

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.
JEFF PAC

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIP CODE**
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 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)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on in the State of
(d) 30-Day **POST-Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 02 / 01 / 2016 through 02 / 29 / 2016

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 **DAVID BAUER**

Signature of Treasurer **DAVID BAUER** [Electronically Filed] Date 08 / 05 / 2016

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

JEFF 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="2016"/>		119442.95
(b) Cash on Hand at Beginning of Reporting Period.....	111212.86	
(c) Total Receipts (from Line 19)	33500.00	38500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	144712.86	157942.95
7. Total Disbursements (from Line 31).....	18478.21	31708.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	126234.65	126234.65
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	6997.63	

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

JEFF PAC

Report Covering the Period: From: 02 / 01 / 2016 To: 02 / 29 / 2016

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).....	0.00	5000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	5000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	33500.00	33500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	33500.00	38500.00
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))..... ▶	33500.00	38500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	33500.00	38500.00

DETAILED SUMMARY PAGE
of Disbursements

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	3478.21	16708.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3478.21	16708.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	15000.00
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)) ..	18478.21	31708.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18478.21	31708.30

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)	33500.00	38500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33500.00	38500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3478.21	16708.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3478.21	16708.30

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Sch. B line 23, Sch. D line 10

Form/Schedule:
Transaction ID:

**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 22
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)
JEFF PAC

Full Name (Last, First, Middle Initial)
A. AIR LINE PILOTS ASSOC. INT'L PAC

Mailing Address 1625 MASSACHUSETTS AVE. N.W.

City	State	Zip Code
WASHINGTON	DC	20036

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2016

Transaction ID : INCA583

Amount of Each Receipt this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. AMERICAN COLLEGE OF RADIOLOGY PAC

Mailing Address 505 9TH ST. NW #910

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2016

Transaction ID : INCA580

Amount of Each Receipt this Period
3500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. FARMERS INSURANCE PAC

Mailing Address 2350 KERNER BLVD. #250

City	State	Zip Code
SAN RAFAEL	CA	94901

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

Name of Employer	Occupation
	C00135681

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2016

Transaction ID : INCA582

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	13500.00
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 8 OF 22
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
JEFF PAC

Full Name (Last, First, Middle Initial)
A. NAT'L ELECTRICAL CONTRACTORS PAC

Mailing Address 3 BETHESDA METRO CTR. #1100

City	State	Zip Code
BETHESDA	MD	20814

FEC ID number of contributing federal political committee. **C** C00113811

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2016

Transaction ID : INCA581

Amount of Each Receipt this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. THE HOME DEPOT INC. PAC

Mailing Address 1155 F ST. NW, STE. 400

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing federal political committee. **C** C00284885

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2016

Transaction ID : INCA584

Amount of Each Receipt this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. BNSF RAILPAC

Mailing Address P. O. BOX 961039

City	State	Zip Code
FT. WORTH	TX	76161

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2016

Transaction ID : INCA592

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	15000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 9 OF 22	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
JEFF PAC

A. CSX CORP. GOOD GOV'T FUND
 Full Name (Last, First, Middle Initial)
 Mailing Address 1331 PENNSYLVANIA AVE. NW #560
 City WASHINGTON State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C** C00163832
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016
Transaction ID : INCA593
 Amount of Each Receipt this Period
 5000.00
 Memo Item

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	33500.00

**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)
JEFF PAC

Full Name (Last, First, Middle Initial)

A. CHASE CARDMEMBER SERVICES

Mailing Address P. O. BOX 94014

City PALATINE State IL Zip Code 60094

Purpose of Disbursement
CREDIT CARD PAYMENT

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : EXPB573

Amount of Each Disbursement this Period

161.05

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address BOX 0001

City LOS ANGELES State CA Zip Code 90096

Purpose of Disbursement
CREDIT CARD PAYMENT

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2016

Transaction ID : EXPB576

Amount of Each Disbursement this Period

763.66

Memo Item

Full Name (Last, First, Middle Initial)

C. GOLFBALLS.COM

Mailing Address WWW.GOLFBALLS.COM

City CYBERSPACE State CA Zip Code 90000

Purpose of Disbursement
FUNDRAISING EXPENSE

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2016

Transaction ID : EDTB259EXPB576

Amount of Each Disbursement this Period

670.80

Memo Item

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

924.71

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JEFF PAC

Full Name (Last, First, Middle Initial)

A. JASON LARRABEE

Mailing Address 3204 STEPHENSON PL. NW

City WASHINGTON State DC Zip Code 20015

Purpose of Disbursement
CAMPAIGN CONSULTING

001

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2016

Transaction ID : EXPB575

Amount of Each Disbursement this Period

2250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DAVID BAUER

Mailing Address 2150 RIVER PLAZA DR. #150

City SACRAMENTO State CA Zip Code 95833

Purpose of Disbursement
ACCOUNTING SVC.

