

# 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**  
Stanley Consultants Inc., PAC

ADDRESS (number and street) 225 Iowa Avenue  
Check if different than previously reported. (ACC) Muscatine IA 52761

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00415224 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 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 M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y  
10 01 2017 through 12 31 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Harper, William, , ,  
Type or Print Name of Treasurer

Signature of Treasurer Harper, William, , , [Electronically Filed] Date 01 14 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Stanley Consultants Inc., 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="2017"/>		25767.90
(b) Cash on Hand at Beginning of Reporting Period.....	28178.28	
(c) Total Receipts (from Line 19) .....	1054.53	4064.91
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	29232.81	29832.81
7. Total Disbursements (from Line 31).....	500.00	1100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	28732.81	28732.81
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**Stanley Consultants Inc., PAC**

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

<b>I. Receipts</b>		<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
11. Contributions (other than loans) From:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A).....	924.00	2572.00	
(ii) Unitemized .....	126.00	1483.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1050.00	4055.00	
(b) Political Party Committees .....	0.00	0.00	
(c) Other Political Committees (such as PACs).....	0.00	0.00	
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	1050.00	4055.00	
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.).....	4.53	9.91	
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)).....▶	1054.53	4064.91	
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1054.53	4064.91	

**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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	1100.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	500.00	1100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	500.00	1100.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1050.00	4055.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1050.00	4055.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**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 18
<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)  
**Stanley Consultants Inc., PAC**

**A. Decoteau, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 443 River Oaks Dr  
 City Baton Rouge State LA Zip Code 70815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stanley Consultants, Inc. Occupation (for Individual) Water Market Operations Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 03 / 2017  
**Transaction ID : SA11AI.8795**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Decoteau, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 443 River Oaks Dr  
 City Baton Rouge State LA Zip Code 70815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stanley Consultants, Inc. Occupation (for Individual) Water Market Operations Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 17 / 2017  
**Transaction ID : SA11AI.8796**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Decoteau, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 443 River Oaks Dr  
 City Baton Rouge State LA Zip Code 70815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stanley Consultants, Inc. Occupation (for Individual) Water Market Operations Leader  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11AI.8797**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<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 18
	<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	

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NAME OF COMMITTEE (In Full)  
**Stanley Consultants Inc., PAC**

**A. Decoteau, Jeffrey, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 443 River Oaks Dr

City Baton Rouge	State LA	Zip Code 70815
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanley Consultants, Inc.	Occupation (for Individual) Water Market Operations Leader
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2017

**Transaction ID : SA11Al.8798**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Decoteau, Jeffrey, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 443 River Oaks Dr

City Baton Rouge	State LA	Zip Code 70815
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanley Consultants, Inc.	Occupation (for Individual) Water Market Operations Leader
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2017

**Transaction ID : SA11Al.8799**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Decoteau, Jeffrey, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 443 River Oaks Dr

City Baton Rouge	State LA	Zip Code 70815
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanley Consultants, Inc.	Occupation (for Individual) Water Market Operations Leader
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2017

**Transaction ID : SA11Al.8800**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 18
	(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)  
**Stanley Consultants Inc., PAC**

**A. Decoteau, Jeffrey, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 443 River Oaks Dr

City Baton Rouge	State LA	Zip Code 70815
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Stanley Consultants, Inc.	Occupation (for Individual) Water Market Operations Leader
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2017

**Transaction ID : SA11AI.8801**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Helms, Michael, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3429 28th Avenue Court

City Moline	State IL	Zip Code 61265
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanley Consultants, Inc.	Occupation (for Individual) Vice President
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2017

**Transaction ID : SA11AI.8809**

Amount of Each Receipt this Period  
40.00

Memo Item

**C. Helms, Michael, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3429 28th Avenue Court

City Moline	State IL	Zip Code 61265
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanley Consultants, Inc.	Occupation (for Individual) Vice President
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
880.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2017

**Transaction ID : SA11AI.8814**

Amount of Each Receipt this Period  
40.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.00
<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 9 OF 18
	<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	

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NAME OF COMMITTEE (In Full)  
**Stanley Consultants Inc., PAC**

**A. Helms, Michael, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3429 28th Avenue Court

City Moline	State IL	Zip Code 61265
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanley Consultants, Inc.	Occupation (for Individual) Vice President
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
920.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

