

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

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

ADDRESS (number and street) 1305 Memorial Avenue

Check if different than previously reported. (ACC)

West Springfield MA 01089

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00163212

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 MM / DD / YYYY in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 01 / 01 / 2022 through 03 / 31 / 2022

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 Chiecko, Gregory, , ,

Signature of Treasurer *Chiecko, Gregory, , ,* [Electronically Filed] Date 04 / 15 / 2022

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

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION 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="2022"/>		33490.25
(b) Cash on Hand at Beginning of Reporting Period.....	33490.25	
(c) Total Receipts (from Line 19)	56022.00	56022.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	89512.25	89512.25
7. Total Disbursements (from Line 31).....	11306.53	11306.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	78205.72	78205.72
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2022 To: M M / D D / Y Y Y Y 03 / 31 / 2022

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).....	55697.00	55697.00
(ii) Unitemized	325.00	325.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	56022.00	56022.00
(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)	56022.00	56022.00
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)).....▶	56022.00	56022.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	56022.00	56022.00

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	750.18	750.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	750.18	750.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	10000.00
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).....	556.35	556.35
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)) ..	11306.53	11306.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11306.53	11306.53

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	56022.00	56022.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56022.00	56022.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	750.18	750.18
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	750.18	750.18

**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 26
<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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. Anderson, Candice, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11323 Veronica Ave
 City Tampa, State FL Zip Code 33612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Candy Anderson & Co. Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt **03 / 31 / 2022**
Transaction ID : SA11AI.5153
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

B. Arnold, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1140 Oak Terrace
 City Traverse City State MI Zip Code 49686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arnold Amudements Occupation (for Individual) Concession Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt **02 / 17 / 2022**
Transaction ID : SA11AI.5176
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

C. Bartosik, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 128 Bayview Dr
 City Nokomis State FL Zip Code 34275
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Denny's Electronics Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 03 / 2022**
Transaction ID : SA11AI.5161
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	4200.00
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 7 OF 26
<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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. Broetsky, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13235 N Verde River
 City Fountain Hills State AZ Zip Code 85268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Broetsky SW Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt 02 / 17 / 2022
Transaction ID : SA11AI.5199
 Amount of Each Receipt this Period 875.00
 Memo Item Contribution

B. Burtch, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1715 Parish Brook Ct.
 City Kawkawlin State MI Zip Code 48611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TJ Schmidt & Co. Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 02 / 17 / 2022
Transaction ID : SA11AI.5162
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

C. Collmer, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3400 Sand Rd.
 City Cape Coral State FL Zip Code 33993
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Meatball Factory LLC Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 02 / 18 / 2022
Transaction ID : SA11AI.5195
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	4075.00
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 26
<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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. Davis, Jared, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 148
 City Merino State CO Zip Code 80741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wisdom Rides of America Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt **03 / 12 / 2022**
Transaction ID : SA11AI.5171
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

B. DEAN, EUGENE, J, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 PALIS DRIVE
 City SALISBURY State MA Zip Code 01952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DEAN & FLYNN INC Occupation (for Individual) CARNIVAL OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt **02 / 24 / 2022**
Transaction ID : SA11AI.5165
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

C. Deggeller, Jamie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3381 SW Westover Ct
 City Palm City State FL Zip Code 34990
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cypress Enterpris Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt **02 / 18 / 2022**
Transaction ID : SA11AI.5170
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	4800.00
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 26
<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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. Deggeller, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33530 SE Deggeler
 City Stuart State FL Zip Code 33495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Deggeller Foods Inc. Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **02 / 17 / 2022**
Transaction ID : SA11AI.5191
 Amount of Each Receipt this Period 800.00
 Memo Item Contribution

B. Doolan, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 699
 City Jensen Beach State FL Zip Code 34958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Big Fun, Inc. Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **02 / 17 / 2022**
Transaction ID : SA11AI.5183
 Amount of Each Receipt this Period 800.00
 Memo Item Contribution

C. Elliott, Debbie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 23
 City Mason State MI Zip Code 48854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Elliott's Amusements Occupation (for Individual) Carnival Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt **02 / 16 / 2022**
Transaction ID : SA11AI.5159
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	3200.00
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 10 OF 26
	<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	

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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. FEATHERSTON, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 515 FOWLER ST
 City FARIBAULT State MN Zip Code 55021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GOLD STAR AMUSEMENTS Occupation (for Individual) CARNIVAL OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 02 / 08 / 2022
Transaction ID : SA11AI.5185
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

B. FERA, HAROLD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Red Oak Dr
 City Johnston State RI Zip Code 02919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ROCKWELL AMUSEMENTS Occupation (for Individual) CARNIVAL OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 21 / 2022
Transaction ID : SA11AI.5167
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

