

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.

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

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

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Signature of Treasurer *Keith A. Davis* [Electronically Filed] Date / /

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

Office Use Only											FEC FORM 3X Rev. 12/2004
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MONDAY MEETING PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="1108.97"/>	<input type="text" value="1108.97"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="13411.65"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="57850.00"/>	<input type="text" value="275625.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="71261.65"/>	<input type="text" value="276733.97"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="64489.22"/>	<input type="text" value="269961.54"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="6772.43"/>	<input type="text" value="6772.43"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MONDAY MEETING PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	57850.00	275625.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	57850.00	275625.00
(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)	57850.00	275625.00
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))..... ▶	57850.00	275625.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	57850.00	275625.00

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	20564.22	83086.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	20564.22	83086.54
22. Transfers to Affiliated/Other Party Committees.....	42425.00	185375.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1500.00	1500.00
(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)).....	1500.00	1500.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	64489.22	269961.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	64489.22	269961.54

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	57850.00	275625.00
34. Total Contribution Refunds (from Line 28(d))	1500.00	1500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56350.00	274125.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	20564.22	83086.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	20564.22	83086.54

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

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

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)
MONDAY MEETING PAC

Full Name (Last, First, Middle Initial) A. Jonathan P. Bakke		Date of Receipt M M / D D / Y Y Y Y Y 10 / 05 / 2015
Mailing Address 7950 Jones Branch Drive #200		Transaction ID : SA11AI.4852
City McLean	State VA	Zip Code 22107
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1500.00
Name of Employer MarkLogic Corporation	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. John W. Bode		Date of Receipt M M / D D / Y Y Y Y Y 12 / 29 / 2015
Mailing Address 100 4th Street NE		Transaction ID : SA11AI.4873
City Washington	State DC	Zip Code 20002
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 6250.00
Name of Employer Corn Refiners Association	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6250.00	

Full Name (Last, First, Middle Initial) C. Brewster/Jory Associates, LLC dba Capitol Hill Consulting Group		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015
Mailing Address 499 S. Capitol Street SW Suite 608		Transaction ID : SA11AI.4877
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 12500.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 12500.00	

SUBTOTAL of Receipts This Page (optional).....▶	20250.00
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 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MONDAY MEETING PAC

A. David Jory
Full Name (Last, First, Middle Initial)

Mailing Address 499 S. Capitol Street SW
Suite 608

City Washington State DC Zip Code 20003

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

Name of Employer Capitol Hill Consulting Group Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015
Transaction ID : SA11AI.4877.0

Amount of Each Receipt this Period
12500.00

[MEMO ITEM]

B. Clint D. Carlson
Full Name (Last, First, Middle Initial)

Mailing Address 7037 Vassar Avenue

City Dallas State TX Zip Code 75205

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

Name of Employer Carlson Capital Occupation Founder

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2015
Transaction ID : SA11AI.4860

Amount of Each Receipt this Period
5000.00

C. Aaron Cohen
Full Name (Last, First, Middle Initial)

Mailing Address 1110 Trinity Drive

City Alexandria State VA Zip Code 22314

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

Name of Employer Capitol Counsel LLC Occupation Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2015
Transaction ID : SA11AI.4862

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
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 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MONDAY MEETING PAC

A. John H. Downs Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 565 Gramercy Drive NE

City Marietta State GA Zip Code 30068

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

Name of Employer National Confectioners Assoc. Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 9000.00

Date of Receipt
10 / 09 / 2015
Transaction ID : SA11AI.4854

Amount of Each Receipt this Period
1500.00

B. Steven E. Irizarry
Full Name (Last, First, Middle Initial)

Mailing Address 1600 North Oak Street #1431

City Arlington State VA Zip Code 22209

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

Name of Employer Capitol Hill Consulting Group Occupation Sr. Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 6250.00

Date of Receipt
12 / 22 / 2015
Transaction ID : SA11AI.4868

Amount of Each Receipt this Period
3250.00

C. Stephen Northrup
Full Name (Last, First, Middle Initial)

Mailing Address 5235 Elliott Road

City Bethesda State MD Zip Code 20816

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

Name of Employer Rampy Northrup Occupation Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 6500.00

Date of Receipt
12 / 21 / 2015
Transaction ID : SA11AI.4867

Amount of Each Receipt this Period
3250.00

SUBTOTAL of Receipts This Page (optional).....▶	8000.00
TOTAL This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)
MONDAY MEETING PAC

A. Bernard R. Okun
Full Name (Last, First, Middle Initial)

Mailing Address 6612 Maugh Road

City McLean State VA Zip Code 22101

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

Name of Employer The O Team Occupation Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : SA11AI.4870

Amount of Each Receipt this Period
 750.00

B. Javier Ortiz
Full Name (Last, First, Middle Initial)

Mailing Address 2870 Peachtree Road

City Atlanta State GA Zip Code 30305

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

Name of Employer SNR Denton US LLP Occupation Policy advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015

Transaction ID : SA11AI.4849

Amount of Each Receipt this Period
 5000.00

C. Javier Ortiz
Full Name (Last, First, Middle Initial)

Mailing Address 2870 Peachtree Road

City Atlanta State GA Zip Code 30305

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

Name of Employer SNR Denton US LLP Occupation Policy advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 12500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : SA11AI.4864

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	8250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 17
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MONDAY MEETING PAC

Full Name (Last, First, Middle Initial)
A. Brett T. Palmer

Mailing Address 6505 Twin Oak Place

City Falls Church State VA Zip Code 22042

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

Name of Employer Small Business Investor Allian Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.4850

Amount of Each Receipt this Period
1500.00

Full Name (Last, First, Middle Initial)
B. Brett T. Palmer

Mailing Address 6505 Twin Oak Place

City Falls Church State VA Zip Code 22042

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

Name of Employer Small Business Investor Allian Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.4874

Amount of Each Receipt this Period
6000.00

Full Name (Last, First, Middle Initial)
C. Richard C. White

Mailing Address 101 Primrose Street

City Chevy Chase State MD Zip Code 20815

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

Name of Employer Thorn Run Partners Occupation Government affairs consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.4876

Amount of Each Receipt this Period
3850.00

SUBTOTAL of Receipts This Page (optional).....▶	11350.00
TOTAL This Period (last page this line number only).....▶	57850.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MONDAY MEETING PAC

Full Name (Last, First, Middle Initial)

A. BB&T

Mailing Address 1909 K Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
credit card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2015

Transaction ID : SB21B.4856

Amount of Each Disbursement this Period

452.35

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address 1909 K Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
credit card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 16 / 2015

Transaction ID : SB21B.4859

Amount of Each Disbursement this Period

197.86

Full Name (Last, First, Middle Initial)

C. BB&T

Mailing Address 1909 K Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
credit card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2015

Transaction ID : SB21B.4865

Amount of Each Disbursement this Period

63.85

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

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

714.06

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MONDAY MEETING PAC

Full Name (Last, First, Middle Initial)

A. Bogart Associates, Inc.

Mailing Address 1200 Trinity Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
jfc fundraising consulting fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2015

Transaction ID : SB21B.4855

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Bogart Associates, Inc.

Mailing Address 1200 Trinity Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
jfc catering/travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : SB21B.4857

Amount of Each Disbursement this Period

2531.93

Full Name (Last, First, Middle Initial)

C. Capitol Hill Club

Mailing Address 310 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
jfc catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : SB21B.4857.0

Amount of Each Disbursement this Period

2497.34

[MEMO ITEM]

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

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

5031.93

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MONDAY MEETING PAC

Full Name (Last, First, Middle Initial)

A. Bogart Associates, Inc.

Mailing Address 1200 Trinity Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
jfc fundraising consulting fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2015

Transaction ID : **SB21B.4866**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Bogart Associates, Inc.

Mailing Address 1200 Trinity Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
jfc fundraising consulting fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 17 / 2015

Transaction ID : **SB21B.4863**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Capitol Hill Club

Mailing Address 310 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
jfc catering & facility rental

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 28 / 2015

Transaction ID : **SB21B.4871**

Amount of Each Disbursement this Period

6096.63

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

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

11096.63

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MONDAY MEETING PAC

Full Name (Last, First, Middle Initial)

A. Huckaby Davis Lisker

Mailing Address 228 S. Washington Street
#115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
jfc compliance/accounting svcs phone/delivery/postage

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB21B.4883

Amount of Each Disbursement this Period

3721.60

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

3721.60

20564.22

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

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NAME OF COMMITTEE (In Full)
MONDAY MEETING PAC

Full Name (Last, First, Middle Initial)

A. 21ST CENTURY MAJORITY FUND

Mailing Address 6065 ROSWELL ROAD, #2274

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
transfer of net proceeds

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : **SB22.4879**

Amount of Each Disbursement this Period

8836.05

Full Name (Last, First, Middle Initial)

B. KELLY PAC

Mailing Address 901 N WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
transfer of net proceeds

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : **SB22.4880**

Amount of Each Disbursement this Period

8681.89

Full Name (Last, First, Middle Initial)

C. NEXT CENTURY FUND

Mailing Address 116 S ROYAL STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
transfer of net proceeds

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : **SB22.4881**

Amount of Each Disbursement this Period

7821.67

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

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

25339.61

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

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NAME OF COMMITTEE (In Full)
MONDAY MEETING PAC

Full Name (Last, First, Middle Initial)

A. NRSC

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
transfer of net proceeds

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB22.4882

Amount of Each Disbursement this Period

17085.39

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

17085.39

42425.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
MONDAY MEETING PAC

A. Red Elephant Consulting

Full Name (Last, First, Middle Initial)

Mailing Address 2144 N. Pollard Street

City Arlington State VA Zip Code 22207

Purpose of Disbursement contribution refund

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB28A.4875

Amount of Each Disbursement this Period
1500.00

Category/Type

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Category/Type

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1500.00

TOTAL This Period (last page this line number only)..... ▶ 1500.00