**Transaction ID : SA11AI.8819**

Amount of Each Receipt this Period  
40.00

Memo Item

**B. Helms, Michael, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3429 28th Avenue Court

City Moline	State IL	Zip Code 61265
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanley Consultants, Inc.	Occupation (for Individual) Vice President
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
960.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2017

**Transaction ID : SA11AI.8824**

Amount of Each Receipt this Period  
40.00

Memo Item

**C. Helms, Michael, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3429 28th Avenue Court

City Moline	State IL	Zip Code 61265
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanley Consultants, Inc.	Occupation (for Individual) Vice President
--	---

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
11		28		2017

**Transaction ID : SA11AI.8829**

Amount of Each Receipt this Period  
40.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<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 10 OF 18
<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

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NAME OF COMMITTEE (In Full)  
**Stanley Consultants Inc., PAC**

**A. Helms, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3429 28th Avenue Court  
 City Moline State IL Zip Code 61265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stanley Consultants, Inc. Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 12 / 2017  
**Transaction ID : SA11AI.8835**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Helms, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3429 28th Avenue Court  
 City Moline State IL Zip Code 61265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stanley Consultants, Inc. Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 12 / 26 / 2017  
**Transaction ID : SA11AI.8840**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Mardambek, Anthony, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4639 East Kelly Drive  
 City Gilbert State AZ Zip Code 85234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stanley Consultants, Inc. Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 03 / 2017  
**Transaction ID : SA11AI.8845**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<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 11 OF 18
<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

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NAME OF COMMITTEE (In Full)  
**Stanley Consultants Inc., PAC**

**A. Mardambek, Anthony, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4639 East Kelly Drive  
 City Gilbert State AZ Zip Code 85234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stanley Consultants, Inc. Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 17 / 2017  
**Transaction ID : SA11AI.8846**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Mardambek, Anthony, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4639 East Kelly Drive  
 City Gilbert State AZ Zip Code 85234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stanley Consultants, Inc. Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 10 / 31 / 2017  
**Transaction ID : SA11AI.8847**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Mardambek, Anthony, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4639 East Kelly Drive  
 City Gilbert State AZ Zip Code 85234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stanley Consultants, Inc. Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 14 / 2017  
**Transaction ID : SA11AI.8848**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<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 12 OF 18
<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

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NAME OF COMMITTEE (In Full)  
**Stanley Consultants Inc., PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Mardambek, Anthony, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2017 <b>Transaction ID : SA11AI.8849</b>		
Mailing Address 4639 East Kelly Drive			Amount of Each Receipt this Period 20.00		
City Gilbert	State AZ	Zip Code 85234	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00			
Name of Employer (for Individual) Stanley Consultants, Inc.		Occupation (for Individual) Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Mardambek, Anthony, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2017 <b>Transaction ID : SA11AI.8850</b>		
Mailing Address 4639 East Kelly Drive			Amount of Each Receipt this Period 20.00		
City Gilbert	State AZ	Zip Code 85234	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 520.00			
Name of Employer (for Individual) Stanley Consultants, Inc.		Occupation (for Individual) Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Mardambek, Anthony, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2017 <b>Transaction ID : SA11AI.8851</b>		
Mailing Address 4639 East Kelly Drive			Amount of Each Receipt this Period 20.00		
City Gilbert	State AZ	Zip Code 85234	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 540.00			
Name of Employer (for Individual) Stanley Consultants, Inc.		Occupation (for Individual) Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<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 13 OF 18
<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

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NAME OF COMMITTEE (In Full)  
**Stanley Consultants Inc., PAC**

**A. Riley, Brian, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 311 West 3rd Street

City Muscatine	State IA	Zip Code 52761
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanley Consultants, Inc.	Occupation (for Individual) Designer, Associate
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2017

**Transaction ID : SA11AI.8812**

Amount of Each Receipt this Period  
10.00

Memo Item

**B. Riley, Brian, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 311 West 3rd Street

City Muscatine	State IA	Zip Code 52761
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanley Consultants, Inc.	Occupation (for Individual) Designer, Associate
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2017

**Transaction ID : SA11AI.8817**

Amount of Each Receipt this Period  
10.00

Memo Item

**C. Riley, Brian, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 311 West 3rd Street

City Muscatine	State IA	Zip Code 52761
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanley Consultants, Inc.	Occupation (for Individual) Designer, Associate
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2017

**Transaction ID : SA11AI.8822**

Amount of Each Receipt this Period  
10.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<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 14 OF 18
	<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	

