31, 1991 and that the 1991 February Monthly Report was due on February 20, 1991. Additionally, Non-Filer notices were mailed to the Committee on February 22, 1991 for the 1990 Year End Report and on March 18, 1991 for the 1991 February Monthly Report which informed the Committee that failure to file the referenced reports could result in an audit or legal enforcement action. Nevertheless, to date, National Freedom PAC has filed neither the 1990 Year End Report nor the 1991 February Monthly Report.

Therefore, there is reason to believe that National Freedom Political Action Committee and Kimberly Lingle, as treasurer, violated 2 U.S.C. § 434(a)(4)(B) by failing to file both its 1990 Year End Report and 1991 February Monthly Report.



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

June 26, 1991

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Kimberly Lingle, Treasurer
National Freedom Political Action Committee
P.O. Box 458
Mountlake Terrace, WA 98043

RE: MUR 3324
National Freedom PAC and
Kimberly Lingle, as treasurer

Dear Ms. Lingle:

On June 10, 1991, you were notified that the Federal Election Commission, on May 31, 1991, found reason to believe the National Freedom Political Action Committee and you, as treasurer, violated 2 U.S.C. § 434(a)(4), a provision of the Federal Election Campaign Act of 1971, as amended (the "Act"). Enclosed are copies of the materials that were sent to you at that time. Under the Act, and Commission regulations, you have an opportunity to demonstrate that no action should be taken against the Committee and you, as treasurer.

A review of our files indicates that to date you have not responded to the Commission's finding. Unless we receive a response from you within 10 days, this matter will proceed to the next stage of the enforcement process.

Should you have any questions, please contact Dodie C. Kent, the attorney assigned to this matter, at (202) 376-5690.

Sincerely,

Lawrence M. Noble
General Counsel

A handwritten signature in black ink, appearing to read "Robert Bonham", written over a horizontal line.

BY: Robert W. Bonham, III
Assistant General Counsel

Enclosure

91 JUL 22 AM 10: 58

BEFORE THE FEDERAL ELECTION COMMISSION

SENSITIVE

In the Matter of)
)
National Freedom Political Action) MUR 3324
Committee and Kimberly Lingle,)
as treasurer)

GENERAL COUNSEL'S REPORT

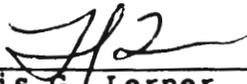
On May 31, 1991, the Commission found reason to believe the National Freedom Political Action Committee and Kimberly Lingle, as treasurer ("respondents"), violated 2 U.S.C. § 434(a)(4) by failing to file both their 1990 Year End Report and their 1991 February Monthly Report. Notification of the Commission's action was mailed to respondents on June 10, 1991, however, respondents did not submit a response. Additional notification was mailed to respondents, by certified mail, on June 26, 1991, and this Office was provided with a copy of the certified receipt indicating that the notification was delivered to respondents on July 1, 1991. To date, respondents have not responded.¹

1. Respondents can not be reached by phone. This Office was informed by two Washington operators that there was no listing for a Kimberly Lingle or National Freedom Political Action Committee in the state of Washington. The Reports Analysis Division was told that the number(s) is unlisted.

Therefore, this Office is proceeding to the next stage of the enforcement process.

Lawrence M. Noble
General Counsel

7/19/91
Date

BY: 
Lois G. Lerner
Associate General Counsel

Staff assigned: Dodie C. Kent

RECEIVED
F.E.C.
SECRETARIAT



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

91 JUL 29 AM 11:52

SENSITIVE

July 29, 1991

MEMORANDUM

TO: The Commission
FROM: Lawrence M. Noble *LMN*
General Counsel
SUBJECT: MUR 3324

Attached for the Commission's review is a brief stating the position of the General Counsel on the legal and factual issues of the above-captioned matter. A copy of this brief and a letter notifying the respondents of the General Counsel's intent to recommend to the Commission a finding of probable cause to believe were mailed on July 29, 1991. Following receipt of the respondents' reply to this notice, this Office will make a further report to the Commission.

Attachments

1. Brief
2. Letter to respondent

BEFORE THE FEDERAL ELECTION COMMISSION

In the Matter of)
)
National Freedom Political Action) MUR 3324
Committee and Kimberly Lingle,)
as treasurer)

GENERAL'S COUNSEL'S BRIEF

I. STATEMENT OF THE CASE

On May 31, 1991, the Commission found reason to believe the National Freedom Political Action Committee and Kimberly Lingle, as treasurer ("respondents"), violated 2 U.S.C. § 434(a)(4) by failing to file both their 1990 Year End Report and their 1991 February Monthly Report. Notification of the Commission's action was mailed to respondents on June 10, 1991 and again, by certified mail, on June 26, 1991. To date, respondents have not responded.

II. ANALYSIS

The Federal Election Campaign Act of 1971, as amended (the "Act"), requires treasurers of unauthorized political committees to file periodic reports of receipts and disbursements on a quarterly or a monthly basis during a calendar year in which a regularly scheduled general election is held. 2 U.S.C. § 434(a)(4). Political committees opting to file on a monthly basis are required to file on or before the 20th day of each month, except that, in lieu of filing the reports otherwise due in November and December of any year in which a regularly scheduled general election is held, pre-general and post-general election reports must be timely

filed, and a year end report must be filed no later than January 31 of the following calendar year. 2 U.S.C. § 434(a)(4)(B).

National Freedom Political Action Committee (the "Committee") is an unauthorized committee which has elected to file on a monthly basis. Pursuant to 2 U.S.C. § 434(a)(4)(B), the Committee was required to file a 1990 Year End Report no later than January 31, 1991. Furthermore, the Committee was required to file its 1991 February Monthly Report no later than February 20, 1991. Accordingly, the Committee was notified on December 27, 1990 that the 1990 Year End Report was due no later than January 31, 1991 and that the 1991 February Monthly Report was due on February 20, 1991. Additionally, Non-Filer notices were mailed to the Committee on February 22, 1991 for the 1990 Year End Report and on March 18, 1991 for the 1991 February Monthly Report which informed the Committee that failure to file the referenced reports could result in an audit or legal enforcement action. Nevertheless, to date, National Freedom PAC has filed neither the 1990 Year End Report nor the 1991 February Monthly Report.

Therefore, this Office recommends that the Commission find probable cause to believe the National Freedom Political

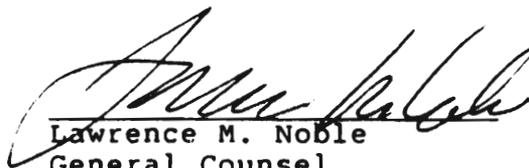
Action Committee and Kimberly Lingle, as treasurer, violated
2 U.S.C. § 434(a)(4).

III. GENERAL COUNSEL'S RECOMMENDATION

1. Find probable cause to believe that National Freedom
Political Action Committee and Kimberly Lingle, as
treasurer violated 2 U.S.C. § 434(a)(4).

Date

7/25/91


Lawrence M. Noble
General Counsel



FEDERAL ELECTION COMMISSION
WASHINGTON DC 20463

July 29, 1991

Kimberly Lingle, Treasurer
National Freedom Political Action Committee
P.O. Box 458
Mountlake Terrace, WA 98043

RE: MUR 3324
National Freedom Political
Action Committee and Kimberly
Lingle, as treasurer

Dear Ms. Lingle:

Based on information ascertained in the normal course of carrying out its supervisory responsibilities, on May 31, 1991, the Federal Election Commission found reason to believe that National Freedom Political Action Committee and you, as treasurer, violated 2 U.S.C. § 434(a)(4), and instituted an investigation in this matter.

After considering all the evidence available to the Commission, the Office of the General Counsel is prepared to recommend that the Commission find probable cause to believe that a violation has occurred.

The Commission may or may not approve the General Counsel's recommendation. Submitted for your review is a brief stating the position of the General Counsel on the legal and factual issues of the case. Within 15 days of your receipt of this notice, you may file with the Secretary of the Commission a brief (ten copies if possible) stating your position on the issues and replying to the brief of the General Counsel. (Three copies of such brief should also be forwarded to the Office of the General Counsel, if possible.) The General Counsel's brief and any brief which you may submit will be considered by the Commission before proceeding to a vote of whether there is probable cause to believe a violation has occurred.

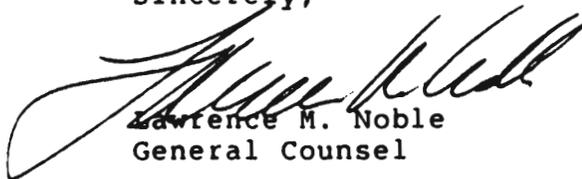
If you are unable to file a responsive brief within 15 days, you may submit a written request for an extension of time. All requests for extensions of time must be submitted in writing five days prior to the due date, and good cause must be demonstrated. In addition, the Office of the General Counsel ordinarily will not give extensions beyond 20 days.

Kimberly Lingle
National Freedom Political Action Committee
Page Two

A finding of probable cause to believe requires that the Office of the General Counsel attempt for a period of not less than 30, but not more than 90 days, to settle this matter through a conciliation agreement.

Should you have any questions, please contact Dodie C. Kent, the attorney assigned to this matter, at (202) 376-5690.

Sincerely,



Lawrence M. Noble
General Counsel

Enclosure
Brief



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

August 29, 1991

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Kimberly Lingle, Treasurer
National Freedom Political Action Committee
P.O. Box 458
Mountlake Terrace, WA 98403

RE: MUR 3324
National Freedom PAC and
Kimberly Lingle, as treasurer

Dear Ms. Lingle:

You were notified on both June 10, 1991 and July 1, 1991 that the Federal Election Commission, on May 31, 1991, found reason to believe that the National Freedom Political Action Committee (the "Committee") and you, as treasurer, violated 2 U.S.C. § 434(a)(4). On July 29, 1991, you were notified that the Office of the General Counsel, after considering all the evidence available to the Commission, is prepared to recommend that the Commission find probable cause to believe that a violation has occurred. Included with the Commission's correspondence, dated July 29, 1991, was a brief stating the General Counsel's position on the legal and factual issues of the case. At that time, you were afforded 15 days to respond to the General Counsel's position. Enclosed are copies of the materials that were sent to you on July 29, 1991.

A review of our files indicates that, to date, you have not responded. Unless we receive a response from you within 10 days, this matter will proceed to the next stage of the enforcement process.

Should you have any questions, please contact Dodie C. Kent, the attorney assigned to this matter, at (202) 219-3690.

Sincerely,

Lawrence M. Noble
General Counsel

A handwritten signature in black ink, appearing to read "Robert W. Bonham, III", is written over a horizontal line.

BY: Robert W. Bonham, III
Associate General Counsel

Enclosure

bc 2/24

NATIONAL FREEDOM POLITICAL ACTION COMMITTEE

PO BOX 458

MOUNTLAKE TERRACE, WA 98043

August 29, 1991

RECEIVED
FEDERAL ELECTION COMMISSION
MAIN OFFICE ROOM

91 SEP -9 PM 12: 00

Dodie C. Kent
Federal Election Commission
Washington, D.C. 20463

Dear Dodie:

I have recently taken over as Treasurer of the National Freedom Political Action Committee. As you know, this organization is the subject of **NUR 3324**. If there are other matters with the FEC outstanding I am not aware of them but I have written to the Reports Division requesting an update on exactly where NFPAC stands and if there are any remaining outstanding reporting requirements that have not yet been met.

91 SEP -9 PM 3:47

RECEIVED
FEDERAL ELECTION COMMISSION
MAIN OFFICE ROOM

Although I have a fairly good background in bookkeeping, I am not totally familiar with all of the laws concerning political action committees and the Federal Election Commission. I have spent a significant amount of time recently studying the booklet concerning federal reporting requirements and think that I have at least a basic understanding although I am going to need your help as well as the help of your Reports Division to get this matter resolved.

NFPAC is a relatively small political action committee that specializes in training grassroots volunteers and helping them work for or against various candidates in their own communities. A review of their reports will demonstrate that this is a PAC on the low end of the financial roster and writes very few checks to candidates. Apparently, the 1990 year end report along with a letter requesting a change from monthly filing to semi-annual was completed but never sent.

In the mean time, Kimberly Lingle who was the former treasurer and was responsible for the completion and timely filing of the reports, has literally dropped out of sight and it has been difficult trying to put all of this together without her input. From what I have been able to piece together, Kimberly urgently left Washington state due to some serious medical and personal problems. No one associated with NFPAC has seen or heard from her since and so I have had to go in blind to resolve our current problems with the FEC.

I have the letter from Mr. Lawrence Noble, dated July 29, 1991 before me which demands a response within 15 days. Since it has been just a few days since I have seen this letter I hope you will bear with me in the delay in responding. I realize that this is no doubt an unusual request but I think you will agree that the circumstances surrounding all of this are likewise unusual.

Since the Year End Report was not filed prior to now, (it was sent to your Reports Division today) and the change of reporting dates was never mailed, (all monthly reports from January through July were also mailed today to your Reports Division), there is no question that NFPAC has violated U.S.C. 2434 (a) (4). In

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studying your reporting requirements, it is very clear that the FEC considers the timely filing of reports a very serious matter and NFPAC has failed to meet these requirements.

On the other hand, I have tried to lay out for you as clearly as possible the circumstances surrounding this matter and I want you to know with certainty that as the new treasurer of the National Freedom Political Action Committee it is my intention to see that all reports in the future are filed on a timely basis and that NFPAC fully operates within the laws governed by the Federal Election Commission.

Not being familiar with the manner in which the FEC operates, I am not clear as to where to go from here. As I stated earlier, to the best of my knowledge all outstanding reports have been filed as of today. In addition, I have written to your Reports Division in an attempt to be sure that any and all outstanding reporting requirements have been met. If they respond that there are still matters to be addressed, I can assure you that they will receive my prompt attention and be taken care of immediately.

While I can't undo the past, I can clear up all outstanding requirements and see to it that a situation such as this does not happen in the future.

Would you please advise me as to the current status of MUR 3324 as well as any other matters currently under consideration in regards to the National Freedom Political Action Committee. I can assure you of my own personal cooperation in doing all that I can to get these matters resolved and getting NFPAC operating on a sound and responsible basis.

Thank you for your kind assistance in this matter. Due to my lack of political action committee background, I trust that I can count on you and your office to provide me with the cooperation I will need in order to put all of this behind us.

