

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 CONSUMER TECHNOLOGY ASSOCIATION PAC

ADDRESS (number and street) 1919 SOUTH EADS STREET Check if different than previously reported. (ACC) Arlington VA 22202

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00375048 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [ ] AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1), July 15 Quarterly Report (Q2), October 15 Quarterly Report (Q3), January 31 Year-End Report (YE), July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) Election on M M M / D D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S) Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 10 / 01 / 2015 through 10 / 31 / 2015

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 Michael Petricone

Signature of Treasurer Michael Petricone [Electronically Filed] Date 11 / 17 / 2015

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**CONSUMER TECHNOLOGY ASSOCIATION PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="357115.58"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="394452.26"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="12941.00"/>	<input type="text" value="183592.50"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="407393.26"/>	<input type="text" value="540708.08"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="23584.92"/>	<input type="text" value="156899.74"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="383808.34"/>	<input type="text" value="383808.34"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**CONSUMER TECHNOLOGY ASSOCIATION PAC**

Report Covering the Period: From:  /  /  To:  /  /

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).....	12166.00	171620.00
(ii) Unitemized .....	775.00	6972.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12941.00	178592.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	12941.00	183592.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	12941.00	183592.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12941.00	183592.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	84.92	799.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	84.92	799.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23500.00	156100.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	23584.92	156899.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23584.92	156899.74

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	12941.00	183592.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12941.00	183592.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	84.92	799.74
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	84.92	799.74

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
**CONSUMER TECHNOLOGY ASSOCIATION PAC**

Full Name (Last, First, Middle Initial) <b>A. ROBERT LEVY</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 05 / 2015 <b>Transaction ID : A5FE0A1EA05664FDF810</b>		
Mailing Address 2495 Aron Dr W			Amount of Each Receipt this Period 500.00		
City Seaford	State NY	Zip Code 11783-3515			
FEC ID number of contributing federal political committee. C					
Name of Employer Levy, Stopol, and Camelo		Occupation Attorney			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) <b>B. MR Tom Sumner</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 05 / 2015 <b>Transaction ID : A4308D5A49FB542C68D5</b>		
Mailing Address 6660 Orangethorpe Ave			Amount of Each Receipt this Period 500.00		
City Buena Park	State CA	Zip Code 90620-1345			
FEC ID number of contributing federal political committee. C					
Name of Employer Yamaha Electronics Corporation		Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) <b>C. Ms. Patricia A. Schoenberg</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 06 / 2015 <b>Transaction ID : A820BEFA88B7141C6A87</b>		
Mailing Address 6181 N Prescott Ave			Amount of Each Receipt this Period 500.00		
City Chicago	State IL	Zip Code 60646-4002			
FEC ID number of contributing federal political committee. C					
Name of Employer Spectra Merchandising International In		Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**CONSUMER TECHNOLOGY ASSOCIATION PAC**

**A. Ms. Veronica Lancaster**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12217 Wendy Ln  
 City Waldorf State MD Zip Code 20601-2725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Consumer Technology Association Occupation Director, Standards Programs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : AAD83E973C4AE485E860**  
 Amount of Each Receipt this Period  
 1000.00

**B. Deborah Kassoff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 410 S Maple Ave Apt 502  
 City Falls Church State VA Zip Code 22046-4258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Consumer Technology Association Occupation Director, Member Programs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : A028AB25B1201411A851**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. James M. Burger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 509 Arnon Lake Dr  
 City Great Falls State VA Zip Code 22066-3928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Thompson Coburn LLP Occupation Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : ADC3A89165B064F80BD4**  
 Amount of Each Receipt this Period  
 2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 17
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CONSUMER TECHNOLOGY ASSOCIATION PAC**

Full Name (Last, First, Middle Initial)  
**A. MR Loyd Ivey**

Mailing Address 4545 E Baseline Rd

City Phoenix State AZ Zip Code 85042-6400

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

Name of Employer MiTek Electronics and Communications Occupation Chairman and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 15 / 2015  
**Transaction ID : A5636439897EF48E3937**

Amount of Each Receipt this Period 5000.00

Full Name (Last, First, Middle Initial)  
**B. Susan Littleton**

Mailing Address 2105 N Glebe Rd Apt 1403 Unit 1403

City Arlington State VA Zip Code 22207-2233

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

Name of Employer Consumer Technology Association Occupation Vice President, Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2015  
**Transaction ID : A1F57A4AD1A5E42188D3**