001

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : EXPB577

Amount of Each Disbursement this Period

300.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

2550.00

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

3474.71

**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)
JEFF PAC

Full Name (Last, First, Middle Initial) A. 814 CONSULTING LLC		Date of Disbursement MM / DD / YYYY 02 / 09 / 2016	
Mailing Address 5827 COLFAX AVE.		Transaction ID : PDTB19	
City ALEXANDRIA State VA Zip Code 22311	Purpose of Disbursement CATERING FOR FUNDRAISER FOR ROUZER	Category/Type 24Z	Amount of Each Disbursement this Period 271.69
Candidate Name DAVID ROUZER	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. 814 CONSULTING LLC		Date of Disbursement MM / DD / YYYY 02 / 09 / 2016	
Mailing Address 5827 COLFAX AVE.		Transaction ID : PDTB32	
City ALEXANDRIA State VA Zip Code 22311	Purpose of Disbursement CATERING FOR FUNDRAISER FOR BARLETTA	Category/Type 24Z	Amount of Each Disbursement this Period 271.70
Candidate Name LOU BARLETTA	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. 814 CONSULTING LLC		Date of Disbursement MM / DD / YYYY 02 / 09 / 2016	
Mailing Address 5827 COLFAX AVE.		Transaction ID : PDTB22	
City ALEXANDRIA State VA Zip Code 22311	Purpose of Disbursement CATERING FOR FUNDRAISER FOR HUNTER	Category/Type 24Z	Amount of Each Disbursement this Period 271.70
Candidate Name DUNCAN HUNTER	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item

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

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

0.00

**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)
JEFF PAC

Full Name (Last, First, Middle Initial) A. 814 CONSULTING LLC		Date of Disbursement MM / DD / YYYY 02 / 09 / 2016	
Mailing Address 5827 COLFAX AVE.		Transaction ID : PDTB23	
City ALEXANDRIA State VA Zip Code 22311	Purpose of Disbursement CATERING FOR FUNDRAISER FOR MCCARTHY	Category/Type 24Z	Amount of Each Disbursement this Period 271.70
Candidate Name KEVIN MCCARTHY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. 814 CONSULTING LLC		Date of Disbursement MM / DD / YYYY 02 / 09 / 2016	
Mailing Address 5827 COLFAX AVE.		Transaction ID : PDTB24	
City ALEXANDRIA State VA Zip Code 22311	Purpose of Disbursement CATERING FOR FUNDRAISER FOR MCHENRY LEADERSHIP FUND	Category/Type 24Z	Amount of Each Disbursement this Period 271.70
Candidate Name MCHENRY LEADERSHIP FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. 814 CONSULTING LLC		Date of Disbursement MM / DD / YYYY 02 / 09 / 2016	
Mailing Address 5827 COLFAX AVE.		Transaction ID : PDTB25	
City ALEXANDRIA State VA Zip Code 22311	Purpose of Disbursement CATERING FOR FUNDRAISER FOR DIAZ-BALART	Category/Type 24Z	Amount of Each Disbursement this Period 271.70
Candidate Name MARIO DIAZ-BALART	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 25	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item