I look forward to your response and sincerely hope that we can find a solution that will allow your office to meet its obligation to the government and American public while at the same time enable NFPAC to solve these problems and get back on track with the Federal Election Commission.

Yours truly,

Kendall McBriar
Kendall McBriar
Treasurer

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <i>National Freedom Political Action Committee</i>		2. FEC IDENTIFICATION NUMBER <i>000238535</i>	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <i>PO Box 458</i>		3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date)	
CITY, STATE and ZIP CODE <i>MOUNTAIN TERRACE, WA 98043</i>			

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period <i>11/27/90</i> through <i>12/31/90</i>		
6.	(a) Cash on Hand January 1, 19 <i>90</i>		\$ <i>170.22</i>
	(b) Cash on Hand at Beginning of Reporting Period	\$ <i>619.82</i>	
	(c) Total Receipts (from Line 18)	\$ <i>3880.80</i>	\$ <i>49,133.09</i>
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <i>4500.62</i>	\$ <i>49303.31</i>
7.	Total Disbursements (from Line 28)	\$ <i>4359.51</i>	\$ <i>49162.20</i>
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <i>141.11</i>	\$ <i>141.11</i>
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-376-3120
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <i>1,115.10</i>	

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 _____

Signature of Treasurer _____ Date _____

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

DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3X)

Name of Committee (in full)	Report Covering the Period	
National Freedom PAC	From: 11/27/90	To: 12/31/90
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		
(i) Itemized (use Schedule A)	2640.20	18,105.95
(ii) Unitemized	1240.60	29,163.89
(iii) Total of contributions from individuals	3880.80	47,269.84
(b) Political Party Committees	—	—
(c) Other Political Committees (such as PACs)	—	—
(d) TOTAL CONTRIBUTIONS (add 11(a)(iii), (b), and (c))	3880.80	47,269.84
12. TRANSFERS FROM AFFILIATED/OTHER PARTY COMMITTEES	—	
13. ALL LOANS RECEIVED	—	1863.25
14. LOAN REPAYMENTS RECEIVED	—	—
15. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	—	—
16. REFUNDS OF CONTRIBUTIONS MADE TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES	—	—
17. OTHER RECEIPTS (Dividends, Interest, etc.)	—	—
18. TOTAL RECEIPTS (add 11(d), 12, 13, 14, 15, 16 and 17)	3880.80	49,133.09
II. DISBURSEMENTS		
19. OPERATING EXPENDITURES	3512.42	19,685.75
20. TRANSFERS TO AFFILIATED/OTHER PARTY COMMITTEES		
21. CONTRIBUTIONS TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES		
22. INDEPENDENT EXPENDITURES (use Schedule E)	—	21,640.44
23. COORDINATED EXPENDITURES MADE BY PARTY COMMITTEES (2 U.S.C. 441a(d)) (use Schedule F)		
24. LOAN REPAYMENTS MADE	300.00	746.14
25. LOANS MADE		
26. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 26(a), (b), and (c))		
27. OTHER DISBURSEMENTS	547.09	7,987.37
28. TOTAL DISBURSEMENTS (add 19, 20, 21, 22, 23, 24, 25, 26(d) and 27)	4,359.51	49,162.20
III. NET CONTRIBUTIONS/OPERATING EXPENDITURES		
29. TOTAL CONTRIBUTIONS (other than loans) (from Line 11(d))	3880.80	47,269.84
30. TOTAL CONTRIBUTION REFUNDS (from Line 26(d))	—	—
31. NET CONTRIBUTIONS (other than loans) (subtract Line 30 from 29)	3880.80	47,269.84
32. TOTAL OPERATING EXPENDITURES (from Line 19)	3512.42	19,685.75
33. OFFSETS TO OPERATING EXPENDITURES (from Line 15)	—	—
34. NET OPERATING EXPENDITURES (subtract Line 33 from 32)	3512.42	19,685.75

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 6
FOR LINE NUMBER

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)

NATIONAL FREEDOM PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Metal 13804 50TH AVE E TACOMA, WA 98446 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Requested Occupation Aggregate Year-to-Date > \$ 1,275	12/11/90 12/24/90	50.00 50.00
B. Full Name, Mailing Address and ZIP Code MARILYN BEAUDRY 257 WASHINGTON ST. SALEM, MA. 01970 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation Aggregate Year-to-Date > \$ 235	12/10/90 12/31/90	15.00 15.00
C. Full Name, Mailing Address and ZIP Code Patricia Berghuis 2514 RUTLER ST. BELLEVILLE, NY 11710 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Requested Occupation Aggregate Year-to-Date > \$ 850	12/13/90	100.00
D. Full Name, Mailing Address and ZIP Code BRENDA BEULS 2423 SPIRING MOUNTAIN DR. BOISE, ID 83702 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Requested Occupation Aggregate Year-to-Date > \$	12/10/90	20.00
E. Full Name, Mailing Address and ZIP Code RICHARD BURLEIGH 2752 GROVE ST NATIONAL, CO. 92650 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	U.S. NAVY Occupation Aggregate Year-to-Date > \$ 540	12/24/90	30.00
F. Full Name, Mailing Address and ZIP Code BETH CASEY 2134 WOODLY PL. N SEATTLE, WA 98109 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation Aggregate Year-to-Date > \$ 213.35	12/10/90 12/24/90	30.00 25.00
G. Full Name, Mailing Address and ZIP Code Henry Cornell 121 Oakdale Dr. BERN, DE. 19701 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Requested Occupation Aggregate Year-to-Date > \$	12/26/90	50.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 6
FOR LINE NUMBER 16

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NAME OF COMMITTEE (in Full)

NATIONAL ANTI-CORRUPTION PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DR. W. H. CRAIN 2511 San Gabriel Austin, TX. 78705	U of TEXAS	12/24/90	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CLERK	Aggregate Year-to-Date > \$ 2/00	
B. Full Name, Mailing Address and ZIP Code Edgar Debray 4640 D NW 3 COURT Delray Beach, FL 33445	Name of Employer Retiro	Date (month, day, year) 12/24/90	Amount of Each Receipt this Period 30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 475	
C. Full Name, Mailing Address and ZIP Code Raymond Dooley 4226 85th Ave Meraca Island, WA 98040	Name of Employer Requestor	Date (month, day, year) 12/17/90	Amount of Each Receipt this Period 25 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 350	
D. Full Name, Mailing Address and ZIP Code Michael Dwyer 506 WASHINGTON LOGANSPORT, ID 46947	Name of Employer Requestor	Date (month, day, year) 12/14/90 12/31/90	Amount of Each Receipt this Period 50.00 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 265	
E. Full Name, Mailing Address and ZIP Code MR + MRS J. EILBERG 10127 MINNIE AVE CRAIG LAWN, IL 60453	Name of Employer Retired	Date (month, day, year) 12/10/90	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 240	
F. Full Name, Mailing Address and ZIP Code Mary Ann Forman PO Box 219 Antelope, OR 97001	Name of Employer SELF	Date (month, day, year) 12/2/90 12/31/90	Amount of Each Receipt this Period 50.00 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation KITCHEN	Aggregate Year-to-Date > \$ 365	
G. Full Name, Mailing Address and ZIP Code Alfain Friedman 278 Buffalo Hallam Ave Buffalo, NY 14223	Name of Employer Requestor	Date (month, day, year) 12/24/90	Amount of Each Receipt this Period 35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 260	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **3** OF **6**
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

NATIONAL FREEDOM PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES GETTYS 3628 MONROE #3 SAN DIEGO, CA 92116 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation Aggregate Year-to-Date > \$ 245	12/2/90	20.00
LORETTA HARRIS 19709 DANVERS LYNNWOOD, WA 98036 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation Aggregate Year-to-Date > \$	12/6/90 12/20/90	25.00 25.60
ADELINE HOBMAN 1017 LOS CERRITOS NAPA, CA. 94559 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Requiescent Occupation Aggregate Year-to-Date > \$ 230	12/19/90	25.00
LAURINE ISSAINE 243 BIRCH ST #402 CLAREMONT, NH 03743 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation Aggregate Year-to-Date > \$ 240	12/10/90 12/28/90	20.00 15.00
AGNES KELLEHER 4193 WILLOW GROVE DALLAS, TX 75220 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation Aggregate Year-to-Date > \$ 2,600	12/26/90	150.00
GERALD KNUTSON 1565 EAST LAKE BLVD SHREVEPORT, LA 70521 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Requiescent Occupation Aggregate Year-to-Date > \$ 558	12/31/90	26.00
MARGARET KRAUS 319 6th ST BROOKLYN, NY 11215 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retiring Occupation Aggregate Year-to-Date > \$ 375	12/14/90 12/26/90	40 10

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
National Freedom PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARY LAWRECE 209 Beechwood DR Daly City, CA. 94015	Requested	12/10/90	25.00
	Occupation	12/28/90	15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 302.75		
B. Full Name, Mailing Address and ZIP Code Nina Lowton 17829 25th Ave NE Seattle, WA. 98155	Retired	12/11/90	50.00
	Occupation	12/20/90	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 600		
C. Full Name, Mailing Address and ZIP Code Kathleen Lewis 147 Elm Ave Healy, PA. 17033	Requested	12/4/90	10-
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 214		
D. Full Name, Mailing Address and ZIP Code Grace MacKenzie 4700 NW Elliott Washington, D.C. 20016	Retired	12/6/90	25.00
	Occupation	12/24/90	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 550		
E. Full Name, Mailing Address and ZIP Code Mrs. MRS. Wanda Major 5832 Parkway Longwood, VA 22032	Requested	12/29/90	125
	Occupation	12/29/90	12
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		25.60
F. Full Name, Mailing Address and ZIP Code Mrs. Veronica Richard Prindole 3001 N. Blake Canyon Phoenix, AZ 85015	Requested	12/24/90	50-
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 460		
G. Full Name, Mailing Address and ZIP Code Anita J. A. Rudisell 900 W. 7th St. Columbia, TN 38401	ST. Catherine Church	12/13/90	100-
	Occupation Chrysm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 6
FOR LINE NUMBER

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)

NATIONAL Freedom PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Schaban PO Box 96 Evanston, IA 51536	Retired	12/17/90	20 ⁻
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marcia Schochat 737 North Lincoln Palo Alto, CA 94303	Requester	12/6/90	25 ⁻
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	12/27/90	30 ⁻
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nora Souse 5402 Hamden Town Dallas, TX 75257	Dallas Mavericks	12/13/90	100 ⁻
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 1,000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Adele Tracey 605 River Bend RD Great Falls, VA 22064	Retired	12/10/90	50 ⁻
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	12/17/90	40 ⁻
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Thomas 1516 43rd St Rock Island, IL 61201	Retired	12/10/90	50 ⁻
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	12/26/90	300 ⁻
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kent Veazey 1616 Kincaid St Lake Charles, LA 70601	Requester	12/13/90	25 ⁻
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	12/31/90	25 ⁻
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARVIN WEGMAN RR 1 Box 31 Dover, MD 21929	Requester	12/13/90	25 ⁻
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 400 ⁻	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 6
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)
National Freedom PAC

A. Full Name, Mailing Address and ZIP Code <i>Mr & Mrs Albert Wiggert</i> <i>5822 N. 22nd Dr</i> <i>Phoenix, AZ 85015</i>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	<i>Retired</i>	<i>11/28/90</i>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	<i>12/26/90</i>	<i>50-</i>
Aggregate Year-to-Date > \$ <i>400-</i>			<i>50-</i>

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	<i>2640.20</i>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 19

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NAME OF COMMITTEE (in Full)
National Freedom PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nancy Bell 1 Lake Bellevue Bellevue, WA	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/90	60.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Target Consulting 23215 58th Ave W Mountlake Terrace, WA 98043	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/10/90 12/24/90	600 - 300 -
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. Postmaster Mountlake Terrace, WA 98043	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/11/90 12/18/90	200 - 100 -
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
		12/20/90 12/27/90	125 150
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. K. Clay 196th St Lynnwood, WA	Post Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/11/90 12/27/90	378.32 378.32
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Target Consulting 23213 58th Ave W Mountlake Terrace, WA 98043	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/21/90	70.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lu Linke 44th & Brian Lynnwood, WA	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/11/90 12/17/90 11/27/90	300.00 300.00 33.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
UN ITEMIZED	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		543.04 517.98
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	3512.42

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use only for reporting
for each category of the
Detailed Summary Page
1 / 1
24

Information obtained from such reports and statements may not be sold or used by any person for any purpose other than that for which it was originally collected. The address of any political committee should be left blank, but not omitted.