C. GAYLIN, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7920 GILMORE AVE
 City BALTIMORE State MD Zip Code 21237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ROSEDALE ATTRACTIONS Occupation (for Individual) CARNIVAL OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 02 / 17 / 2022
Transaction ID : SA11AI.5204
 Amount of Each Receipt this Period 800.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	3400.00
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 11 OF 26
<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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. HANSCHEN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4508 CLIFFSTONE COVE
 City AUSTIN State TX Zip Code 78735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THOMAS CARNIVAL Occupation (for Individual) CARNIVAL OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 17 / 2022
Transaction ID : SA11AI.5175
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

B. HARTLEY, GREGG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 857 CEDAR DR
 City DEALE State MD Zip Code 20751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Husch Blackwell Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2022
Transaction ID : SA11AI.5166
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

C. Ianni, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11705 Boyette Rd Suite 474
 City Riverview State FL Zip Code 33589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Red Carpet Amusements, Inc. Occupation (for Individual) Carnival Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 01 / 22 / 2022
Transaction ID : SA11AI.5203
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	2600.00
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 12 OF 26
<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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. Jamieson, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Requested
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2022
Transaction ID : SA11AI.5189
 Amount of Each Receipt this Period
 600.00
 Memo Item Contribution

B. Johnson, Bill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 629 N Forrest Ave
 City State Zip Code
 Arlington Hills IL 60004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Owner A Fantasy Amusement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2022
Transaction ID : SA11AI.5151
 Amount of Each Receipt this Period
 800.00
 Memo Item Contribution

C. Judkins, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1909 Mango Ct.
 City State Zip Code
 Harlingen TX 78552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 JKJ Workforce Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2022
Transaction ID : SA11AI.5168
 Amount of Each Receipt this Period
 1600.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 13 OF 26
	<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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. Kunz, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 609 Oconee Ave.
 City Tampa State FL Zip Code 33606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Galaxy Amusement Sales Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 02 / 18 / 2022
Transaction ID : SA11AI.5197
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

B. O'Connor, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 227 W State Ave
 City Lindenwold State NJ Zip Code 08021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Skelly Amusements Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 02 / 18 / 2022
Transaction ID : SA11AI.5205
 Amount of Each Receipt this Period 800.00
 Memo Item Contribution

C. Pfeffer, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Requested
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 02 / 18 / 2022
Transaction ID : SA11AI.5157
 Amount of Each Receipt this Period 800.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	3200.00
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 14 OF 26
	<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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. POWERS, DEBORAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4216 EDWARD HYDE PL
 City WILMINGTON State NC Zip Code 28405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) POWERS GREAT AMERICAN MIDWAYS Occupation (for Individual) CARNIVAL OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 02 / 02 / 2022
Transaction ID : SA11AI.5160
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

B. Pugh, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9024 Wiggins Rd
 City Gibsonton State FL Zip Code 33534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gulfstream Occupation (for Individual) Concessionaire
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1450.00

Date of Receipt 02 / 17 / 2022
Transaction ID : SA11AI.5194
 Amount of Each Receipt this Period 1450.00
 Memo Item Contribution

C. Pugh, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9024 Wiggins Rd
 City Gibsonton State FL Zip Code 33534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gulfstream Occupation (for Individual) Concessionaire
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3050.00

Date of Receipt 02 / 18 / 2022
Transaction ID : SA11AI.5223
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	4650.00
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 15 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. REITHOFFER, RICHARD, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9022 WIGGINS RD
 City GIBSONTON State FL Zip Code 33534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) REITHOFFER SHOWS Occupation (for Individual) CARNIVAL OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 17 / 2022
Transaction ID : SA11AI.5193
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

B. Riegel, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 Grey Bridge Row
 City Cary State NC Zip Code 27513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FunTagg Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 17 / 2022
Transaction ID : SA11AI.5201
 Amount of Each Receipt this Period 400.00
 Memo Item Contribution

C. Roberts, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Requested
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 17 / 2022
Transaction ID : SA11AI.5186
 Amount of Each Receipt this Period 400.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	1800.00
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 16 OF 26
<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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. SANDLOFER, BENNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 2659
 City RIVERVIEW State FL Zip Code 33568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wade Shows Occupation (for Individual) FOOD CONCESSIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3972.00

Date of Receipt 03 / 03 / 2022
Transaction ID : SA11AI.5224
 Amount of Each Receipt this Period 3972.00
 Memo Item Contribution

B. SANDLOFER, BENNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 2659
 City RIVERVIEW State FL Zip Code 33568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wade Shows Occupation (for Individual) FOOD CONCESSIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4472.00