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

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

0.00

**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

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)
JEFF PAC

Full Name (Last, First, Middle Initial) A. 814 CONSULTING LLC		Date of Disbursement MM / DD / YYYY 02 / 09 / 2016	
Mailing Address 5827 COLFAX AVE.		Transaction ID : PDTB26	
City ALEXANDRIA State VA Zip Code 22311	Purpose of Disbursement CATERING FOR FUNDRAISER FOR ROKITA	Category/ Type 24Z	Amount of Each Disbursement this Period 271.70
Candidate Name TODD ROKITA			<input checked="" type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. 814 CONSULTING LLC		Date of Disbursement MM / DD / YYYY 02 / 09 / 2016	
Mailing Address 5827 COLFAX AVE.		Transaction ID : PDTB27	
City ALEXANDRIA State VA Zip Code 22311	Purpose of Disbursement CATERING FOR FUNDRAISER	Category/ Type 24Z	Amount of Each Disbursement this Period 426.06
Candidate Name FRANK LOBIONDO			<input checked="" type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 02	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. 814 CONSULTING LLC		Date of Disbursement MM / DD / YYYY 02 / 09 / 2016	
Mailing Address 5827 COLFAX AVE.		Transaction ID : PDTB28	
City ALEXANDRIA State VA Zip Code 22311	Purpose of Disbursement CATERING FOR FUNDRAISER	Category/ Type 24Z	Amount of Each Disbursement this Period 426.06
Candidate Name PETE SESSIONS			<input checked="" type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32	Disbursement For: 2016 <input checked="" 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)..... ▶

0.00

**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)
JEFF PAC

Full Name (Last, First, Middle Initial) A. 814 CONSULTING LLC		Date of Disbursement MM / DD / YYYY 02 / 09 / 2016
Mailing Address 5827 COLFAX AVE.		Transaction ID : PDTB30
City ALEXANDRIA	State VA	
Purpose of Disbursement CATERING FOR FUNDRAISER FOR COSTELLO		Amount of Each Disbursement this Period 271.70
Candidate Name RYAN COSTELLO		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 06	

Full Name (Last, First, Middle Initial) B. CHASE CARD SERVICES		Date of Disbursement MM / DD / YYYY 02 / 18 / 2016
Mailing Address P. O. BOX 15153		Transaction ID : PDTB31
City WILMINGTON	State DE	
Purpose of Disbursement LODGING FOR PATRICK MCHENRY		Amount of Each Disbursement this Period 1147.96
Candidate Name PATRICK MCHENRY		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC	District: 10	

Full Name (Last, First, Middle Initial) C. INN AT SPANISH BAY		Date of Disbursement MM / DD / YYYY 02 / 18 / 2016
Mailing Address 17 MILE DR.		Transaction ID : PDTB17PDTB31
City PEBBLE BEACH	State CA	
Purpose of Disbursement LODGING FOR PATRICK MCHENRY		Amount of Each Disbursement this Period 1147.96
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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

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

0.00

**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)
JEFF PAC

Full Name (Last, First, Middle Initial)

A. THE DOUG LAMALFA COMMITTEE

Mailing Address 2150 RIVER PLAZA DR. #150

City State Zip Code
SACRAMENTO CA 95833

Purpose of Disbursement

011

Candidate Name
DOUG LAMALFA

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : EXPB579

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. VOLUNTEERS FOR SHIMKUS

Mailing Address P. O. BOX 661

City State Zip Code
COLLINSVILLE IL 62234

Purpose of Disbursement

011

Candidate Name
JOHN SHIMKUS

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 15

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2016

Transaction ID : EXPB578

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BRADY FOR CONGRESS

Mailing Address P. O. BOX 877

City State Zip Code
THE WOODLANDS TX 77387

Purpose of Disbursement

011

Candidate Name
KEVIN BRADY

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 22 / 2016

Transaction ID : EXPB585

Amount of Each Disbursement this Period

2500.00

Memo Item

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

12500.00

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)
JEFF PAC

Full Name (Last, First, Middle Initial)

A. BRADY FOR CONGRESS

Mailing Address P. O. BOX 877

City THE WOODLANDS State TX Zip Code 77387

Purpose of Disbursement

011

Category/
Type

Candidate Name

KEVIN BRADY

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 22 / 2016

Transaction ID : EXPB586

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

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

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

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

Memo Item

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

2500.00

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

15000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 22
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
JEFF PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 814 CONSULTING LLC	Nature of Debt (Purpose): CATERING FOR FUNDRAISER
Mailing Address 5827 COLFAX AVE.	
City State Zip Code ALEXANDRIA VA 22311	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD677	
Amount Incurred This Period 426.06	Payment This Period 0.00	Outstanding Balance at Close of This Period 426.06

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor 814 CONSULTING LLC	Nature of Debt (Purpose): CATERING FOR FUNDRAISER
Mailing Address 5827 COLFAX AVE.	
City State Zip Code ALEXANDRIA VA 22311	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD598	
Amount Incurred This Period 2823.96	Payment This Period 0.00	Outstanding Balance at Close of This Period 2823.96