NAME OF COMMITTEE (in Full)

NATIONAL FREEDOM PAC

A Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount	Period
Robin Woodrow 2121 148 th SW LYNNWOOD, WA 98037	Loan Repayment Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	12/21/91	300.00	
B Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year)	Amount	Period
C Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year)	Amount	Period
D Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year)	Amount	Period
E Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year)	Amount	Period
F Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year)	Amount	Period
G Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year)	Amount	Period
H Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year)	Amount	Period
I Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year)	Amount	Period

SUBTOTAL (Carry over from this page to page 2)

TOTAL (Carry over from this page to page 2) 300.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 27

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)

NATIONAL ARMY INC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
UNITEMED	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		547.09
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

547.09

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (in Full) <i>NATIONAL FREEDOM PPE</i>	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				<i>1,115.10</i>
4) ADDITIONAL INFORMATION (last page only)				

LOANS

Name of Committee (in Full) <u>NATIONAL Freedom PAC</u>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <u>Robin Woodrow</u> <u>2121 145th SW</u> <u>Lynnwood, WA 98037</u>	Original Amount of Loan <u>1415.10</u>	Cumulative Payment To Date <u>300.00</u>	Balance Outstanding at Close of This Period <u>1,115.10</u>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>12/17/90</u> Date Due <u>12/31/90</u> Interest Rate _____ % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <u>NATIONAL FREEDOM PAC</u>	2. FEC IDENTIFICATION NUMBER <u>C00238535</u>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <u>PO Box 458</u>	3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).
CITY, STATE and ZIP CODE <u>MOUNTLAGE TERRACE, WA 98043</u>	

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- | | | |
|---|---------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period <u>1/1/91</u> through <u>1/31/91</u>		
6.	(a) Cash on Hand January 1, 19 <u>91</u>	\$ 141.11	\$ 141.11
	(b) Cash on Hand at Beginning of Reporting Period	\$ 141.11	
	(c) Total Receipts (from Line 18)	\$ 2515.92	\$ 2515.92
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 2657.03	\$ 2657.03
7.	Total Disbursements (from Line 28)	\$ 2493.75	\$ 2493.75
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 163.28	\$ 163.28
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-376-3120
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 965.10	

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 _____

Signature of Treasurer _____ Date _____

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

DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2. FEC FORM 3X)

Name of Committee (in full)	Report Covering the Period	
National Freedom PAC	From: 1/1/91	To: 1/31/91
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		
(i) Itemized (use Schedule A)	1500 ⁻	1500
(ii) Unitemized	1015.92	1015.92
(iii) Total of contributions from individuals		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTIONS (add 11(a)(iii), (b), and (c)).	2515.92	2515.92
12. TRANSFERS FROM AFFILIATED/OTHER PARTY COMMITTEES	—	
13. ALL LOANS RECEIVED	—	
14. LOAN REPAYMENTS RECEIVED	—	
15. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	—	
16. REFUNDS OF CONTRIBUTIONS MADE TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES	—	
17. OTHER RECEIPTS (Dividends, Interest, etc.)	—	
18. TOTAL RECEIPTS (add 11(d), 12, 13, 14, 15, 16 and 17)	2515.92	2515.92
II. DISBURSEMENTS		
19. OPERATING EXPENDITURES	1743.75 ⁻	1743.75 ⁻
20. TRANSFERS TO AFFILIATED/OTHER PARTY COMMITTEES	—	
21. CONTRIBUTIONS TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES	—	
22. INDEPENDENT EXPENDITURES (use Schedule E)	600 ⁻	600
23. COORDINATED EXPENDITURES MADE BY PARTY COMMITTEES (2 U.S.C. 441a(d)) (use Schedule F)	—	
24. LOAN REPAYMENTS MADE	150 ⁻	150 ⁻
25. LOANS MADE	—	
26. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees	—	
(c) Other Political Committees (such as PACs)	—	
(d) TOTAL CONTRIBUTION REFUNDS (add 26(a), (b), and (c))		
27. OTHER DISBURSEMENTS	—	
28. TOTAL DISBURSEMENTS (add 19, 20, 21, 22, 23, 24, 25, 26(d) and 27)	2493.75 ⁻	2493.75 ⁻
III. NET CONTRIBUTIONS/OPERATING EXPENDITURES		
29. TOTAL CONTRIBUTIONS (other than loans) (from Line 11(d)).		
30. TOTAL CONTRIBUTION REFUNDS (from Line 26(d))	—	
31. NET CONTRIBUTIONS (other than loans) (subtract Line 30 from 29)		
32. TOTAL OPERATING EXPENDITURES (from Line 19)	1743.75 ⁻	1743.75 ⁻
33. OFFSETS TO OPERATING EXPENDITURES (from Line 15)	—	
34. NET OPERATING EXPENDITURES (subtract Line 33 from 32)	1743.75 ⁻	1743.75 ⁻

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

NATIONAL FREEDOM PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DR. W. H. CRAIG 2511 SAN GABRIEL AUSTIN, TX. 78705 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Union of Texas Occupation Unemployed Aggregate Year-to-Date > \$ 1000-	1/22/91	1000-
B. Full Name, Mailing Address and ZIP Code HENRY DAVIS 7821 BUIST Philadelphia, Pa. 19153 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Registered Aggregate Year-to-Date > \$ 200-	1/14/91	200-
C. Full Name, Mailing Address and ZIP Code JOSEPH GALDO 7033 CRANE LANE Philadelphia, Pa. 19128 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation US NAVY Self-employed Aggregate Year-to-Date > \$ 300-	1/27/91 1/14/91	200- 100-
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1500-

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

National Freedom PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Target Consulting 23213 50th W. MOUNTLAKE TERRACE, WA 98043	CONSULTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/23/91	400 -
U.S. POSTMASTER MOUNTLAKE TERRACE, WA 98043	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/14/91	100 -
Kim Hingle ADDRESS UNKNOWN	SUNRISE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/14/91 1/23/91 1/28/91 1/28/91	63 - 93 - 105.75 70.00
Target Consulting 23213 50th W MOUNTLAKE TERRACE, WA 98043	TRAVEL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/31/91	200 -
Edmonds Auto RT. 99 LYNNWOOD, WA 98037	TRAVEL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/5/91	275 -
Edmonds Auto Repair RT 99 + 208 EDMONDS, WA 98020	TRAVEL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/23/91	178.48
Kim Hingle ADDRESS UNKNOWN	TRAVEL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/30/91	30 -
MOUNTLAKE TERRACE UTILITIES MOUNTLAKE TERRACE, WA	UTILITIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/14/91	42.52
Quality Rentals CRASINE RD. EUCLEATA, WA	Equipment Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/8/91	72.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 19

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)

NATIONAL Freedom PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
<i>UNITEMIZED</i>			<i>121-</i>
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1743.75

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21

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)

NATIONAL FREEDOM PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RUBIN WOODRUE 2121 148 SW LYNNWOOD, WA 98037	Loan Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/14/91	150.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

150.00

LOANS

Name of Committee (in Full) <u>NATIONAL Freedom PAC</u>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <u>Robin Woodrow</u> <u>2121 145 SW</u> <u>Lynnwood, WA</u>	Original Amount of Loan <u>1415.10</u>	Cumulative Payment To Date <u>450 -</u>	Balance Outstanding at Close of This Period <u>965.10</u>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>12/17/88</u> Date Due _____ Interest Rate _____ %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			<u>965.10</u>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for
LINE NUMBER 12
(Use separate schedules
for each numbered line)

Name of Committee (in Full) <i>National Freedom Pmc</i>	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				<i>965.10</i>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				<i>965.10</i>

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)			I.D. No.	
NATIONAL FREEDOM PAC			C00238535	
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
TALIS CONSULTING 23213 SBW MOUNTAIN VIEW, WA 98043	CONSULTING	1/25/91	350.00	BOB DOLAN U.S. Senator <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Kimi Link ADDRESS UNKNOWN	TRAINING	1/22/91	250.00	BOB DOLAN U.S. Senator <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			\$	
(b) SUBTOTAL of Unitemized Independent Expenditures			\$	
(c) TOTAL Independent Expenditures			\$	600-

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Kendall McBrien
Signature

9-4-91
Date

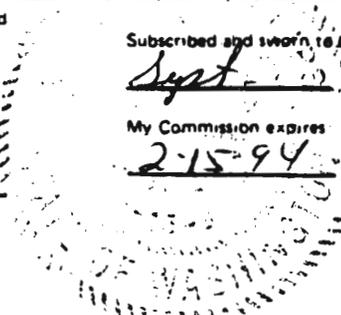
Subscribed and sworn to before me this 4 day of

Sept, 1991

My Commission expires

2-15-94

[Signature]
NOTARY PUBLIC



REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <p style="text-align: center; font-size: 1.2em;">National Freedom Political Action Committee</p> ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <p style="text-align: center; font-size: 1.2em;">PO Box 458</p> CITY, STATE and ZIP CODE <p style="text-align: center; font-size: 1.2em;">MOUNTLAKE TERRACE, WA 98043</p>	2. FEC IDENTIFICATION NUMBER <p style="text-align: center; font-size: 1.2em;">C00 238535</p> 3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).
---	--

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input checked="" type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	2/1/91 through 2/28/91		
6. (a) Cash on Hand January 1, 1991			\$ 141.11
(b) Cash on Hand at Beginning of Reporting Period		\$ 163.28	
(c) Total Receipts (from Line 19)		\$ 1505.18	\$ 4021.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 1668.46	\$ 4162.21
7. Total Disbursements (from Line 30)		\$ 1590.24	\$ 4083.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 78.22	\$ 78.22
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 965.10	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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 _____

Signature of Treasurer _____ Date _____

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

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE <i>National Freedom PAC</i>	REPORT COVERING PERIOD	
	FROM <i>2/1/91</i>	TO: <i>2/28/91</i>
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	<i>0</i>	<i>1500</i>
ii. Unitemized	<i>1505.18</i>	<i>2521.10</i>
iii. Total	<i>1505.18</i>	<i>4021.10</i>
b. Political Party Committees	-	-
c. Other Political Committees (such as PACs)	-	-
d. Total Contributions	<i>1505.18</i>	<i>4021.10</i>
12. Transfers From Affiliated/Other Party Committees	-	-
13. All Loans Received	-	-
14. Loan Repayments Received	-	-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-	-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-	-
17. Other Federal Receipts (Dividends, Interest, etc.)	-	-
18. Transfers from Nonfederal Account for Joint Activity	-	-
19. Total Receipts	-	-
20. Total Federal Receipts	<i>1505.18</i>	<i>4021.10</i>
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures	<i>1590.24</i>	<i>3333.99</i>
22. Transfers to Affiliated/Other Party Committees	-	
23. Contributions to Federal Candidates/Committees and Other Political Committees	-	
24. Independent Expenditures (use Schedule E)	-	<i>600</i>
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..	-	
26. Loan Repayments Made	-	<i>150-</i>
27. Loans Made	-	
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	-	
b. Political Party Committees	-	
c. Other Political Committees (such as PACs)	-	
d. Total Contribution Refunds	-	
29. Other Disbursements	-	
30. Total Disbursements	<i>1590.24</i>	<i>4083.99</i>
31. Total Federal Disbursements	<i>1590.24</i>	<i>4083.99</i>
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	<i>1505.18</i>	<i>4021.10</i>
33. Total Contribution Refunds (from line 28d)	-	-
34. Net Contributions (other than loans)(subtract line 33 from 32)	<i>1505.18</i>	<i>4021.10</i>
35. Total Federal Operating Expenditures	<i>1590.24</i>	<i>3333.99</i>
36. Offsets to Operating Expenditures (from line 15)	-	-
37. Net Operating Expenditures	<i>1590.24</i>	<i>3333.99</i>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 12

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NAME OF COMMITTEE (in Full)

National Freedom PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brian Smith unknown	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/13/91	200.00 98.-
Fred Smelson unknown	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/17/91	41.-
Kelly Dyson unknown	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/17/91	137.50
Target Consulting 21313 5th W Mountlake Terrace, WA 98043	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/22/91	50.-
Quality Rentals Casino Rd. Everett, WA 98203	Equipment Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/16/91	126.-
Fred Hopkins Seattle, WA	Legal Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/1/91	220.00
U.S. Bank P.O. Box 8 Mountlake Terrace, WA 98043	Bank Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/6/91 2/15/91 2/20/91	15.- 15.- 6.95
" "	" " Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/25/91 2/28/91	15.- 15.-
U.S. Postmaster Mountlake Terrace, WA 98043	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/91 2/25/91	125.- 87.-

SUBTOTAL of Disbursements This Page (optional)

1151.45

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

National Freedom PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kim Lingle unknown	Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/14/91 2/19/91 2/25/91	102.89 86.02 59.11
Kim Lingle unknown	Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/1/91 2/21/91	10- 30-
R & H Video 21318 58th W Mountlake Terrace, WA 98043	Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/27/91	50.77
Target Consulting 21313 58th W Mountlake Terrace, WA 98043	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/21/91	60-
NewCastles Georgetown, WA	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/27/91	40-
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1590.24

Name of Committee (in Full) NATIONAL FREEDOM POLITICAL ACTION COMMITTEE.			
A. Full Name, Mailing Address and ZIP Code of Loan Source ROBIN WOODROW 2121 148 W. LYNNWOOD, WA 98037	Original Amount of Loan 1415.10	Cumulative Payment To Date 450	Balance Outstanding at Close of This Period 965.10
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>12/17/90</u> Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			965.10
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page ____ of ____ for
LINE NUMBER ____
(Use separate schedules
for each numbered line)

Name of Committee (in Full) <i>National Freedom PAC</i>	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				965.10
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				965.10

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <p style="text-align: center; font-size: 1.2em;">National Freedom PAC</p>	2. FEC IDENTIFICATION NUMBER <p style="text-align: center; font-size: 1.2em;">C00238535</p>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <p style="text-align: center; font-size: 1.2em;">PO Box 458</p>	3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).
CITY, STATE and ZIP CODE <p style="text-align: center; font-size: 1.2em;">Mountlake Terrace, WA 98043</p>	

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input checked="" type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period <u>3/1/91</u> through <u>3/31/91</u>		
6.	(a) Cash on Hand January 1, 19 <u>91</u>		\$ 141.11
	(b) Cash on Hand at Beginning of Reporting Period	\$ 98.22	
	(c) Total Receipts (from Line 18)	\$ 2040.16	\$ 6061.26
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 2138.38	\$ 6202.37
7.	Total Disbursements (from Line 28)	\$ 2077.06	\$ 6161.05
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 413.22	\$ 41.32
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-376-3120
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 488.10	

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	
Signature of Treasurer	Date

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

DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3X)