Date of Receipt 03 / 15 / 2022
Transaction ID : SA11AI.5227
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

C. Seeley, Jsaon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 Chancery Lane
 City Simpsonville State SC Zip Code 29681
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UsedRides.com LLC Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 02 / 08 / 2022
Transaction ID : SA11AI.5173
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	6072.00
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 17 OF 26
	<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	

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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. SINCLAIR, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2721 Selena Circle
 City White Bear Lake State MN Zip Code 55110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MINNESOTA STATE FAIR Occupation (for Individual) FAIR MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 03 / 2022**
Transaction ID : SA11AI.5210
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

B. Skerbeck, Carla, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 364
 City Escanaba State MI Zip Code 49829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Skerbeck Family Carnival Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt **02 / 18 / 2022**
Transaction ID : SA11AI.5155
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

C. Smith, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7501 Nundy Ave
 City Gibsonton State FL Zip Code 33534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rockens Graphics Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt **02 / 18 / 2022**
Transaction ID : SA11AI.5177
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	4200.00
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 18 OF 26
	<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	

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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. Soled, Leonard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Skyline Way
 City Warren State NJ Zip Code 07059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rides 4 U Inc. Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 01 / 31 / 2022
Transaction ID : SA11AI.5181
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

B. Strates, E. Jay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 W. Fawsett Rd
 City Winter Park State FL Zip Code 32789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Strates Shows Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 02 / 18 / 2022
Transaction ID : SA11AI.5164
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

C. Thomas, Tracy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 510 Chablis Way
 City Wilmington State NC Zip Code 28411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Thomas Powers Midways Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 02 / 18 / 2022
Transaction ID : SA11AI.5208
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	4800.00
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 19 OF 26
<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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. WOOD, MICHAEL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 OSIANA DR

City SAN ANTONIO	State TX	Zip Code 78248
---------------------	-------------	-------------------

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

Name of Employer (for Individual) WOOD ENTERTAINMENT CO	Occupation (for Individual) RIDE OWNER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	07	/	2022

Transaction ID : SA11AI.5220

Amount of Each Receipt this Period
1600.00

Memo Item Contribution

B. WOOD, MICHAEL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 OSIANA DR

City SAN ANTONIO	State TX	Zip Code 78248
---------------------	-------------	-------------------

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

Name of Employer (for Individual) WOOD ENTERTAINMENT CO	Occupation (for Individual) RIDE OWNER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2022

Transaction ID : SA11AI.5184

Amount of Each Receipt this Period
2500.00

Memo Item Contribution

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

Mailing Address 9 Manning Way

City Sharon	State MA	Zip Code 02067
----------------	-------------	-------------------

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

Name of Employer (for Individual) ESY Financial	Occupation (for Individual) Owner
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2022

Transaction ID : SA11AI.5179

Amount of Each Receipt this Period
1600.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	5700.00
TOTAL This Period (last page this line number only).....	55697.00

**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"/> 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)

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial)

A. First Bank

Mailing Address 415 N Mathilda Ave

City Sunnyvale State CA Zip Code 94085

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 22 / 2022

FEC Identification Number

C

Transaction ID : SB21B.5138

Amount of Each Disbursement this Period

113.45

Memo Item

Full Name (Last, First, Middle Initial)

B. First Bank

Mailing Address 415 N Mathilda Ave

City Sunnyvale State CA Zip Code 94085

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2022
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 22 / 2022

FEC Identification Number

C

Transaction ID : SB21B.5139

Amount of Each Disbursement this Period

218.67

Memo Item

Full Name (Last, First, Middle Initial)

C. First Bank

Mailing Address 415 N Mathilda Ave

City Sunnyvale State CA Zip Code 94085

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 22 / 2022

FEC Identification Number

C

Transaction ID : SB21B.5245

Amount of Each Disbursement this Period

0.24

Memo Item

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

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

332.36

**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"/> 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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial)
A. First Bank

Mailing Address 415 N Mathilda Ave

City Sunnyvale State CA Zip Code 94085

Purpose of Disbursement Bank Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 03 / 2022

FEC Identification Number: C

Transaction ID : SB21B.5232

Amount of Each Disbursement this Period: 22.95

Memo Item

Full Name (Last, First, Middle Initial)
B. First Bank

Mailing Address 415 N Mathilda Ave

City Sunnyvale State CA Zip Code 94085

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 03 / 2022

FEC Identification Number: C

Transaction ID : SB21B.5233

Amount of Each Disbursement this Period: 1.69

Memo Item

Full Name (Last, First, Middle Initial)
C. First Bank

Mailing Address 415 N Mathilda Ave

City Sunnyvale State CA Zip Code 94085

Purpose of Disbursement Bank Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 03 / 2022

FEC Identification Number: C

Transaction ID : SB21B.5234

Amount of Each Disbursement this Period: 0.55

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 25.19

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"/> 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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial)

A. First Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2022

Mailing Address 415 N Mathilda Ave

FEC Identification Number

C []

Transaction ID : SB21B.5235
Amount of Each Disbursement this Period

[] 0.12

Memo Item

City Sunnyvale State CA Zip Code 94085

Purpose of Disbursement
Bank Fees

[]

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. First Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		16		2022

Mailing Address 415 N Mathilda Ave

FEC Identification Number

C []

Transaction ID : SB21B.5237
Amount of Each Disbursement this Period

[] 9.00

Memo Item

City Sunnyvale State CA Zip Code 94085

Purpose of Disbursement
Bank Fee

[]

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. First Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		17		2022

Mailing Address 415 N Mathilda Ave

FEC Identification Number

C []

Transaction ID : SB21B.5239
Amount of Each Disbursement this Period

[] 40.74

Memo Item

City Sunnyvale State CA Zip Code 94085

Purpose of Disbursement
Bank Fees

[]

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: District:

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

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

[] 49.86

[]

**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"/> 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)

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial)

A. First Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		17		2022

Mailing Address 415 N Mathilda Ave

FEC Identification Number

C []

Transaction ID : SB21B.5240

Amount of Each Disbursement this Period

[] 3.29

Memo Item

City Sunnyvale State CA Zip Code 94085

Purpose of Disbursement Bank Fees

[]

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. First Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		18		2022

Mailing Address 415 N Mathilda Ave

FEC Identification Number

C []

Transaction ID : SB21B.5241

Amount of Each Disbursement this Period

[] 0.40

Memo Item

City Sunnyvale State CA Zip Code 94085

Purpose of Disbursement Bank Fees

[]

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. First Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		18		2022

Mailing Address 415 N Mathilda Ave

FEC Identification Number

C []

Transaction ID : SB21B.5242

Amount of Each Disbursement this Period

[] 0.17

Memo Item

City Sunnyvale State CA Zip Code 94085

Purpose of Disbursement Bank Fees

[]

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

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

[] 3.29

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

[] 410.70

**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

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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. BILLY LONG FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 3246 E RIDGEVIEW ST

City SPRINGFIELD State MO Zip Code 65804

Purpose of Disbursement Contribution

Candidate Name
LONG, BILLY MR., , ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: MO District: 07

Date of Disbursement: 03 / 14 / 2022

FEC Identification Number: C00460063
Transaction ID : SB23.5146
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. BLUMENTHAL FOR CONNECTICUT

Full Name (Last, First, Middle Initial)
Mailing Address 1111 SUMMER ST, STE 301
C/O CACACE TUSCH & SANTAGATA

City STAMFORD State CT Zip Code 06905

Purpose of Disbursement Contribution

Candidate Name
BLUMENTHAL, RICHARD, , ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: CT District: 00

Date of Disbursement: 03 / 02 / 2022

FEC Identification Number: C00492991
Transaction ID : SB23.5140
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. COLE FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 722256

City NORMAN State OK Zip Code 73070

Purpose of Disbursement Contribution

Candidate Name
COLE, TOM, , ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: OK District: 04

Date of Disbursement: 03 / 22 / 2022

FEC Identification Number: C00379735
Transaction ID : SB23.5150
Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

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)

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial)

A. STEVE CHABOT FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2022

Mailing Address 3030 HARRISON AVE.

City CINCINNATI	State OH	Zip Code 45211
--------------------	-------------	-------------------

FEC Identification Number

C	C00301838
---	-----------

Purpose of Disbursement
Contribution

Category/ Type

Transaction ID : SB23.5147

Amount of Each Disbursement this Period

2500.00

Candidate Name

CHABOT, STEVE, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: OH District: 01

Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC Identification Number

C	
---	--

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC Identification Number

C	
---	--

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Memo Item

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

2500.00

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

10000.00

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. Wells Fargo Advisors

Full Name (Last, First, Middle Initial)

Mailing Address 7900 Xerxes Ave S
10th FL

City Bloomington State MN Zip Code 55431

Purpose of Disbursement
Loss of Value 1/1/2022 - 3/31/2022

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement: 03 / 31 / 2022

FEC Identification Number: C

Transaction ID : SB29.5247

Amount of Each Disbursement this Period: 556.35

Memo Item

B.

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: / /

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

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: / /

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	556.35
TOTAL This Period (last page this line number only).....▶	556.35