Amount of Each Receipt this Period 250.00

Full Name (Last, First, Middle Initial)  
**C. MR Michael O'Neal**

Mailing Address 16240 Deer Ridge Road

City San Diego State CA Zip Code 92127-3469

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

Name of Employer Nortek Security & Control Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : A0C697A0961B0435696B**

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6250.00

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



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

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

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NAME OF COMMITTEE (In Full)  
**CONSUMER TECHNOLOGY ASSOCIATION PAC**

Full Name (Last, First, Middle Initial) <b>A. Bill Belt</b>		Date of Receipt
Mailing Address 11418 Rockville Pike Apt 1409		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code
Rockville	MD	20852-6004
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>AABB25B95A5ED411BABI</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Consumer Technology Association	Senior Director	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Ms. Denise Gibson</b>		Date of Receipt
Mailing Address 140 School St		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Libertyville	IL	60048-2027
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>A8811E13302BB494689B</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Denise Gibson LLC	President	<input type="text" value="416.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="4160.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MR Ray Kimber</b>		Date of Receipt
Mailing Address 2752 S 1900 W		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Ogden	UT	84401-3224
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>A6A2188D0B2E04B4B939</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Kimber Kable	President	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="1166.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value="12166.00"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CONSUMER TECHNOLOGY ASSOCIATION PAC**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address 200 Vesey St

City New York State NY Zip Code 10285-1000

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 05 / 2015

Transaction ID : B4F971196BF004D8D944

Amount of Each Disbursement this Period

14.00

**B. BB&T**

Full Name (Last, First, Middle Initial)

Mailing Address 2200 Wilson Blvd

City Arlington State VA Zip Code 22201-3397

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2015

Transaction ID : B59874ED339234CADA85

Amount of Each Disbursement this Period

55.31

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

69.31

69.31

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CONSUMER TECHNOLOGY ASSOCIATION PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOHN MCCAIN INC**

Mailing Address 1020 N. Fairfax Street  
Suite 201

City Alexandria State VA Zip Code 22314-1537

Purpose of Disbursement  
VOID - 7/24/2015 contribution

Candidate Name  
**Sen. John McCain III**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: AZ District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2015

Transaction ID : B500F7152541B4B6B88E

Amount of Each Disbursement this Period

-2400.00

Full Name (Last, First, Middle Initial)

**B. MICHAEL BURGESS FOR CONGRESS**

Mailing Address PO BOX 2334

City DENTON State TX Zip Code 76202-2334

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name  
**Rep. Michael C. Burgess**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: TX District: 26

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2015

Transaction ID : B01573387B95E4D43806

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. ELECT BLAKE FARENTHOLD COMMITTEE**

Mailing Address P.O. BOX 3369

City CORPUS CHRISTI State TX Zip Code 78463

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name  
**Rep. Blake Farenthold**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: TX District: 27

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2015

Transaction ID : B144E8E7019E64BDE9A5

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3600.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CONSUMER TECHNOLOGY ASSOCIATION PAC**

Full Name (Last, First, Middle Initial)

**A. LEAHY FOR U.S. SENATOR COMMITTEE**

Mailing Address PO BOX 1042

City MONTPELIER State VT Zip Code 05601

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name  
**Sen. Patrick J. Leahy**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: VT District:

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2015

Transaction ID : B2571108B2DCA4CB294D

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. MCCAUL FOR CONGRESS INC**

Mailing Address 815 A BRAZOS STREET  
PMB 230

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name  
**Rep. Michael T. McCaul**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: TX District: 10

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2015

Transaction ID : B99CBA4B46F164E149DC

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. CITIZENS FOR TOM PETRI**

Mailing Address PO BOX 270

City Fond Du Lac State WI Zip Code 54936-0270

Purpose of Disbursement  
VOID - 4/7/2014 contribution

Candidate Name  
**Rep. Tom E. Petri**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: WI District: 06

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : BCA36F35807B242CC98C

Amount of Each Disbursement this Period

-1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CONSUMER TECHNOLOGY ASSOCIATION PAC**

Full Name (Last, First, Middle Initial)