Name of Committee (in full)	Report Covering the Period	
<i>National Academic Soc</i>	From: <i>3/1/81</i>	To: <i>3/31/81</i>
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		
(i) Itemized (use Schedule A)	<i>7600</i>	<i>2100 -</i>
(ii) Unitemized	<i>1440.16</i>	<i>3961.26</i>
(iii) Total of contributions from individuals	<i>2040.16</i>	<i>6061.26</i>
(b) Political Party Committees	-	-
(c) Other Political Committees (such as PACs)	-	-
(d) TOTAL CONTRIBUTIONS (add 11(a)(iii), (b), and (c))	<i>2040.16</i>	<i>6061.26</i>
12. TRANSFERS FROM AFFILIATED/OTHER PARTY COMMITTEES	-	-
13. ALL LOANS RECEIVED	-	-
14. LOAN REPAYMENTS RECEIVED	-	-
15. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	-	-
16. REFUNDS OF CONTRIBUTIONS MADE TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES	-	-
17. OTHER RECEIPTS (Dividends, Interest, etc.)	-	-
18. TOTAL RECEIPTS (add 11(d), 12, 13, 14, 15, 16 and 17)	<i>2040.16</i>	<i>6061.26</i>
II. DISBURSEMENTS		
19. OPERATING EXPENDITURES	<i>950.06</i>	<i>4284.15</i>
20. TRANSFERS TO AFFILIATED/OTHER PARTY COMMITTEES	-	-
21. CONTRIBUTIONS TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES	-	-
22. INDEPENDENT EXPENDITURES (use Schedule E)	<i>650 -</i>	<i>1250 -</i>
23. COORDINATED EXPENDITURES MADE BY PARTY COMMITTEES (2 U.S.C. 441a(d)) (use Schedule F)	-	-
24. LOAN REPAYMENTS MADE	<i>477</i>	<i>627 -</i>
25. LOANS MADE	-	-
26. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	/	/
(b) Political Party Committees	/	/
(c) Other Political Committees (such as PACs)	/	/
(d) TOTAL CONTRIBUTION REFUNDS (add 26(a), (b), and (c))	/	/
27. OTHER DISBURSEMENTS	-	-
28. TOTAL DISBURSEMENTS (add 19, 20, 21, 22, 23, 24, 25, 26(d) and 27)	<i>2077.06</i>	<i>6161.05</i>
III. NET CONTRIBUTIONS/OPERATING EXPENDITURES		
29. TOTAL CONTRIBUTIONS (other than loans) (from Line 11(d))	<i>2040.16</i>	<i>6061.26</i>
30. TOTAL CONTRIBUTION REFUNDS (from Line 26(d))	<i>0</i>	<i>0</i>
31. NET CONTRIBUTIONS (other than loans) (subtract Line 30 from 29)	<i>2040.16</i>	<i>6061.26</i>
32. TOTAL OPERATING EXPENDITURES (from Line 19)	<i>950.16</i>	<i>4284.15</i>
33. OFFSETS TO OPERATING EXPENDITURES (from Line 15)	<i>0</i>	<i>0</i>
34. NET OPERATING EXPENDITURES (subtract Line 33 from 32)	<i>950.16</i>	<i>4284.15</i>

0392260

SCHEDULE A

ITEMIZED RECEIPTS

MARCH

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

PAGE 1 OF 1
FOR LINE NUMBER 11 (a) (i)

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)

National Freedom PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DR. W. H. CRAIG 2511 SAN GABRIEL AUSTIN, TX. 78705 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Univ. of Texas Occupation: Curator Aggregate Year-to-Date > \$ 1500	3/6/91	500 ⁻
B. Full Name, Mailing Address and ZIP Code Joseph GALDO 7033 CRANE Lane Philadelphia, PA. 19128 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	U.S. NAVY Occupation: Seaman Aggregate Year-to-Date > \$ 400 ⁻	3/4/91	100 ⁻
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

600⁻

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 19

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)

National Freedom PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robin Woodrow 21219 48th W Mountlake Terrace, WA 98043	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/91	47-
Brian Smith unknown	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/91 3/5/91	75- 75-
Quality Rentals Casino Rd. Everett, WA 98203	Equipment Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/6/91	126-
U.S. Postmaster Mountlake Terrace, WA 98043	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/91 3/8/91	60- 50-
Kim Lingle unknown	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/91	43.03
Public Storage 44th St Mountlake Terrace, WA 98043	Storage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/91	98.61
USA	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/91	52-
New Castles Georgetown, WA	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/6/91	16.47
Target Consulting	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/6/91	60-

SUBTOTAL of Disbursements This Page (optional)

703.11

TOTAL This Period (last page this line number only)

950.06

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 12
FOR LINE NUMBER 19

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NAME OF COMMITTEE (in Full)

National Freedom PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>U.S. Bank P.O. Box 8 Mountlake Terrace, WA 98043</i>	<i>Bank Fee</i>	<i>3/4/91</i>	<i>15-</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	<i>3/6/91</i>	<i>15-</i>
	<input type="checkbox"/> Other (specify)	<i>3/12/91</i>	<i>45-</i>
<i>''</i>	<i>Bank Fee</i>	<i>3/13/91</i>	<i>30-</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	<i>3/14/91</i>	<i>30-</i>
	<input type="checkbox"/> Other (specify)	<i>3/15/91</i>	<i>30-</i>
<i>''</i>	<i>Bank Fee</i>	<i>3/18/91</i>	<i>30-</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	<i>3/19/91</i>	<i>30-</i>
	<input type="checkbox"/> Other (specify)	<i>3/19/91</i>	<i>6.95-</i>
<i>''</i>	<i>Bank Fee</i>	<i>3/20/91</i>	<i>15-</i>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

950.06

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)
National Freedom PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Robin Woodrow 21219 48th W Mountlake Terrace, WA 98043</i>	<i>Loan Repayment</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>3/1/91 3/4/91 3/6/91</i>	<i>125 - 260 - 92 -</i>
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	<i>477 -</i>
TOTAL This Period (last page this line number only)	<i>477 -</i>

LOANS

Name of Committee (in Full) <i>National Freedom PAC</i>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <i>Robin Woodrow 21219 48th W. Mountlake Terrace, WA 98043</i>	Original Amount of Loan <i>1415.10</i>	Cumulative Payment To Date <i>927-</i>	Balance Outstanding at Close of This Period <i>488¹⁰</i>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <i>12/17/90</i> Date Due _____ Interest Rate _____ %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			<i>488¹⁰</i>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

page of for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full) <i>National Freedom Act</i>	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				<i>480¹⁴</i>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				<i>480¹⁴</i>

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <u>National Freedom PAC</u>	2. FEC IDENTIFICATION NUMBER <u>C00 238535</u>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <u>PO Box 458</u>	3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).
CITY, STATE and ZIP CODE <u>MOUNTAIN TERRACE, WA 98043</u>	

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (No _____)
- Termination Report
- FE*
- Monthly Report Due On:
- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input checked="" type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period <u>4/1/91</u> through <u>4/30/91</u>		
6.	(a) Cash on Hand January 1, 19 <u>1</u>		\$ <u>141.11</u>
	(b) Cash on Hand at Beginning of Reporting Period	\$ <u>41.82</u>	
	(c) Total Receipts (from Line 19)	\$ <u>3070.25</u>	\$ <u>9131.51</u>
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>3111.57</u>	\$ <u>9272.62</u>
7.	Total Disbursements (from Line 30)	\$ <u>3084.02</u>	\$ <u>9245.07</u>
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>27.55</u>	\$ <u>27.55</u>
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-376-3120
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>288.10</u>	
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 _____			
Signature of Treasurer _____			Date _____

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

FEC FORM 3X

(revised 1/1/91)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
National Freedom PAC	FROM 4/1/91	TO: 4/30/91
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	650 -	2,950 -
ii. Unitemized	2420.25	6,381.51
iii. Total	3070.25	9,131.51
b. Political Party Committees	-	-
c. Other Political Committees (such as PACs)	-	-
d. Total Contributions	3070.25	9131.51
12. Transfers From Affiliated/Other Party Committees	-	-
13. All Loans Received	-	-
14. Loan Repayments Received	-	-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-	-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-	-
17. Other Federal Receipts (Dividends, Interest, etc.)	-	-
18. Transfers from Nonfederal Account for Joint Activity	-	-
19. Total Receipts	-	-
20. Total Federal Receipts	3070.25	9131.50
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	2295.02	
c. Total Operating Expenditures	2295.02	6,579.07
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)	589.00	1039.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..		
26. Loan Repayments Made	200 -	827 -
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds		
29. Other Disbursements		
30. Total Disbursements		
31. Total Federal Disbursements	3084.02	9,245.07
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	3070.25	9131.50
33. Total Contribution Refunds (from line 28d)	-	-
34. Net Contributions (other than loans)(subtract line 33 from 32)	3070.25	9131.50
35. Total Federal Operating Expenditures	2295.02	6579.17
36. Offsets to Operating Expenditures (from line 15)	-	-
37. Net Operating Expenditures	2295.02	6579.17

SCHEDULE A

ITEMIZED RECEIPTS

APRIL

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

PAGE 1 OF 1
FOR LINE NUMBER 11(2) (2)(1)

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)

National Freedom PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DR. W. N. CRAIN 2511 SAN GABRIEL AUSTIN, TX. 78705	Univ of Texas Occupation Accountant	4/17/91	500 ⁻
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rev. Venantius Pizna Route 2 Box 19 Weimer, PA. 72474	St. Anthony's Occupation Clergyman	4/22/91	150 ⁻
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 275		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

650

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 21

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NAME OF COMMITTEE (in Full)

National Freedom PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. Bank P.O. Box 8 Mountlake Terrace, WA 98043	Bank Fee	4/2/91	15-
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	4/5/91	30-
	<input type="checkbox"/> Other (specify)	4/8/91	15-
" "	Bank Fee	4/17/91	15-
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	4/17/91	6.95
	<input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code Target Consulting 21313 58th W Mountlake Terrace WA 98043	Consulting	4/8/91	75-
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code Brian Smith unknown	Consulting	4/8/91	129-
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code Quality Rentals Casino Rd Everett, WA 98203	Equipment Rental	4/19/91	126-
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code Alderwood Vision Alderwood Manor, WA	Medical	4/18/91	120-
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	4/24/91	130-
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code U.S. Postmaster Mountlake Terrace, WA 98043	Postage	4/3/91	100-
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	4/11/91	73.50
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code King's Press 56th Ave W Mountlake Terrace, WA 98043	Printing	4/12/91	200-
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	4/18/91	150.73
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code Steve Ristine 16254 SE 24th Bellevue, WA 98005	Rent	4/17/91	200-
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	1386.18
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

National Freedom PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Public Storage 44th Lynwood, WA 98036	Storage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/20/91	81 -
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Target Consulting 21313 58th W. Mountlake Terrace WA 98043	Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/8/91	100 -
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sand Point True Value 44th Lynwood, WA 98036	Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/26/91 4/28/91	95.17 17.67
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cellular One Seattle, WA	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/91 4/19/91 4/24/91	100 - 80 - 80 -
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
11	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/24/91	150 -
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
General Telephone Everett, WA	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/17/91	175 -
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Target Consulting 21313 58th W Mountlake Terrace, WA 98043	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/10/91	30 -
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	2295 02

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF

FOR LINE NUMBER

24

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NAME OF COMMITTEE (in Full)

National Freedom PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robin Woodrow 2121 14E LYNNWOOD, WA	Loan Repayment. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/20/91	200-
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

200-

LOANS

Name of Committee (in Full) <i>NATIONAL FREEDOM PAC</i>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <i>Robin Woodrow 2121 145 Lynnwood, WA</i>	Original Amount of Loan <i>1415.10</i>	Cumulative Payment To Date <i>1127</i>	Balance Outstanding at Close of This Period <i>288.10</i>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <i>12/17</i> Date Due _____ Interest Rate _____ %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			<i>288.10</i>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (in Full) <i>National Freedom Inc</i>	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				<i>288.10</i>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				<i>289.10</i>

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <p style="text-align: center; font-size: 1.2em;">National Freedom PAC</p>	2. FEC IDENTIFICATION NUMBER <p style="text-align: center; font-size: 1.2em;">C00238535</p>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <p style="text-align: center; font-size: 1.2em;">PO Box 458</p>	3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).
CITY, STATE and ZIP CODE <p style="text-align: center; font-size: 1.2em;">MOUNTLAIN Tenn., WA 98043</p>	

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>5/1/91</u> through <u>5/31/91</u>		
6. (a) Cash on Hand January 1, 19 <u>91</u>	\$ 141.11	
(b) Cash on Hand at Beginning of Reporting Period	\$ 27.55	
(c) Total Receipts (from Line 18)	\$ 2859.75	\$ 11,991.26
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 2887.30	\$ 12,132.37
7. Total Disbursements (from Line 28)	\$ 2875.40	\$ 12,120.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 11.90	\$ 11.90
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-376-3120
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 288.10	

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	
Signature of Treasurer	Date

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

DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3X)

Name of Committee (in full)	Report Covering the Period	
National Freedom Pte	From: 5/1/91	To: 5/31/91
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		
(i) Itemized (use Schedule A)	650 ⁻	3400 ⁻
(ii) Unitemized	2209.75 ⁻	8591.26
(iii) Total of contributions from individuals	2859.75 ⁻	11991.26
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTIONS (add 11(a)(iii), (b), and (c))	2859.75 ⁻	11,991.26
12. TRANSFERS FROM AFFILIATED/OTHER PARTY COMMITTEES	-	-
13. ALL LOANS RECEIVED	-	-
14. LOAN REPAYMENTS RECEIVED	-	-
15. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	-	-
16. REFUNDS OF CONTRIBUTIONS MADE TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES	-	-
17. OTHER RECEIPTS (Dividends, Interest, etc.)	-	-
18. TOTAL RECEIPTS (add 11(d), 12, 13, 14, 15, 16 and 17)	2859.75 ⁻	11,991.26
II. DISBURSEMENTS		
19. OPERATING EXPENDITURES	1275.40	7854.47
20. TRANSFERS TO AFFILIATED/OTHER PARTY COMMITTEES		
21. CONTRIBUTIONS TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES		
22. INDEPENDENT EXPENDITURES (use Schedule E)	1600 ⁻	3439.00
23. COORDINATED EXPENDITURES MADE BY PARTY COMMITTEES (2 U.S.C. 441a(d)) (use Schedule F)		-
24. LOAN REPAYMENTS MADE	-	827 ⁻
25. LOANS MADE		-
26. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 26(a), (b), and (c))		
27. OTHER DISBURSEMENTS		
28. TOTAL DISBURSEMENTS (add 19, 20, 21, 22, 23, 24, 25, 26(d) and 27)	2875.40	12,120.47
III. NET CONTRIBUTIONS/OPERATING EXPENDITURES		
29. TOTAL CONTRIBUTIONS (other than loans) (from Line 11(d))	2859.75	11,991.26
30. TOTAL CONTRIBUTION REFUNDS (from Line 26(d))	-	-
31. NET CONTRIBUTIONS (other than loans) (subtract Line 30 from 29)	2859.75	11,991.26
32. TOTAL OPERATING EXPENDITURES (from Line 19)	1275.40	7854.47
33. OFFSETS TO OPERATING EXPENDITURES (from Line 15)	-	-
34. NET OPERATING EXPENDITURES (subtract Line 33 from 32)	1275.40	7854.47

SCHEDULE A

ITEMIZED RECEIPTS

MAY

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

PAGE 1 OF 1
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

NATIONAL FREEDOM PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patricia Bergheim 2514 RUTHER ST. BELLMORE, N.Y. 11710 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Requested Occupation	5/16/91	100 ⁻
Aggregate Year-to-Date > \$ 250 ⁻			
Henry Dawson 7821 Buist Philadelphia, Pa. 19153 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Requested Occupation	5/22/91	300 ⁻
Aggregate Year-to-Date > \$ 500 ⁻			
Michael Dwyer 506 Wheatland Logansport, IN 46947. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Requested Occupation	5/13/91	100 ⁻
Aggregate Year-to-Date > \$ 225 ⁻			
Joseph Galdo 2033 Cizense Lane Philadelphia, Pa. 19128 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	US NAVY Occupation Seaman	5/30/91	25 ⁻
Aggregate Year-to-Date > \$ 425 ⁻			
Lenetta Hamm 19704 Danus LYNNWOOD, WA 98034 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Housewife Occupation	5/31/91	25 ⁻
Aggregate Year-to-Date > \$ 271 ⁻			
Veronica Pusk Route 2 Box 19 Warran, AR. 92479 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	St Anthony's Occupation Choirwoman	5/10/91	25 ⁻
Aggregate Year-to-Date > \$ 300 ⁻			
Mary Thomas 1516 43rd ST. Rock Island, IL 61201 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation	5/20/91	75 ⁻
Aggregate Year-to-Date > \$ 255 ⁻			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

650

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 19

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NAME OF COMMITTEE (in Full)

National Freedom PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. Bank P.O. Box 8 Mountlake Terrace, WA 98043	Bank Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/4/91 5/17/91 5/17/91	15- 6.95 15-
" " " "	Bank Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/28/91 5/31/91	15- 15-
Quality Rentals Casino Rd. Everett, WA 98203	Equipment Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/3/91 5/17/91 5/31/91	42- 84- 42-
Miller's Rental Rte 99 Edmonds, WA 98020	Equipment Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/23/91	24.89
Appliance Center	Equipment Repair Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/22/91	26.51
Alderwood Vision Alderwood Mall Blvd. Alderwood Manor, WA	Medical Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/5/91	120-
Shoreline Family Practice 125th St Seattle, WA	Medical Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/30/91	50-
U.S. Postmaster Mountlake Terrace, WA 98043	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/28/91 5/29/91	125- 100-
Office Club 196th Ave Lynwood, WA 98036	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/6/91 5/24/91	52.28 32.54
SUBTOTAL of Disbursements This Page (optional)			766.17
TOTAL This Period (last page this line number only)			1275.40

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 19

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NAME OF COMMITTEE (in Full)

National Freedom PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Public Storage 44th Lynnwood, WA 98036</i>	<i>Storage</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>5/13/91</i>	<i>78 -</i>
<i>Sand Point True Value 44th Lynnwood, WA 98036</i>	<i>Supplies</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>5/10/91 5/11/91 5/12/91</i>	<i>27.23 96.02 58.18</i>
<i>" "</i>	<i>Supplies</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>5/22/91 5/23/91 5/31/91</i>	<i>17.81 25.03 9.38</i>
<i>Lynnwood Merchants Lynnwood, WA 98036</i>	<i>Supplies</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>5/13/91</i>	<i>43.95</i>
<i>Target Consulting 21313 58th W Mountlake Terrace WA 98043</i>	<i>Travel</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>5/2/91 5/10/91 5/17/91</i>	<i>30 - 45 - 40 -</i>
<i>" "</i>	<i>Travel</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>5/30/91</i>	<i>30 -</i>
<i>Compuserve unknown</i>	<i>Office Utilities</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>5/17/91</i>	<i>8.63</i>
<i>" "</i>	<i>" "</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>" "</i>	<i>" "</i>
<i>" "</i>	<i>" "</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>" "</i>	<i>" "</i>

SUBTOTAL of Disbursements This Page (optional)

509.23

TOTAL This Period (last page this line number only)

LOANS

Name of Committee (in Full) <u>NATIONAL FREEDOM PAC</u>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <u>ROBIN WOODLAW</u> <u>2121 145</u> <u>LYNNWOOD, WA</u>	Original Amount of Loan <u>1415.10</u>	Cumulative Payment To Date <u>1127</u>	Balance Outstanding at Close of This Period <u>288.10</u>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>12/17/90</u> Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			<u>288.10</u>

Carry over/advance balances only to LINE 3 Schedule D for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full) <i>National Freedom PAC</i>	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				<i>286.10</i>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)			I.D. No.	
National Freedom PAC			C00238535	
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
Target Consulting 21313 58th W. Mountlake Terrace, WA 98043	Consulting	5/17/91	100-	Bill Dannemeyer U.S. Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
" "	consulting	5/1/91 5/16/91 5/24/91	50- 100- 100-	Bob Dornan U.S. Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
" "	consulting	5/20/91 5/23/91	200- 100-	Leo Thorsness U.S. Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
" "	Travel	5/25/91	100-	Bob Dornan U.S. Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Commanders Auto Rte 99 Lynwood, WA 98036	Travel	5-17/91	200-	Bill Dannemeyer U.S. Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
" "	Travel	5/16/91	200-	Leo Thorsness U.S. Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures \$ 1150-
 (b) SUBTOTAL of Unitemized Independent Expenditures \$ -
 (c) TOTAL Independent Expenditures \$

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Kendall M. Burns 9-4-91
 Signature Date

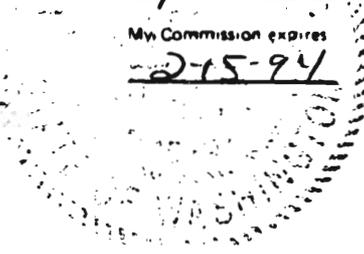
Subscribed and sworn to before me this 4 day of

September, 1991

My Commission expires

2-15-94

Robert Hill
 NOTARY PUBLIC



REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <p style="text-align: center; font-size: 1.2em;">National Freedom PAC</p>	2. FEC IDENTIFICATION NUMBER <p style="text-align: center; font-size: 1.2em;">C00238535</p>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <p style="text-align: center; font-size: 1.2em;">PO Box 458</p>	3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).
CITY, STATE and ZIP CODE <p style="text-align: center; font-size: 1.2em;">MOUNTAIN TERRACE, WA 98043</p>	

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>JUNE 1, 1991</u> through <u>JUNE 30, 1991</u>		
6. (a) Cash on Hand January 1, 19 <u>91</u>		\$ <u>141.11</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>11.90</u>	
(c) Total Receipts (from Line 18)	\$ <u>4581.29</u>	\$ <u>16,572.55</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>4593.19</u>	\$ <u>16,713.66</u>
7. Total Disbursements (from Line 28)	\$ <u>4519.27</u>	\$ <u>16639.74</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>73.92</u>	\$ <u>73.92</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-376-3120
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>288.10</u>	
<i>I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.</i>		
Type or Print Name of Treasurer		
Signature of Treasurer	Date	

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

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FEC FORM 3X

(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3X)

Name of Committee (in full)	Report Covering the Period	
NATIONAL FREEDOM PAC	From: 6/1/91	To: 6/30/91
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		
(i) Itemized (use Schedule A)	1605 -	5005.00
(ii) Unitemized	2974.29	11,567.55
(iii) Total of contributions from individuals	4581.29	16,572.55
(b) Political Party Committees	-	-
(c) Other Political Committees (such as PACs)	-	-
(d) TOTAL CONTRIBUTIONS (add 11(a)(iii), (b), and (c)).	4581.29	16,572.55
12. TRANSFERS FROM AFFILIATED/OTHER PARTY COMMITTEES	-	-
13. ALL LOANS RECEIVED	-	-
14. LOAN REPAYMENTS RECEIVED	-	-
15. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	-	-
16. REFUNDS OF CONTRIBUTIONS MADE TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES	-	-
17. OTHER RECEIPTS (Dividends, Interest, etc.)	-	-
18. TOTAL RECEIPTS (add 11(d), 12, 13, 14, 15, 16 and 17)	4581.29	16,572.55
II. DISBURSEMENTS		
19. OPERATING EXPENDITURES	1205.34	9059.83
20. TRANSFERS TO AFFILIATED/OTHER PARTY COMMITTEES	-	-
21. CONTRIBUTIONS TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES	-	-
22. INDEPENDENT EXPENDITURES (use Schedule E)	3,313.91	6,752.91
23. COORDINATED EXPENDITURES MADE BY PARTY COMMITTEES (2 U.S.C. 441a(d)) (use Schedule F)	-	-
24. LOAN REPAYMENTS MADE	-	827
25. LOANS MADE	-	-
26. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)	/	
(d) TOTAL CONTRIBUTION REFUNDS (add 26(a), (b), and (c))		16,439.24
27. OTHER DISBURSEMENTS	-	-
28. TOTAL DISBURSEMENTS (add 19, 20, 21, 22, 23, 24, 25, 26(d) and 27)	4519.27	
III. NET CONTRIBUTIONS/OPERATING EXPENDITURES		
29. TOTAL CONTRIBUTIONS (other than loans) (from Line 11(d))	4581.29	16,572.55
30. TOTAL CONTRIBUTION REFUNDS (from Line 26(d))	-	-
31. NET CONTRIBUTIONS (other than loans) (subtract Line 30 from 29)	4581.29	16,572.55
32. TOTAL OPERATING EXPENDITURES (from Line 19)	1205.34	9059.83
33. OFFSETS TO OPERATING EXPENDITURES (from Line 15)	-	-
34. NET OPERATING EXPENDITURES (subtract Line 33 from 32)	1205.34	9059.83

SCHEDULE A

ITEMIZED RECEIPTS

JUNE

See separate schedule B for each category of the Detailed Summary Page

OF 1 2
FORM NUMBER
11 (a) (1)

All information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions 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)

National Freedom PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt for this Period
Patricia Bergheim 2514 Rutler St Bellmore, NY 11710 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Requester Occupation:	4/12/91	100-
Aggregate Year-to-Date > \$ 350-			
B. Full Name, Mailing Address and ZIP Code Dr. W. H. Crain 2511 San Gabriel Austin, TX 78705 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Univ of Texas Occupation:	Date (month, day, year) 4/3/91	Amount of Each Receipt for this Period 100-
Aggregate Year-to-Date > \$ 300-			
C. Full Name, Mailing Address and ZIP Code Joseph Galdo 7033 Crase Lane Philadelphia, PA 19128 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer U.S. Navy Occupation:	Date (month, day, year) 4/3/91	Amount of Each Receipt for this Period 100-
Aggregate Year-to-Date > \$ 525			
D. Full Name, Mailing Address and ZIP Code Lorena Hamer 19704 Danvers Lynwood, IL 60466 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Housewife Occupation:	Date (month, day, year) 4/3/91	Amount of Each Receipt for this Period 45-
Aggregate Year-to-Date > \$ 200-			
E. Full Name, Mailing Address and ZIP Code James Keenan 2143 Collins Ave Dallas, TX 75220 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Retired Occupation:	Date (month, day, year) 4/3/91	Amount of Each Receipt for this Period 150-
Aggregate Year-to-Date > \$ 250-			
F. Full Name, Mailing Address and ZIP Code Venetius Preside Box 2 Wetumpka, AL 36092 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer St. Anthony's Occupation:	Date (month, day, year) 4/13/91	Amount of Each Receipt for this Period 25-
Aggregate Year-to-Date > \$ 325-			
G. Full Name, Mailing Address and ZIP Code Richard Prindiville 3001 N Black Canyon Phoenix, AZ 85015 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Requester Occupation:	Date (month, day, year) 4/3/91	Amount of Each Receipt for this Period 60-
Aggregate Year-to-Date > \$ 350			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

TEMPERIZED RECEIPTS

Use separate copies of this form for each category of the Detailed Summary Page

FORM NO. 2 DE 2

FORM NUMBER 11(a)(6)

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 listing the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

NATIONAL FREEDOM PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt for this Period
Arde Tracey 605 River Bend Rd. Great Falls, VA. 22064	Retired	4/5/91	100 ⁻
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date \$ 285 ⁻	
Mary Thomas 1516 43rd St. Rock Island, IL 61201	Retired	4/5/91	25 ⁻
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date \$ 280 ⁻	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt for this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt for this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt for this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt for this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt for this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date \$	

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	1605.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 19

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)

National Freedom PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. Bank PO Box 8 Mountlake Terrace, WA 98043	Bank Fee	6/17/91	15-
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	6/18/91	15-
	<input type="checkbox"/> Other (specify)	6/19/91	6.95
" "	Bank Fee	6/20/91	15-
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	6/26/91	15-
	<input type="checkbox"/> Other (specify)		
House of TV.	Equipment Rental	6/4/91	69-
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
Alderwood Vision Alderwood Mall Blvd Alderwood Manor, WA	Medical	6/12/91	45-
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	6/22/91	60-
	<input type="checkbox"/> Other (specify)		
U.S. Postmaster Mountlake Terrace, WA 98043	Postage	6/6/91	46.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
Office Club 196th Lynnwood, WA 98036	Printing	6/17/91	50.94
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
Photo Establishment	Supplies	6/5/91	30.42
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
U.S. Purchasing Exchange	Supplies	6/12/91	74.75
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
SandPoint True Value	Supplies	6/15/91	28.26
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	6/26/91	31.09
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

502.91

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 19

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)

National Freedom PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cellular One Seattle, WA	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/91	294.99
B. Full Name, Mailing Address and ZIP Code General Telephone Everett, WA 98203	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/28/91 6/28/91	114.34 75.00
C. Full Name, Mailing Address and ZIP Code New Castles Georgetown, WA	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/91	60.00
D. Full Name, Mailing Address and ZIP Code Robin Woodrow 2121 148th	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/4/91 6/14/91	25.00 20.00
E. Full Name, Mailing Address and ZIP Code New Luck Toys	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/7/91	53.12
F. Full Name, Mailing Address and ZIP Code Target Consulting 21313 55th W Mountlake Terrace, WA 98043	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/10/91	50.00
G. Full Name, Mailing Address and ZIP Code Compuserve	Office Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/17/91	10.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

702.45

TOTAL This Period (last page this line number only)

1205.36

LOANS

Name of Committee (in Full) <u>NATIONAL FREEDOM PAC</u>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <u>Robin Woodrow</u> <u>2121 148</u> <u>LYANWOOD, WA 98037</u>	Original Amount of Loan <u>1415.10</u>	Cumulative Payment To Date <u>1127-</u>	Balance Outstanding at Close of This Period <u>288.10</u>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>12/17/91</u> Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer	[REDACTED]	
	Occupation		
	Amount Guaranteed Outstanding \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer	[REDACTED]	
	Occupation		
	Amount Guaranteed Outstanding \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer	[REDACTED]	
	Occupation		
	Amount Guaranteed Outstanding \$		
B Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer	[REDACTED]	
	Occupation		
	Amount Guaranteed Outstanding \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer	[REDACTED]	
	Occupation		
	Amount Guaranteed Outstanding \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer	[REDACTED]	
	Occupation		
	Amount Guaranteed Outstanding \$		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			<u>288.10</u>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page ____ of ____ for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full) <i>NATIONAL FREEDOM PAC</i>	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				288.10

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)		I.D. No.		
National Freedom PAC		C00238535		
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
Target Consulting 21313 58th W Mountlake Terrace, WA 98043	Travel	6/14/91	60-	Leo Thorsness U.S. Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Commanders Auto 44th Ave Lynnwood, WA 98036	Travel	6/5/91	235.91	Bob Dornan U.S. Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
	Travel	6/29/91	150-	Leo Thorsness U.S. Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
United Airlines	Travel	6/9/91	536-	Richard Thornberg U.S. Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Robin Woodrow 2121 145th Mountlake Terrace	consulting	6/4/91 6/6/91	100- 75-	Richard Thornberg U.S. Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			\$ 1156.41	
(b) SUBTOTAL of Unitemized Independent Expenditures			\$ 0	
(c) TOTAL Independent Expenditures			\$ 1156.41	\$ 3,913.91

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Brendan McBrien 9-4-91
Signature Date

Subscribed and sworn to before me this 4 day of

September, 1991

My Commission expires

2-15-94

[Signature]
NOTARY PUBLIC



ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)		ID No.		
National Freedom PAC		C00238535		
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
Target Consulting 21313 58th W Mountlake Terrace, WA 98043	consulting	6/28/91	100-	Bill Dannemeyer U.S. Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
" "	consulting	6/18/91	80-	Bob Dornan U.S. Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
" "	consulting	6/1/91 6/9/91 6/21/91	77- 100- 125-	Richard Thornberg U.S. Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
" "	consulting	6/22/91 6/26/91	200- 150-	" <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
" "	consulting	6/5/91 6/14/91 6/15/91	125- 80- 70-	Leo Thorsness U.S. Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
" "	Travel	6/1/91 6/4/91 6/26/91	150- 100- 100-	Richard Thornberg U.S. Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			\$ 2157-	
(b) SUBTOTAL of Unitemized Independent Expenditures			\$ 0	
(c) TOTAL Independent Expenditures			\$	

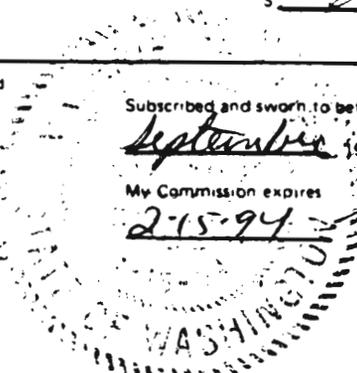
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Bendall McBrien 9-4-91
Signature Date

Subscribed and sworn to before me this 4 day of September 1991

My Commission expires 2-15-94

[Signature]
NOTARY PUBLIC



REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <u>NATIONAL FREEDOM PAC</u>	2. FEC IDENTIFICATION NUMBER <u>C00238535</u>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <u>PO Box 458</u>	3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).
CITY, STATE and ZIP CODE <u>MOUNTLAKE TERRACE, WA 98043</u>	

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period <u>7/1/91</u> through <u>7/31/91</u>		
6.	(a) Cash on Hand January 1, 19 <u>91</u>		\$ <u>141.11</u>
	(b) Cash on Hand at Beginning of Reporting Period	\$ <u>73.92</u>	
	(c) Total Receipts (from Line 18)	\$ <u>4547.38</u>	\$ <u>21,119.93</u>
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>4621.30</u>	\$ <u>21,241.04</u>
7.	Total Disbursements (from Line 28)	\$ <u>4552.81</u>	\$ <u>21,192.55</u>
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>68.49</u>	\$ <u>68.49</u>
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-376-3120
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>288.10</u>	
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			
Signature of Treasurer			Date

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

DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3X)

Name of Committee (in full)	Report Covering the Period	
National Freedom Inc	From: 7/1/91	To: 7/31/91
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:		
(i) Itemized (use Schedule A)	2170 -	9175.00
(ii) Unitemized	2377.38	13,944.93
(iii) Total of contributions from individuals	4547.38	21,119.93
(b) Political Party Committees	-	-
(c) Other Political Committees (such as PACs)	-	-
(d) TOTAL CONTRIBUTIONS (add 11(a)(iii), (b), and (c))	4547.38	21,119.93
12. TRANSFERS FROM AFFILIATED/OTHER PARTY COMMITTEES	-	-
13. ALL LOANS RECEIVED	-	-
14. LOAN REPAYMENTS RECEIVED	-	-
15. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	-	-
16. REFUNDS OF CONTRIBUTIONS MADE TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES	-	-
17. OTHER RECEIPTS (Dividends, Interest, etc.)	-	-
18. TOTAL RECEIPTS (add 11(d), 12, 13, 14, 15, 16 and 17)	4547.38	21,119.93
II. DISBURSEMENTS		
19. OPERATING EXPENDITURES	2392.44	11,452.27
20. TRANSFERS TO AFFILIATED/OTHER PARTY COMMITTEES	-	-
21. CONTRIBUTIONS TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES	-	-
22. INDEPENDENT EXPENDITURES (use Schedule E)	2160.37	8913.28
23. COORDINATED EXPENDITURES MADE BY PARTY COMMITTEES (2 U.S.C. 441a(d)) (use Schedule F)	-	-
24. LOAN REPAYMENTS MADE	-	877 -
25. LOANS MADE	-	-
26. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	/	/
(b) Political Party Committees	/	/
(c) Other Political Committees (such as PACs)	/	/
(d) TOTAL CONTRIBUTION REFUNDS (add 26(a), (b), and (c))	/	/
27. OTHER DISBURSEMENTS	-	-
28. TOTAL DISBURSEMENTS (add 19, 20, 21, 22, 23, 24, 25, 26(d) and 27)	4552.81	21,192.55
III. NET CONTRIBUTIONS/OPERATING EXPENDITURES		
29. TOTAL CONTRIBUTIONS (other than loans) (from Line 11(d))	4547.38	
30. TOTAL CONTRIBUTION REFUNDS (from Line 26(d))	-	
31. NET CONTRIBUTIONS (other than loans) (subtract Line 30 from 29)	4547.38	
32. TOTAL OPERATING EXPENDITURES (from Line 19)	2392.44	11,452.27
33. OFFSETS TO OPERATING EXPENDITURES (from Line 15)	-	-
34. NET OPERATING EXPENDITURES (subtract Line 33 from 32)	2392.44	11,452.27

July

Use separate schedule for each category of the Detailed Summary Page

FORM NO. 1041-77
1 2
APP. FILE NUMBER

Warning: Do not itemize. Receipts and Statements may not be used for the purpose of deducting contributions or for commercial purposes. Do not include name and address of the donor in itemizing contributions from such committee.

NAME OF COMMITTEE

National Freedom PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt for this Period
Patricia Berghuis 2514 Rutten St. Bellmore, NY 11710	Requester	7/11/61	100 ⁻
Occupation		Aggregate Year-to-Date	\$ 450 ⁻
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt for this Period
Ruth Bergien PO Box 113 Carls, MN 56319	Requester	7/26/61	100 ⁻
Occupation		Aggregate Year-to-Date	\$ 225 ⁻
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt for this Period
Roland Burichon 2752 Grove St. National, CA 92050	U.S. Navy	7/24/61	30 ⁻
Occupation		Aggregate Year-to-Date	\$ 905 ⁻
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt for this Period
DR. W. H. Cirwin 2511 San Gabriel Austin, TX 78705	Univ. of Texas	7/5/61	1000 ⁻
Occupation		Aggregate Year-to-Date	\$ 4000 ⁻
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt for this Period
Lois Ma Hamm 19704 Danvers Lynnwood, WA 98036	Husairie	7/18/61	50 ⁻
Occupation		Aggregate Year-to-Date	\$ 316 ⁻
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt for this Period
Paul Kirby 615 Nation Ave Chickasha, IL 61920	Requester	7/1/61	25 ⁻
Occupation		Aggregate Year-to-Date	\$ 215 ⁻
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt for this Period
Mina Louter 17529 25th Ave NE Seattle, WA 98155	Retired	7/19/61	50 ⁻
Occupation		Aggregate Year-to-Date	\$ 235 ⁻

QUESTIONS? Write to the IRS, Dept. of the Treasury, Washington, D.C. 20548

U.S. GOVERNMENT PRINTING OFFICE: 1967 O - 350-000

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

NAME OF COMMITTEE (in Full)

National Freedom PAC

A. Full Name, Mailing Address and ZIP Code

Venantius Pruske
Route 2 Box 19
Weinert, AR 72479

Name of Employer

St Anthony's

7/10/91

25

Occupation

Chrysmian

7/25/91

100

Aggregate Year-to-Date

400

Receipt For: Primary General Other (specify)

B. Full Name, Mailing Address and ZIP Code

Mary Thomas
1516 43rd St
Rock Island, IL 61201

Name of Employer

Retired

7/1/91

100

Occupation

7/25/91

500

Aggregate Year-to-Date

600

Receipt For: Primary General Other (specify)

C. Full Name, Mailing Address and ZIP Code

Richard Brindley
3001 N. Black Canyon
Phoenix, AZ 85015

Name of Employer

Requested

7/11/91

60

Occupation

Aggregate Year-to-Date

310

Receipt For: Primary General Other (specify)

D. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Receipt For: Primary General Other (specify)

E. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Receipt For: Primary General Other (specify)

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Receipt For: Primary General Other (specify)

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Receipt For: Primary General Other (specify)

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2170.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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)

National Freedom PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. Bank PO Box 8 MOUNTAIN VIEW, WA 98043	Bank Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/91 7/5/91 7/16/91 7/17/91	15- 15- 15- 15-
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/91 7/18/91 7/30/91	45- 6.95 30-
C. Full Name, Mailing Address and ZIP Code RICE BYRUM MONROE, WA.	Purpose of Disbursement CONSULTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/22/91	150-
D. Full Name, Mailing Address and ZIP Code House 1 TV 157th AVE LYNNWOOD, WA 98034	Purpose of Disbursement Equipment Rented. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/10/91	80-
E. Full Name, Mailing Address and ZIP Code Quality Rentals Casino Road EVERETT, WA.	Purpose of Disbursement Equipment Rented. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/10/91	100-
F. Full Name, Mailing Address and ZIP Code Alderson's Vision Clinic Aldersons Mall Blvd Aldersons Mall, WA.	Purpose of Disbursement MEDICAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/26/91	60-
G. Full Name, Mailing Address and ZIP Code OFFICE CLUB 198th ST. LYNNWOOD, WA.	Purpose of Disbursement PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/16/91	28.98
H. Full Name, Mailing Address and ZIP Code Steve RISTINE 16254 SE 24th Belleve, WA. 98008	Purpose of Disbursement Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/3/91 7/5/91	121.58 777.00
I. Full Name, Mailing Address and ZIP Code FEDERAL EXPRESS Memphis, TN.	Purpose of Disbursement Shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/91	13-

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 19
FOR LINE NUMBER 19

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)

NATIONAL FREEDOM PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
THE HANCO EUCLETTA, WA.	SUBSCRIPTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/16/91	14 -
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SAND POINT TOWN VILLAGE 44th ST. MOUNTAIN VIEW, WA.	SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/7/91 7/9/91	89.98 33.04
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
OFFICE CLUB 196th ST. LYNNWOOD, WA.	SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/22/91	29.58
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. T. E. EUCLETTA, WA.	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/19/91	210.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TARGET CONSULTING 23213 50th W MOUNTAIN VIEW, WA.	TRAVEL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/91 7/5/91 7/16/91	80 - 60 - 75 -
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. A. A. 136th ST. LYNNWOOD, WA.	TRAVEL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/25/91	86 -
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMPUSOON ADDRESS UNKNOWN	UTILITIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/23/91	15.03
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
VIPCOM EUCLETTA, WA.	UTILITIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/91	230 -
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

2392.44

Name of Committee (in Full) <i>National Freedom PAC</i>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <i>Robin Woodrow 2121 148 Lynnwood, WA.</i>	Original Amount of Loan <i>1415.10</i>	Cumulative Payment To Date <i>1127-</i>	Balance Outstanding at Close of This Period <i>288.10</i>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <i>12/17/91</i> Date Due _____ Interest Rate _____ %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer	[REDACTED]	
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer	[REDACTED]	
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer	[REDACTED]	
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
		Original Amount of Loan	Cumulative Payment To Date
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer	[REDACTED]	
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer	[REDACTED]	
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer	[REDACTED]	
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			<i>288.10</i>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for
LINE NUMBER _____
(Use separate schedules
for each numbered line)

Name of Committee (in Full) <i>NATIONAL FREEDOM PAC</i>	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				<i>288.10</i>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

ITEMIZED INDEPENDENT EXPENDITURES

See Reverse Side for Instructions.

Name of Committee (in Full)		C.O. No.		
National Freedom Pac		C00 238 535		
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
Target Consulting 23213 58 W. MOUNTAIN VIEW, WA	CONSULTING	7/1/91	160.00	BOB DOANAN U.S. Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		7/29/91	700.00	
	CONSULTING TRAVEL	7/14/91	150.00	Richard Thornburgh U.S. Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		7/15/91	125.00	
	CONSULTING	7/1/91	100	Leo Thorsness U.S. Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
	TRAVEL	7/27/91	100	Bill Danner U.S. Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Commander Auto RT. 99 LYNNWOOD, WA.	TRAVEL	7/29/91	337.91	Leo Thorsness U.S. Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
	TRAVEL	7/10/91	237.44	BOB DOANAN U.S. Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

a. SUBTOTAL of Itemized Independent Expenditures \$ _____
 b. SUBTOTAL of Unitemized Independent Expenditures \$ _____
 c. TOTAL Independent Expenditures \$ _____

I, the undersigned, under any identity that the independent expenditures reported here in were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing or dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or the agent.

Kendall McBrien 9-4-91
 Signature Date

Subscribed and sworn to before me this 4 day of September, 1991

My Commission expires 2-15-94
Robin Kelly
 NOTARY PUBLIC



ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)				C.D. No.	
National Freedom PAC				C60 238 535	
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought	
Robin Woodrow 2121 148 Lynnwood, WA.	Consulting	7/24/91	250.00	Richard Thornburg U.S. Senator <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose	

a. SUBTOTAL of Itemized Independent Expenditures \$ _____
 b. SUBTOTAL of Unitemized Independent Expenditures \$ _____
 c. TOTAL Independent Expenditures \$ 2160.37

Under penalty and perjury, I certify that the independent expenditures reported hereon were not made in cooperation, consultation, concert, in aid of the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the handling or dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Kendall M. Brien 9-4-91
 Signature Date

Subscribed and sworn to before me this 4 day of September, 1991

My Commission expires 2-15-94
Kevin Philp
 NOTARY PUBLIC

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <p style="text-align: center; font-size: 1.2em;">National Freedom PAC</p>	2. FEC IDENTIFICATION NUMBER <p style="text-align: center; font-size: 1.2em;">C00238535</p>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <p style="text-align: center; font-size: 1.2em;">PO Box 458</p>	3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).
CITY, STATE and ZIP CODE <p style="text-align: center; font-size: 1.2em;">Mountlake Terrace, WA 98073</p>	

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period <u>8/1/91</u> through <u>8/31/91</u>		
6.	(a) Cash on Hand January 1, 19 <u>91</u>		\$ <u>141.11</u>
	(b) Cash on Hand at Beginning of Reporting Period	\$ <u>68.49</u>	
	(c) Total Receipts (from Line 18)	\$ <u>4368.03</u>	\$ <u>25,487.96</u>
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>4436.52</u>	\$ <u>25,629.07</u>
7.	Total Disbursements (from Line 28)	\$ <u>3506.75</u>	\$ <u>24,699.33</u>
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>929.74</u>	\$ <u>929.74</u>
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-376-3120
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>288.10</u>	
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			
Signature of Treasurer			Date

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

DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3X)

Name of Committee (in full)	Report Covering the Period	
National Freedom PAC	From: 8/1/91	To: 8/31/91
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		
(i) Itemized (use Schedule A)	2,510.00	9,485.00
(ii) Unitemized	1858.03	15,802.96
(iii) Total of contributions from individuals		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTIONS (add 11(a)(iii), (b), and (c))	4368.03	25,487.96
12. TRANSFERS FROM AFFILIATED/OTHER PARTY COMMITTEES	/	
13. ALL LOANS RECEIVED	/	
14. LOAN REPAYMENTS RECEIVED	/	
15. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	/	
16. REFUNDS OF CONTRIBUTIONS MADE TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES	/	
17. OTHER RECEIPTS (Dividends, Interest, etc.)	/	
18. TOTAL RECEIPTS (add 11(d), 12, 13, 14, 15, 16 and 17)	4368.03	25,487.96
II. DISBURSEMENTS		
19. OPERATING EXPENDITURES	2,421.92	13,874.19
20. TRANSFERS TO AFFILIATED/OTHER PARTY COMMITTEES		
21. CONTRIBUTIONS TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES		
22. INDEPENDENT EXPENDITURES (use Schedule E)	1,084.56	9,998.14
23. COORDINATED EXPENDITURES MADE BY PARTY COMMITTEES (2 U.S.C. 441a(d)) (use Schedule F)		
24. LOAN REPAYMENTS MADE		827
25. LOANS MADE		
26. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 26(a), (b), and (c))		
27. OTHER DISBURSEMENTS		
28. TOTAL DISBURSEMENTS (add 19, 20, 21, 22, 23, 24, 25, 26(d) and 27)	3506.78	24,699.33
III. NET CONTRIBUTIONS/OPERATING EXPENDITURES		
29. TOTAL CONTRIBUTIONS (other than loans) (from Line 11(d))	4368.03	
30. TOTAL CONTRIBUTION REFUNDS (from Line 26(d))	-	
31. NET CONTRIBUTIONS (other than loans) (subtract Line 30 from 29)	4368.03	
32. TOTAL OPERATING EXPENDITURES (from Line 19)	2,421.92	13,874.19
33. OFFSETS TO OPERATING EXPENDITURES (from Line 15)	-	
34. NET OPERATING EXPENDITURES (subtract Line 33 from 32)	2,421.92	13,874.19

SCHEDULE A

UNLIMITEZ RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11 (a) (1)

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)

NATIONAL FREEDOM PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Metal 13804 50th Ave E. Tacoma, WA 98446	INFO REQUESTO	8/2/91	50 ⁻
	Occupation	8/23/91	50 ⁻
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250		
B. Full Name, Mailing Address and ZIP Code RUTH BERGIER PO Box 113 Camden, MN 56319	Requestor	8/30/91	700 ⁻
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 925 ⁻		
C. Full Name, Mailing Address and ZIP Code TOM BRUDEN 18280 COLLINGUE BROOKFIELD, WI 53005	SELF	8/26/91	300 ⁻
	Occupation Real Estate Broker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300 ⁻		
D. Full Name, Mailing Address and ZIP Code ReLana Burkhead 2752 Grove ST NATIONAL, CA 92050	U.S. NAVY	8/26/91	30 ⁻
	Occupation SERVICEMAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 235 ⁻		
E. Full Name, Mailing Address and ZIP Code Mary Ann Forman PO Box 219 Antelope, CA 97001	SELF	8/16/91	25 ⁻
	Occupation KITCHEN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 225 ⁻		
F. Full Name, Mailing Address and ZIP Code Joseph Galdo 7033 Orange Lane Philadelphia, Pa. 19128	U.S. NAVY	8/16/91	25 ⁻
	Occupation SERVICEMAN	8/29/91	100 ⁻
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 475 ⁻		
G. Full Name, Mailing Address and ZIP Code Loretta Hamm 14704 DAVENS LYNNWOOD, WA 98039	Housewife	8/12/91	50 ⁻
	Occupation	8/27/91	40 ⁻
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER 11 (u) (.)

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NAME OF COMMITTEE (in Full)

NATIONAL FREEDOM PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AGNES Kelleher 4193 Willow Grove Dallas, TX. 75220 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation Aggregate Year-to-Date > \$ 400	8/16/91	50 ⁻
B. Full Name, Mailing Address and ZIP Code Nina Lawton 17524 25th Ave NE Seattle, WA-98155 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation Aggregate Year-to-Date > \$ 310	8/23/91	75 ⁻
C. Full Name, Mailing Address and ZIP Code GRACE MacKENZIE 4700 NW Elliott Washington, D.C. 20014 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation Aggregate Year-to-Date > \$ 300	8/27/91	100 ⁻
D. Full Name, Mailing Address and ZIP Code Venantius Paske Route 2 Box 19 Lupine, AZ. 72479 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	St. Anthony's Occupation C/o Mary Ann Aggregate Year-to-Date > \$ 725	8/12/91 8/23/91 8/29/91	25 ⁻ 50 ⁻ 250 ⁻
E. Full Name, Mailing Address and ZIP Code Adele Tracey 605 River Bend Rd Great Falls, VA. 22066 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Requested Occupation Aggregate Year-to-Date > \$ 355	8/2/91 8/22/91	50 ⁻ 50 ⁻
F. Full Name, Mailing Address and ZIP Code MARY THOMAS 1516 43rd ST Rock Island, IL. 61201 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation Aggregate Year-to-Date > \$ 1,430	8/19/91 8/26/91	50 ⁻ 500 ⁻
G. Full Name, Mailing Address and ZIP Code Albert Wacht 5822 North 22nd Dr. Phoenix, AZ. 85015 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation Aggregate Year-to-Date > \$ 240	8/12/91	40 ⁻

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2,510.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 19

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NAME OF COMMITTEE (in Full)

NATIONAL FREEDOM PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. BANK PO Box 8 MOUNTAIN VIEW, WA 98043	Bank Charge	8/2/91	15-
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/5/91 8/5/91 8/12/91	15- 15- 15-
" "	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/13/91 8/14/91 8/15/91 8/16/91	15- 45- 30- 15-
" "	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/19/91 8/19/91 8/21/91	45- 6.95 30.00
D. Full Name, Mailing Address and ZIP Code House of TV LYNNWOOD, WA	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Equipment Rental.	8/1/91	92.84
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Equipment Rental.	8/6/91	16.23
E. Full Name, Mailing Address and ZIP Code MOUNTAIN VIEW Rentals 56th AVE MOUNTAIN VIEW, WA 98043	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/1/91	100-
F. Full Name, Mailing Address and ZIP Code U.S. POSTMASTER MOUNTAIN VIEW, WA	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Postage.	8/1/91	32-
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Postage.	8/19/91	365.64 775.00
G. Full Name, Mailing Address and ZIP Code MAIL MART 196th & 44th LYNNWOOD, WA	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/16/91 8/30/91	11- 9-
H. Full Name, Mailing Address and ZIP Code DORIS SMITH 16254 SE 24th BELLEVUE, WA 98008	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/1/91 8/30/91	
I. Full Name, Mailing Address and ZIP Code THE HERALD EVERETT, WA	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/1/91 8/30/91	

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 19

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NAME OF COMMITTEE (In Full)

NATIONAL FREEDOM PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
OFFICE CLUB 196th ST LYNNWOOD, WA.	Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/91	33.58
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G.T.E. EVERETT, WA.	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/6/91 8/6/91	99.51 40.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMPUSERVE ADDRESS UNKNOWN	Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/19/91	10.-
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
P. U. D. RT 99+208 LYNNWOOD, WA.	Spectrum Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/27/91	427.39
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MOUNTLAKE TRANE UTILITIES MOUNTLAKE TRANE, WA.	Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/30/91	60.28
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
UWCOM EVERETT, WA	Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/30/91	102.41
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	2421.92

LOANS

Name of Committee (in Full) NATIONAL FREEDOM PAC			
A. Full Name, Mailing Address and ZIP Code of Loan Source Robin Woodrow 2121 148 YANNAWILL, WA	Original Amount of Loan 1415.10 1500	Cumulative Payment To Date 1127	Balance Outstanding at Close of This Period 288.10
-Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			288.10
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (in Full) <i>National Freedom Pkcs</i>	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				<i>288.10</i>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

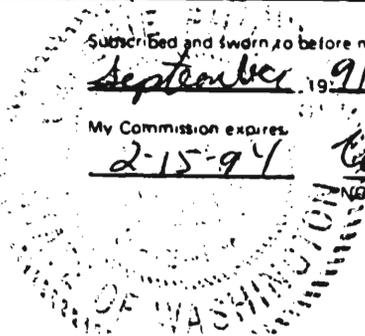
Name of Committee (in Full)		I.D. No.		
National Freedom PAC		C00 238 535		
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
Rick Byrum Monroe, WA	Consulting	8/21/91	150.00	Bob Dornan U.S. Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Target Consulting 23213 58 W Mountain View, WA	Consulting	8/29/91 8/30/91	200 250	" " <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Robin Woodrow 2121 1418 Lynnwood, WA	Travel Consulting Travel	8/19/91 8/27/91 8/2/91	45- 100- 80	Leo Thomas U.S. Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Commander Auto Route 99 Lynnwood, WA	Travel	8/19/91	149.10	Bob Dornan U.S. Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Office Club 1964 ST. Lynnwood, WA	Printing	8/12/91 8/20/91	62.45 48.31	Breck Adams U.S. Senate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures \$ _____
 (b) SUBTOTAL of Unitemized Independent Expenditures \$ _____
 (c) TOTAL Independent Expenditures \$ 1084.86

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Rendall McBrien 9-4-91
 Signature Date

Subscribed and sworn to before me this 4 day of September, 1991
 My Commission expires 2-15-94
Carl A. Kelly
 NOTARY PUBLIC



BEFORE THE FEDERAL ELECTION COMMISSION

In the Matter of)
National Freedom Political Action)
Committee and Kendall McBriar, as)
treasurer)

MUR 3324 **SENSITIVE**
OCT 8 1991

RECEIVED
OCT 10 1991

GENERAL COUNSEL'S REPORT

EXECUTIVE SESSION

I. BACKGROUND

On May 31, 1991, the Commission found reason to believe the National Freedom Political Action Committee and Kimberly Lingle, as treasurer¹ ("Respondents"), violated 2 U.S.C. § 434(a)(4) by failing to file National Freedom PAC's 1990 Year End and 1991 February Monthly Reports. Notification of the Commission's finding, together with a proposed conciliation agreement providing for a civil penalty, was sent to the Respondents on June 10, 1991; however, Respondents did not submit a response. Additional notification was mailed to Respondents, by certified mail, on June 26, 1991. Although the return receipt indicated that Respondents received the second notification on July 1, 1991, Respondents had not replied as of July 29, 1991.

Accordingly, on that same date, Respondents were notified by mail of this Office's intent to recommend the Commission find probable cause to believe that the

1. The Committee's treasurer has since been changed to Kendall McBriar. Although the violations were briefed using the former treasurer's name, treasurer Kendall McBriar was the person who responded to the Commission's finding, as well as this Office's probable cause brief. Thus, McBriar was clearly on notice of this Office's intent to recommend probable cause. Accordingly, all further recommendations will be made against the new treasurer.

respondents violated the 2 U.S.C. § 434(a)(4). This Office's analysis of the matter, as contained in the General Counsel's Brief dated July 25, 1991, was enclosed with that notification. Upon receiving no response to the brief, a reminder letter was mailed to Respondents, by certified mail, on August 29, 1991, and this Office received the certified receipt card indicating that Respondents received our correspondence on September 4, 1991.

Finally, on September 9, 1991, Respondents submitted a detailed response to the General Counsel's Brief, and enclosed the disclosure reports which are the subject of this matter, as well as the Committee's 1991 March, April, May, June and July Monthly Reports.² Attachment 1.

II. ANALYSIS (The General Counsel's Brief is incorporated by reference)

In response to the General Counsel's Brief, Respondents freely admit the violations, yet attempt to set forth mitigating circumstances. In this regard, treasurer Kendall McBriar states that "Kimberly Lingle who was the former treasurer and responsible for the completion and timely filing of the reports, has literally dropped out of sight" and that McBriar has "had to go in blind to resolve" National Freedom PAC's problems with the FEC. Attachment 1 at 1. McBriar further states "the 1990 year end report (sic)

2. According to the Reports Analysis Division, these reports will be the subject of an additional referral.

along with a letter requesting a change from monthly filing to semi-annual was completed but never sent." Id.

As previously noted, since the date of the General Counsel's Brief, the 1990 Year End and 1991 February Monthly Reports have been filed.

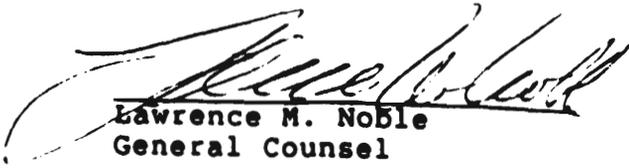
Accordingly, this Office recommends that the Commission find probable cause to believe that the National Freedom Political Action Committee and Kendall McBriar, as treasurer, violated 2 U.S.C. § 434(a)(4).

III. DISCUSSION OF CONCILIATION AND CIVIL PENALTY

2. Approve the attached conciliation agreement and appropriate letter.

Date

10/2/91


Lawrence M. Noble
General Counsel

Attachments:

1. Respondents' Response, dated September 9, 1991
2. Conciliation Agreement

Staff assigned: Dodie C. Kent

BEFORE THE FEDERAL ELECTION COMMISSION

In the Matter of)
) MUR 3324
National Freedom Political Action)
Committee and Kendall McBriar, as)
treasurer)

CERTIFICATION

I, Marjorie W. Emmons, recording secretary for the Federal Election Commission executive session on October 8, 1991, do hereby certify that the Commission decided by a vote of 5-0 to take the following actions in MUR 3324:

1. Find probable cause to believe that the National Freedom Political Action Committee and Kendall McBriar, as treasurer, violated 2 U.S.C. § 434(a)(4).
2. Approve the conciliation agreement and appropriate letter as recommended in the General Counsel's report dated October 2, 1991.

Commissioners Aikens, Elliott, McDonald, McGarry, and Thomas voted affirmatively for the decision; Commissioner Josefiak was not present.

Attest:

10-9-91
Date

Marjorie W. Emmons
Marjorie W. Emmons
Secretary of the Commission



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

October 16, 1991

Kendall McBriar, Treasurer
National Freedom Political
Action Committee
P.O. Box 458
Mountlake Terrace, WA 98043

RE: MUR 3324
National Freedom Political
Action Committee and Kendall
McBriar, as treasurer

Dear Mr. McBriar:

On October 8, 1991, the Federal Election Commission found that there is probable cause to believe National Freedom Political Action Committee and you, as treasurer, violated 2 U.S.C. § 434(a)(4), a provision of the Federal Election Campaign Act of 1971, as amended, in connection with the failure to file the 1990 Year End and 1991 February Monthly Reports.

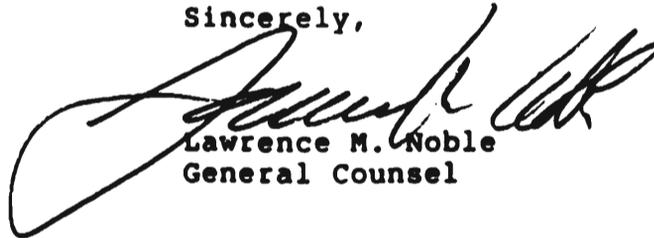
The Commission has a duty to attempt to correct such violations for a period of 30 to 90 days by informal methods of conference, conciliation, and persuasion, and by entering into a conciliation agreement with a respondent. If we are unable to reach an agreement during that period, the Commission may institute a civil suit in United States District Court and seek payment of a civil penalty.

Enclosed is a conciliation agreement that the Commission has approved in settlement of this matter. If you agree with the provisions of the enclosed agreement, please sign and return it, along with the civil penalty, to the Commission within ten days. I will then recommend that the Commission accept the agreement. Please make your check for the civil penalty payable to the Federal Election Commission.

Kendall McBriar
Page 2

If you have any questions or suggestions for changes in the enclosed conciliation agreement, or if you wish to arrange a meeting in connection with a mutually satisfactory conciliation agreement, please contact Dodie C. Kent, the attorney assigned to this matter, at (202) 219-3690.

Sincerely,

A handwritten signature in black ink, appearing to read "Lawrence M. Noble", is written over the typed name and title.

Lawrence M. Noble
General Counsel

Enclosure
Conciliation Agreement

02



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

December 19, 1991

BY OVERNIGHT MAIL

Kendall McBriar, Treasurer
National Freedom Political Action Committee
P.O. Box 458
Mountlake Terrace, WA 98043

RE: MUR 3324
National Freedom Political
Action Committee and
Kendall McBriar, as treasurer

Dear Ms. McBriar:

On October 16, 1991, you were notified that the Federal Election Commission, on October 8, 1991, found that there is probable cause to believe that the National Freedom Political Action Committee and you, as treasurer (the "Committee"), violated 2 U.S.C. § 434(a)(4). On that same date, you were sent a conciliation agreement offered by the Commission in settlement of this matter.

Kendall McBriar
MUR 3324
Page Two

Please note that pursuant to 2 U.S.C. § 437g(a)(4)(A)(i), the conciliation period in this matter may not extend for more than 90 days, but may cease after 30 days. Insofar as more than 30 days have elapsed without a response from you, a recommendation concerning the filing of a civil suit will be made to the Commission by the Office of the General Counsel unless we receive a response from you before the close of business on December 27, 1991.

Should you have any questions, please contact Cheryl Kornegay, the attorney now assigned to this matter, at (202) 219-3690.

Sincerely,

Dodie C. Kent

Dodie C. Kent
Attorney



**NATIONAL FREEDOM POLITICAL
ACTION COMMITTEE**

P. O. BOX 458 771-5512
MOUNTLAKE TERRACE, WA 98043

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PAY TO THE ORDER OF Regul Election Commission
Two Hundred Airm

15 25000

U.S. BANK
MOUNTLAKE TERRACE BRANCH
8708 8840 SE, P.O. BOX 2
MOUNTLAKE TERRACE, WASHINGTON 98043-0002
U.S. BANK OF WASHINGTON, NATIONAL ASSOCIATION

MUR 3324

R. Henderson

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BEFORE THE FEDERAL ELECTION COMMISSION

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SECRETARY

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In the Matter of)
)
National Freedom Political Action)
Committee and Kendall McBriar,)
as treasurer)

MUR 3324

SENSITIVE

GENERAL COUNSEL'S REPORT

I. BACKGROUND

Attached is a conciliation agreement which has been signed by Kendall McBriar, the treasurer of the National Freedom Political Action Committee.

A check for the civil penalty of \$250 has been received.

II. RECOMMENDATIONS

1. Accept the attached conciliation agreement with the National Freedom Political Action Committee and Kendall McBriar, as treasurer.
2. Close the file as to the respondents.
3. Approve the appropriate letter.

Lawrence M. Noble
General Counsel

1-16-92
Date

BY: 
Lois G. Lerner
Associate General Counsel

Attachments

1. Conciliation Agreement
2. Photocopy of civil penalty check

Staff Assigned: Cheryl S. Kornegay

BEFORE THE FEDERAL ELECTION COMMISSION

In the Matter of)
)
National Freedom Political Action) MUR 3324
Committee and Kendall McBriar,)
as treasurer.)

CERTIFICATION

I, Marjorie W. Emmons, Secretary of the Federal Election Commission, do hereby certify that on January 22, 1992, the Commission decided by a vote of 6-0 to take the following actions in MUR 3324:

1. Accept the conciliation agreement with the National Freedom Political Action Committee and Kendall McBriar, as treasurer, as recommended in the General Counsel's Report dated January 16, 1992.
2. Close the file as to the respondents.
3. Approve the appropriate letter, as recommended in the General Counsel's Report dated January 16, 1992.

Commissioners Aikens, Elliott, McDonald, McGarry, Potter and Thomas voted affirmatively for the decision.

Attest:

1-22-92
Date

Marjorie W. Emmons
Marjorie W. Emmons
Secretary of the Commission

Received in the Secretariat: Fri., Jan. 17, 1992 10:09 a.m.
Circulated to the Commission: Fri., Jan. 17, 1992 12:00 p.m.
Deadline for vote: Wed., Jan. 22, 1992 4:00 p.m.

dr



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

January 31, 1992



Kendall McBriar, Treasurer
National Freedom Political Action Committee
P.O. Box 458
Mountlake Terrace, Washington 98043

RE: MUR 3324
National Freedom Political
Action Committee and
Kendall McBriar, as treasurer

Dear Ms. McBriar:

On January 22, 1992, the Federal Election Commission accepted the signed conciliation agreement and civil penalty submitted on behalf of the National Freedom Political Action Committee and you, as treasurer, in settlement of violations of 2 U.S.C. § 434(a)(4)(B), a provision of the Federal Election Campaign Act of 1971, as amended. Accordingly, the file has been closed in this matter as it pertains to the National Freedom Political Action Committee, and you, as treasurer.

This matter will become a part of the public record within 30 days. If you wish to submit any factual or legal materials to appear on the public record, please do so within ten days. Such materials should be sent to the Office of the General Counsel. Please be advised that information derived in connection with any conciliation attempt will not become public without the written consent of the respondent and the Commission. See 2 U.S.C. § 437g(a)(4)(B). The enclosed conciliation agreement, however, will become a part of the public record.

Enclosed you will find a copy of the fully executed conciliation agreement for your files. If you have any questions, please contact me at (202) 219-3690.

Sincerely,

Cheryl S. Kornegay
Attorney

Enclosure
Conciliation Agreement

9-C-3841

BEFORE THE FEDERAL ELECTION COMMISSION

In the Matter of)	
)	MUR 3324
National Freedom Political Action)	
Committee and Kendall McBriar, as)	
treasurer)	

CONCILIATION AGREEMENT

This matter was initiated by the Federal Election Commission ("Commission"), pursuant to information ascertained in the normal course of carrying out its supervisory responsibilities. The Commission found probable cause to believe that the National freedom Political Action Committee and Kendall McBriar, as treasurer ("Respondents") violated 2 U.S.C. § 434(a)(4).

NOW, THEREFORE, the Commission and the Respondents, having duly entered into conciliation pursuant to 2 U.S.C. § 437g(a)(4)(A)(i), do hereby agree as follows:

I. The Commission has jurisdiction over the Respondents and the subject matter of this proceeding, and this agreement has the effect of an agreement entered pursuant to 2 U.S.C. § 437g(a)(4)(A)(i).

II. Respondents have had a reasonable opportunity to demonstrate that no action should be taken in this matter.

III. Respondents enter voluntarily into this agreement with the Commission.

IV. The pertinent facts in this matter are as follows:

1. National Freedom Political Action Committee is a political committee within the meaning of 2 U.S.C. § 431(4).

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FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20543

2. Kendall McBriar is the present treasurer of National Freedom Political Action Committee. Ms. McBriar has served as treasurer since September 9, 1991, and was not treasurer of record when the events described herein occurred.

3. The Federal Election Campaign Act of 1971, as amended (the "Act"), requires treasurers of unauthorized political committees to file periodic reports of receipts and disbursements on a quarterly or monthly basis during a calendar year in which a regularly scheduled general election is held. 2 U.S.C. § 434(a)(4).

4. Political committees opting to file on a monthly basis are required to file on or before the 20th day of each month, except that, in lieu of filing the reports otherwise due in November and December of any year in which a regularly scheduled general election is held, pre-general and post-general election reports must be timely filed, and a year end report must be filed no later than January 31 of the following calendar year. 2 U.S.C. § 434(a)(4)(B).

5. Respondents have elected to file on a monthly basis.

6. Pursuant to 2 U.S.C. § 434(a)(4)(B), Respondents were required to file a 1990 Year End Report no later than January 31, 1991.

7. Pursuant to 2 U.S.C. § 434(a)(4)(B), Respondents were required to file a 1991 February Monthly Report no later than February 20, 1991.

8. Respondents did not file the report discussed in sub-paragraph 6 until September 9, 1991, 221 days late. That report disclosed \$3,880.80 in receipts, \$4,359.51 in disbursements and \$141.11 cash on hand.

9. Respondents did not file the report discussed in sub-paragraph 7 until September 9, 1991, 173 days late. That report disclosed \$2,515.92 in receipts, \$2,493.95 in disbursements and \$163.28 cash on hand.

V. Respondents untimely filed the 1990 Year End Report and 1991 February Monthly Report, both in violation of 2 U.S.C. § 434(a)(4)(B).

VI. Respondents will pay a civil penalty to the Federal Election Commission in the amount of Two Hundred Fifty Dollars (\$250), pursuant to 2 U.S.C. § 437g(a)(5)(A).

VII. The Commission, on request of anyone filing a complaint under 2 U.S.C. § 437g(a)(1) concerning the matters at issue herein or on its own motion, may review compliance with this agreement. If the Commission believes that this agreement or any requirement thereof has been violated, it may institute a civil action for relief in the United States District Court for the District of Columbia.

VIII. This agreement shall become effective as of the date that all parties hereto have executed same and the Commission has approved the entire agreement.

IX. Respondents shall have no more than 30 days from the date this agreement becomes effective to comply with and

implement the requirement contained in this agreement and to so notify the Commission.

X. This Conciliation Agreement constitutes the entire agreement between the parties on the matters raised herein, and no other statement, promise, or agreement, either written or oral, made by either party or by agents of either party, that is not contained in this written agreement shall be enforceable.

FOR THE COMMISSION:

Lawrence M. Noble
General Counsel

BY:


Lois G. Lerner
Associate General Counsel

Date

1-30-92

FOR THE RESPONDENTS:

Kendall McBuar, Treasurer
Name
Position

Date

11/23/91



FEDERAL ELECTION COMMISSION
WASHINGTON, D C 20463

THIS IS THE END OF MUR # 3324

DATE FILMED 3-18-92 CAMERA NO. 3

CAMERAMAN J.M.H.