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NAME OF COMMITTEE (In Full)  
**Stanley Consultants Inc., PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Riley, Brian, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2017		
Mailing Address 311 West 3rd Street			<b>Transaction ID : SA11AI.8827</b>		
City Muscatine	State IA	Zip Code 52761	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item			
Name of Employer (for Individual) Stanley Consultants, Inc.		Occupation (for Individual) Designer, Associate			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Riley, Brian, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2017		
Mailing Address 311 West 3rd Street			<b>Transaction ID : SA11AI.8833</b>		
City Muscatine	State IA	Zip Code 52761	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item			
Name of Employer (for Individual) Stanley Consultants, Inc.		Occupation (for Individual) Designer, Associate			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Riley, Brian, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2017		
Mailing Address 311 West 3rd Street			<b>Transaction ID : SA11AI.8838</b>		
City Muscatine	State IA	Zip Code 52761	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item			
Name of Employer (for Individual) Stanley Consultants, Inc.		Occupation (for Individual) Designer, Associate			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 260.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<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 15 OF 18
<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

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NAME OF COMMITTEE (In Full)  
**Stanley Consultants Inc., PAC**

**A. Riley, Brian, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 311 West 3rd Street

City Muscatine	State IA	Zip Code 52761
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanley Consultants, Inc.	Occupation (for Individual) Designer, Associate
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2017

**Transaction ID : SA11AI.8843**

Amount of Each Receipt this Period  
10.00

Memo Item

**B. Veal, Mike, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 315 Ridgewood Avenue

City Davenport	State IA	Zip Code 52803
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanley Consultants, Inc.	Occupation (for Individual) Director Global Operations
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2017

**Transaction ID : SA11AI.8813**

Amount of Each Receipt this Period  
12.00

Memo Item

**C. Veal, Mike, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 315 Ridgewood Avenue

City Davenport	State IA	Zip Code 52803
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanley Consultants, Inc.	Occupation (for Individual) Director Global Operations
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
264.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2017

**Transaction ID : SA11AI.8818**

Amount of Each Receipt this Period  
12.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	34.00
<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 16 OF 18
	(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)  
**Stanley Consultants Inc., PAC**

**A. Veal, Mike, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 315 Ridgewood Avenue

City Davenport	State IA	Zip Code 52803
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanley Consultants, Inc.	Occupation (for Individual) Director Global Operations
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
276.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

**Transaction ID : SA11AI.8823**

Amount of Each Receipt this Period  
12.00

Memo Item

**B. Veal, Mike, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 315 Ridgewood Avenue

City Davenport	State IA	Zip Code 52803
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanley Consultants, Inc.	Occupation (for Individual) Director Global Operations
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
288.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2017

**Transaction ID : SA11AI.8828**

Amount of Each Receipt this Period  
12.00

Memo Item

**C. Veal, Mike, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 315 Ridgewood Avenue

City Davenport	State IA	Zip Code 52803
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanley Consultants, Inc.	Occupation (for Individual) Director Global Operations
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Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2017

**Transaction ID : SA11AI.8834**

Amount of Each Receipt this Period  
12.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	36.00
<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 17 OF 18
	(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)  
**Stanley Consultants Inc., PAC**

**A. Veal, Mike, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 315 Ridgewood Avenue

City Davenport	State IA	Zip Code 52803
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanley Consultants, Inc.	Occupation (for Individual) Director Global Operations
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2017

**Transaction ID : SA11AI.8839**

Amount of Each Receipt this Period  
12.00

Memo Item

**B. Veal, Mike, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 315 Ridgewood Avenue

City Davenport	State IA	Zip Code 52803
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanley Consultants, Inc.	Occupation (for Individual) Director Global Operations
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
324.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2017

**Transaction ID : SA11AI.8844**

Amount of Each Receipt this Period  
12.00

Memo Item

**C.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	24.00
<b>TOTAL</b> This Period (last page this line number only).....	924.00

**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"/> 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)  
**Stanley Consultants Inc., PAC**

Full Name (Last, First, Middle Initial)

**A. Friends for Avila**

Mailing Address 6201 W. Touhy Ave.

City Chicago State IL Zip Code 60646

Purpose of Disbursement

Category/  
Type

Candidate Name  
**Friends for Avila**

Office Sought:  House  Senate  President  
State: IL District: 09

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB23.8861**  
Amount of Each Disbursement this Period

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

/  /

FEC Identification Number

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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