**A. PRICE FOR CONGRESS**

Mailing Address P.O. BOX 425

City ROSWELL State GA Zip Code 30077

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Tom E. Price**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	26	/	2015

Transaction ID : **BB1644ECBD71F43E7A89**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. KEVIN MCCARTHY FOR CONGRESS**

Mailing Address 455 Capitol Mall Suite 801

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Kevin McCarthy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	02	/	2015

Transaction ID : **B93CDF26E887E4D2FBC5**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. MATSUI FOR CONGRESS**

Mailing Address PO BOX 1738

City Sacramento State CA Zip Code 95812-1738

Purpose of Disbursement  
VOID - 2/10/15 contribution

Candidate Name

**Rep. Doris O. Matsui**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	06	/	2015

Transaction ID : **B5284B218CD8B4C938A7**

Amount of Each Disbursement this Period

-5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

-500.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CONSUMER TECHNOLOGY ASSOCIATION PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOHN MCCAIN INC**

Mailing Address 1020 N. Fairfax Street  
Suite 201

City Alexandria State VA Zip Code 22314-1537

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Sen. John McCain III**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2015

Transaction ID : **B8C8CAADC8D0947E7A92**

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**B. TONY CARDENAS FOR CONGRESS**

Mailing Address 3700 WILSHIRE BLVD SUITE 1050-B

City LOS ANGELES State CA Zip Code 90010

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Tony Cardenas**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 29

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2015

Transaction ID : **BBEE12F0158F340C1B07**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOHN MCCAIN INC**

Mailing Address 1020 N. Fairfax Street  
Suite 201

City Alexandria State VA Zip Code 22314-1537

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Sen. John McCain III**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2015

Transaction ID : **B2323C9095AA74B5CB8C**

Amount of Each Disbursement this Period

2400.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CONSUMER TECHNOLOGY ASSOCIATION PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOHN MCCAIN INC**

Mailing Address 1020 N. Fairfax Street  
Suite 201

City Alexandria State VA Zip Code 22314-1537

Purpose of Disbursement  
VOID - 7/24/2015 contribution

Candidate Name  
**Sen. John McCain III**

Office Sought:  House  
 Senate  
 President  
State: AZ District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2015

Transaction ID : **B2821F389D7B5494DBBD**

Amount of Each Disbursement this Period

-100.00

Full Name (Last, First, Middle Initial)

**B. Delbene for Congress**

Mailing Address PO BOX 487

City Bothell State WA Zip Code 98041-0487

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name  
**Rep. Suzan K. DelBene**

Office Sought:  House  
 Senate  
 President  
State: WA District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2015

Transaction ID : **B1DD4FD65FE7744ABBC3**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MATSUI FOR CONGRESS**

Mailing Address PO BOX 1738

City Sacramento State CA Zip Code 95812-1738

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name  
**Rep. Doris O. Matsui**

Office Sought:  House  
 Senate  
 President  
State: CA District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2015

Transaction ID : **BCE7016083C0F43B3A4F**

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5900.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CONSUMER TECHNOLOGY ASSOCIATION PAC**

Full Name (Last, First, Middle Initial)

**A. JEFFRIES FOR CONGRESS**

Mailing Address PO BOX 380320

City State Zip Code  
BROOKLYN NY 11238

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name  
**Rep. Hakeem S. Jeffries**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
State: NY District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : **B26B1C403706748FBA13**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Anna ESHOO FOR CONGRESS**

Mailing Address 555 CAPITOL MALL, SUITE 1425

City State Zip Code  
SACRAMENTO CA 95814

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name  
**Rep. Anna G. Eshoo**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
State: CA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : **BA49034E9D8CB4430AA9**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. BILL PAC**

Mailing Address 228 S. WASHINGTON ST., STE. 115

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement  
Contribution to PAC

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
State: District: Other2015

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : **BBCAED03616DD44D58FE**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CONSUMER TECHNOLOGY ASSOCIATION PAC**

Full Name (Last, First, Middle Initial)

**A. Darrell Issa Victory Fund**

Mailing Address 30151 TOMAS

City Rancho Santa Margarita State CA Zip Code 92688-2125

Purpose of Disbursement  
Contribution to PAC

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Other2015

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			02			2015					

**Transaction ID : B5125BBB3A307457DB97**

Amount of Each Disbursement this Period

2500.00
---------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2500.00
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23500.00
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