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 814 CONSULTING LLC	Nature of Debt (Purpose): CATERING FOR FUNDRAISER
Mailing Address 5827 COLFAX AVE.	
City State Zip Code ALEXANDRIA VA 22311	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD678	
Amount Incurred This Period 426.06	Payment This Period 0.00	Outstanding Balance at Close of This Period 426.06

1) SUBTOTALS This Period This Page (optional)..... ▶	3676.08
2) TOTALS This Period (last page this line number 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) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 22
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
JEFF PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 814 CONSULTING LLC		Nature of Debt (Purpose): CATERING FOR FUNDRAISER FOR BARLETTA
Mailing Address 5827 COLFAX AVE.		
City State	Zip Code	
ALEXANDRIA VA	22311	

Outstanding Balance Beginning This Period	Transaction ID : PAYD729	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="271.70"/>	<input type="text" value="0.00"/>	<input type="text" value="271.70"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor 814 CONSULTING LLC		Nature of Debt (Purpose): CATERING FOR FUNDRAISER FOR HUNTER
Mailing Address 5827 COLFAX AVE.		
City State	Zip Code	
ALEXANDRIA VA	22311	

Outstanding Balance Beginning This Period	Transaction ID : PAYD680	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="271.70"/>	<input type="text" value="0.00"/>	<input type="text" value="271.70"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 814 CONSULTING LLC		Nature of Debt (Purpose): CATERING FOR FUNDRAISER FOR COSTELLO
Mailing Address 5827 COLFAX AVE.		
City State	Zip Code	
ALEXANDRIA VA	22311	

Outstanding Balance Beginning This Period	Transaction ID : PAYD681	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="271.70"/>	<input type="text" value="0.00"/>	<input type="text" value="271.70"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="815.10"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 22
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
JEFF PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 814 CONSULTING LLC	Nature of Debt (Purpose): CATERING FOR FUNDRAISER FOR MCCARTHY
Mailing Address 5827 COLFAX AVE.	
City State Zip Code ALEXANDRIA VA 22311	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD682	
Amount Incurred This Period 271.70	Payment This Period 0.00	Outstanding Balance at Close of This Period 271.70

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor 814 CONSULTING LLC	Nature of Debt (Purpose): CATERING FOR FUNDRAISER FOR MCHENRY LEADERSHIP FUND
Mailing Address 5827 COLFAX AVE.	
City State Zip Code ALEXANDRIA VA 22311	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD683	
Amount Incurred This Period 271.70	Payment This Period 0.00	Outstanding Balance at Close of This Period 271.70

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 814 CONSULTING LLC	Nature of Debt (Purpose): CATERING FOR FUNDRAISER FOR DIAZ-BALART
Mailing Address 5827 COLFAX AVE.	
City State Zip Code ALEXANDRIA VA 22311	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD684	
Amount Incurred This Period 271.70	Payment This Period 0.00	Outstanding Balance at Close of This Period 271.70

1) SUBTOTALS This Period This Page (optional)..... ▶	815.10
2) TOTALS This Period (last page this line number 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) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 21 OF 22
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
JEFF PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 814 CONSULTING LLC	Nature of Debt (Purpose): CATERING FOR FUNDRAISER FOR ROKITA
Mailing Address 5827 COLFAX AVE.	
City State Zip Code ALEXANDRIA VA 22311	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD685	
Amount Incurred This Period 271.70	Payment This Period 0.00	Outstanding Balance at Close of This Period 271.70

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor 814 CONSULTING LLC	Nature of Debt (Purpose): CATERING FOR FUNDRAISER FOR ROUZER
Mailing Address 5827 COLFAX AVE.	
City State Zip Code ALEXANDRIA VA 22311	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD686	
Amount Incurred This Period 271.69	Payment This Period 0.00	Outstanding Balance at Close of This Period 271.69

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CHASE CARD SERVICES	Nature of Debt (Purpose): LODGING FOR PATRICK MCHENRY
Mailing Address P. O. BOX 15153	
City State Zip Code WILMINGTON DE 19886	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD642	
Amount Incurred This Period 1147.96	Payment This Period 0.00	Outstanding Balance at Close of This Period 1147.96

1) SUBTOTALS This Period This Page (optional)..... ▶	1691.35
2) TOTALS This Period (last page this line number only)..... ▶	6997.63
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	6997.63

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : PAYD686

IN-KIND FOR ROUZER FOR CONGRESS

Form/Schedule:

Transaction ID: