

# 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**  
**CMR Political Action Committee**

ADDRESS (number and street) **PO Box 2485**  
 Check if different than previously reported. (ACC) **Springfield VA 22152**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00469429** 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  /  /  07 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.  
Carlin, Robert, F., ,  
Type or Print Name of Treasurer

Signature of Treasurer Carlin, Robert, F., [Electronically Filed] Date  /  /  07 02 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

**CMR Political Action Committee**

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"/>	<input type="text" value="18276.54"/>	<input type="text" value="18276.54"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="66499.26"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="221225.99"/>	<input type="text" value="482933.72"/>
(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="287725.25"/>	<input type="text" value="501210.26"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="207781.24"/>	<input type="text" value="421266.25"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="79944.01"/>	<input type="text" value="79944.01"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**CMR Political Action Committee**

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).....	51900.00	79400.00
(ii) Unitemized .....	25.00	25.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	51925.00	79425.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	126002.77	291502.77
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	177927.77	370927.77
12. Transfers From Affiliated/Other Party Committees.....	43298.22	109214.70
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	291.25
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2500.00
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)).....▶	221225.99	482933.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	221225.99	482933.72

**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 .....	92308.99	111294.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	92308.99	111294.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	110472.25	302472.25
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).....	5000.00	7500.00
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)) ..	207781.24	421266.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	207781.24	421266.25

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	177927.77	370927.77
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	177927.77	370927.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	92308.99	111294.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	291.25
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	92308.99	111002.75

**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 68
	(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"/> 15
	<input type="checkbox"/> 12	<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)  
**CMR Political Action Committee**

**A. ABELMAN, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 512 JONAGOLD CIR  
 City MECHANICSBURG State PA Zip Code 17055-6496  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RITE AID Occupation (for Individual) RETAIL DRUG EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2017  
**Transaction ID : SA11A.43129**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**B. BASSFORD, DAVID, E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6720 FORT DENT WAY SUITE 230  
 City TUKWILA State WA Zip Code 98188-2589  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MONEY TREE, INC. Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2017  
**Transaction ID : SA11A.44672**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 CONTRIBUTION

**C. BASSFORD, DENNIS, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4380 92ND AVENUE SE  
 City MERCER ISLAND State WA Zip Code 98040-4215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MONEY TREE, INC. Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2017  
**Transaction ID : SA11A.44671**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11000.00
<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 7 OF 68  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

**A. BASSFORD, ROBIN, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4380 92ND AVENUE SE  
 City MERCER ISLAND State WA Zip Code 98040-4215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MONEYTREE INC. Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 12 / 27 / 2017  
**Transaction ID : SA11A.44674**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**B. BASSFORD, SARA, R., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6720 FORT DENT WAY SUITE 230  
 City TUKWILA State WA Zip Code 98188-2589  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MONEY TREE INC. Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 12 / 22 / 2017  
**Transaction ID : SA11A.44670**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**C. BELL, BRADLEY, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 3998  
 City PASCO State WA Zip Code 99302-3998  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CONNELL OIL INCORPORATED Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 08 / 29 / 2017  
**Transaction ID : SA11A.42692**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 10500.00  
**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 8 OF 68  
(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

**A. CHOE, YONG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1001 L ST NW #610  
 City WASHINGTON State DC Zip Code 20001-6308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RITE AID CORPORATION Occupation (for Individual) GOVERNMENT RELATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 18 / 2017  
**Transaction ID : SA11A.43423**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. CLARK, STEVEN, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2656 37TH AVE, SW  
 City SEATTLE State WA Zip Code 98126-2107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESEE FUEL & HEATING CO INC. Occupation (for Individual) PRESIDENT & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 27 / 2017  
**Transaction ID : SA11A.43136**  
 Amount of Each Receipt this Period 1200.00  
 Memo Item CONTRIBUTION

**C. EERKES, CHRIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 501 W. CANAL DRIVE  
 City KENNEWICK State WA Zip Code 99336-3815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SUN PACIFIC ENERGY Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 27 / 2017  
**Transaction ID : SA11A.43135**  
 Amount of Each Receipt this Period 1200.00  
 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: PAGE 9 OF 68  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

**A. EVERETT, BRYAN BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2000 SPRING COURT  
 City MECHANICSBURG State PA Zip Code 17055-7528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RITE AID Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 27 / 2017  
**Transaction ID : SA11A.43130**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
**CONTRIBUTION**

**B. HENDERSON, SUSAN, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 734 WAGNER RD  
 City GLENVIEW State IL Zip Code 60025-4451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RITE AID Occupation (for Individual) CHIEF COMMUNICATIONS OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 27 / 2017  
**Transaction ID : SA11A.43122**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
**CONTRIBUTION**

**C. KARST, DARREN, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 175 E PEMBROKE DR.  
 City LAKE FOREST State IL Zip Code 60045-2149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RITE AID Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 27 / 2017  
**Transaction ID : SA11A.43121**  
 Amount of Each Receipt this Period 1000.00  
 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 10 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

**A. KEISER, ANDREW, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 301 TENNESSEE AVENUE, NE  
 City WASHINGTON State DC Zip Code 20002-6445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NAVIGATORS GLOBAL Occupation (for Individual) GOVERNMENT RELATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt **10 / 30 / 2017**  
**Transaction ID : SA11A.43641**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item CONTRIBUTION

**B. KELLY, DAVID, N., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 37 SILVERWHITE RD  
 City LITTLE SILVER State NJ Zip Code 07739-1123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RITE AID Occupation (for Individual) STORE DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt **09 / 27 / 2017**  
**Transaction ID : SA11A.43125**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. KONRAD, JOCELYN, ZAZYCZNY, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1710 OSPREY DR.  
 City AUDUBON State PA Zip Code 19403-1863  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RITE AID Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt **09 / 27 / 2017**  
**Transaction ID : SA11A.43124**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<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 11 OF 68  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

**A. LARISON, LARRY, H., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12021 N VISTAWOOD CT  
 City SPOKANE State WA Zip Code 99218-2968  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2017  
**Transaction ID : SA11A.44673**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 CONTRIBUTION

**B. MILLER, DANIEL, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1921 MONTEREY DR.  
 City MECHANICSBURG State PA Zip Code 17050-8511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RITE AID Occupation (for Individual) PHARMACY EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2017  
**Transaction ID : SA11A.43123**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**C. MURRAY, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12750 39TH AVE NE  
 City SEATTLE State WA Zip Code 98125-4612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MONUMENT POLICY GROUP Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2017  
**Transaction ID : SA11A.42354**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6500.00  
**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 12 OF 68  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

**A. NELSON, BARTON, R., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3482 COTTONWOOD RD  
 City WALLA WALLA    State WA    Zip Code 99362-1854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NELSON IRRIGATION CORP    Occupation (for Individual) OWNER  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 12 / 19 / 2017  
**Transaction ID : SA11A.44472**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**B. NELSON, KAREN, V W, MRS. ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3482 COTTONWOOD RD  
 City WALLA WALLA    State WA    Zip Code 99362-1854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER    Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 12 / 19 / 2017  
**Transaction ID : SA11A.44473**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**C. OBEROSLER, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29 BALFOUR DR.  
 City MECHANICSBURG    State PA    Zip Code 17050-5252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RITE AID    Occupation (for Individual) RETAIL EXECUTIVE  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 27 / 2017  
**Transaction ID : SA11A.43126**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 11000.00  
**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 13 OF 68  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

**A. RICHARDSEN, ERNEST, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 198 HUMMINGBIRD WAY  
 City PALMYRA State PA Zip Code 17078-9103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RITE AID CORPORATION Occupation (for Individual) MANAGEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 18 / 2017  
**Transaction ID : SA11A.43422**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. ROYER, TAMMY, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 TRUFFLE GLEN RD  
 City MECHANICSBURG State PA Zip Code 17050-1532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RITE AID Occupation (for Individual) PHARMACIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 27 / 2017  
**Transaction ID : SA11A.43127**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. SCHROEDER, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 WHEATLAND DR.  
 City MECHANICSBURG State PA Zip Code 17050-1600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RITE AID Occupation (for Individual) TREASURER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 27 / 2017  
**Transaction ID : SA11A.43128**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	51900.00

**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 14 OF 68
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

**A. AMAZON CORPORATE LLC SEPARATE SEGREGATED FUND (AMAZON PAC)**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 NEW JERSEY AVE NW  
 STE 900  
 City WASHINGTON State DC Zip Code 20001-2027  
 FEC ID number of contributing federal political committee. **C** C00360354  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2017  
**Transaction ID : SA11C.43426**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
**CONTRIBUTION**

**B. AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGAT**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 222 S PROSPECT AVENUE  
 City PARK RIDGE State IL Zip Code 60068-4037  
 FEC ID number of contributing federal political committee. **C** C00173153  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2017  
**Transaction ID : SA11C.44675**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
**CONTRIBUTION**

**C. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1120 CONNECTICUT AVENUE NW  
 SUITE 600  
 City WASHINGTON State DC Zip Code 20036-3971  
 FEC ID number of contributing federal political committee. **C** C00004275  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2017  
**Transaction ID : SA11C.44345**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12500.00
<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 68
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

**A. AMERICAN CHEMISTRY COUNCIL PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 700 2ND ST NE  
ATTN: ALLISON STARMANN

City WASHINGTON State DC Zip Code 20002-8100

FEC ID number of contributing federal political committee. **C** C00252338

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2017

**Transaction ID : SA11C.43193**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. AMERICAN CABLE ASSOCIATION INC. PAC (ACA PAC)**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 PARKWAY CENTER  
SUITE 212

City PITTSBURGH State PA Zip Code 15220-3505

FEC ID number of contributing federal political committee. **C** C00364109

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
12 / 29 / 2017

**Transaction ID : SA11C.44681**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1111 14TH STREET NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20005-

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
09 / 27 / 2017

**Transaction ID : SA11C.43133**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<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 16 OF 68
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

**A. AMERICAN HOSPITAL ASSOCIATION PAC**

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

Mailing Address 800 TENTH STREET, NW  
TWO CITY CENTER, SUITE 400

City WASHINGTON	State DC	Zip Code 20001-5188
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2017

**Transaction ID : SA11C.44474**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS PAC**

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

Mailing Address 220 LEIGH FARM RD

City DURHAM	State NC	Zip Code 27707-8110
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00077321

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2017

**Transaction ID : SA11C.44677**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. AT&T INC. FEDERAL PAC**

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

Mailing Address 208 S AKARD STREET  
STE. 1812

City DALLAS	State TX	Zip Code 75202-4206
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	19	/	2017

**Transaction ID : SA11C.42052**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<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 17 OF 68
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

**A. BLUEPAC- BLUE CROSS AND BLUE SHIELD ASSOCIATION PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G STREET NW  
 City WASHINGTON State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C** C00194746  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt **09 / 25 / 2017**  
**Transaction ID : SA11C.43425**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
**CONTRIBUTION**

**B. BLUEPAC- BLUE CROSS AND BLUE SHIELD ASSOCIATION PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G STREET NW  
 City WASHINGTON State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C** C00194746  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt **12 / 12 / 2017**  
**Transaction ID : SA11C.44346**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
**CONTRIBUTION**

**C. BNSF RAILWAY COMPANY RAILPAC (BNSF RAILPAC)**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 961039  
 City FORT WORTH State TX Zip Code 76161-0039  
 FEC ID number of contributing federal political committee. **C** C00235739  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt **12 / 29 / 2017**  
**Transaction ID : SA11C.44679**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<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 18 OF 68
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

**A. CHARTER COMMUNICATIONS INC. POLITICAL ACTION COMMITTEE**

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

Mailing Address 400 ATLANTIC STREET  
10TH FLOOR

City STAMFORD State CT Zip Code 06901-3512

FEC ID number of contributing federal political committee. **C** C00426775

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2017

**Transaction ID : SA11C.44344**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. DELOITTE FEDERAL POLITICAL ACTION COMMITTEE**

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

Mailing Address P.O. BOX 365

City WASHINGTON State DC Zip Code 20044-0365

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2017

**Transaction ID : SA11C.42066**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. DIAGEO NORTH AMERICA INC EMPLOYEES' POLITICAL PARTICIPATION**

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

Mailing Address 801 MAIN AVENUE

City NORWALK State CT Zip Code 06851-1127

FEC ID number of contributing federal political committee. **C** C00034470

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2017

**Transaction ID : SA11C.44685**

Amount of Each Receipt this Period  
834.46

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8334.46
<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 19 OF 68
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

**A. DISTILLED SPIRITS COUNCIL OF THE UNITED STATES INC. PAC**

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

Mailing Address 1250 I ST NW  
STE 400

City WASHINGTON State DC Zip Code 20005-5977

FEC ID number of contributing federal political committee. **C** C00030734

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
08 / 27 / 2017

**Transaction ID : SA11C.43562**

Amount of Each Receipt this Period  
668.31

Memo Item  
CONTRIBUTION  
IN KIND CATERING

**B. FORD MOTOR COMPANY CIVIC ACTION FUND**

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

Mailing Address PO BOX 75000

City DETROIT State MI Zip Code 48275-0001

FEC ID number of contributing federal political committee. **C** C00046474

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
12 / 15 / 2017

**Transaction ID : SA11C.44442**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. GAP INC. PAC; THE**

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

Mailing Address 2 FOLSOM STREET  
13TH FLOOR

City SAN FRANCISCO State CA Zip Code 94105-1205

FEC ID number of contributing federal political committee. **C** C00257246

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
09 / 27 / 2017

**Transaction ID : SA11C.43137**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4168.31
<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 20 OF 68
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

**A. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

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

Mailing Address 101 CONSTITUTION AVENUE NW  
SUITE 500

City WASHINGTON State DC Zip Code 20001-

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2017

**Transaction ID : SA11C.42076**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

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

Mailing Address 101 CONSTITUTION AVENUE NW  
SUITE 500

City WASHINGTON State DC Zip Code 20001-

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
12 / 04 / 2017

**Transaction ID : SA11C.44214**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

**C. INDEPENDENT ELECTRICAL CONTRACTORS, INC. PAC (IEC PRIDE PAC)**

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

Mailing Address 4401 FORD AVENUE  
SUITE 1100

City ALEXANDRIA State VA Zip Code 22302-1464

FEC ID number of contributing federal political committee. **C** C00332031

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2017

**Transaction ID : SA11C.43192**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<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 21 OF 68
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

**A. INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. PAC**

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

Mailing Address 412 1ST STREET SE  
SUITE 300

City WASHINGTON State DC Zip Code 20003-1804

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2017

**Transaction ID : SA11C.44680**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL AC**

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

Mailing Address 1501 K STREET NW

City WASHINGTON State DC Zip Code 20005-1401

FEC ID number of contributing federal political committee. **C** C00084491

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2017

**Transaction ID : SA11C.43424**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. KPMG PARTNERS/PRINCIPALS AND EMPLOYEES PAC**

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

Mailing Address 1801 K STREET, NW

City WASHINGTON State DC Zip Code 20006-1301

FEC ID number of contributing federal political committee. **C** C00280222

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2017

**Transaction ID : SA11C.44678**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12500.00
<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 22 OF 68
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

**A. LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMM**

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

Mailing Address 2121 CRYSTAL DRIVE  
SUITE 100

City ARLINGTON State VA Zip Code 22202-3706

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
10 / 30 / 2017  
**Transaction ID : SA11C.43640**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. MASSACHUSETTS MUTUAL LIFE INSURANCE CO. PAC (MMPAC)**

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

Mailing Address 1295 STATE STREET

City SPRINGFIELD State MA Zip Code 01111-0001

FEC ID number of contributing federal political committee. **C** C00118943

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
12 / 30 / 2017  
**Transaction ID : SA11C.44775**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. MASTERCARD INTERNATIONAL INC. EMPLOYEES' PAC**

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

Mailing Address 2000 PURCHASE ST

City PURCHASE State NY Zip Code 10577-2405

FEC ID number of contributing federal political committee. **C** C00410274

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
12 / 29 / 2017  
**Transaction ID : SA11C.44682**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11500.00
<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 23 OF 68
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

**A. MORGAN STANLEY POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1585 BROADWAY FL 9

City NEW YORK	State NY	Zip Code 10036-8200
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00337626

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2017

**Transaction ID : SA11C.43200**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. MORGAN STANLEY POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1585 BROADWAY FL 9

City NEW YORK	State NY	Zip Code 10036-8200
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00337626

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2017

**Transaction ID : SA11C.44684**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. NATIONAL AUTOMOBILE DEALERS ASSOCIATION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 8400 WESTPARK DR.

City TYSONS	State VA	Zip Code 22102-5116
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2017

**Transaction ID : SA11C.44683**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7500.00
<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 24 OF 68
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

**A. NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE (NEMPAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 619911

City DALLAS	State TX	Zip Code 75261-9911
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2017

**Transaction ID : SA11C.43421**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. PAC OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS--PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 317 MASSACHUSETTS AVE NE

City WASHINGTON	State DC	Zip Code 20002-5769
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

**Transaction ID : SA11C.43219**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. PAC OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS--PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 317 MASSACHUSETTS AVE NE

City WASHINGTON	State DC	Zip Code 20002-5769
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2017

**Transaction ID : SA11C.44792**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7500.00
<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 25 OF 68
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

**A. PG&E CORPORATION EMPLOYEES ENERGYPAC**

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

Mailing Address 77 BEALE STREET  
PO BOX 770000 B29H

City SAN FRANCISCO	State CA	Zip Code 94105-1814
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00177469

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2017

**Transaction ID : SA11C.43561**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. POTLATCH EMPLOYEES POLITICAL FUND**

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

Mailing Address 601 W 1ST AVE  
STE 1600

City SPOKANE	State WA	Zip Code 99201-3807
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00041608

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2017

**Transaction ID : SA11C.43134**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. RAYTHEON COMPANY POLITICAL ACTION COMMITTEE**

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

Mailing Address 1100 WILSON BLVD  
SUITE 1500

City ARLINGTON	State VA	Zip Code 22209-3900
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2017

**Transaction ID : SA11C.45110**

Amount of Each Receipt this Period  
4000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9000.00
<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 26 OF 68
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

**A. RETAIL INDUSTRY LEADERS ASSN. PAC (RETAIL LEADERS PAC)**

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

Mailing Address 1700 N MOORE STREET  
SUITE 2250

City ARLINGTON State VA Zip Code 22209-1933

FEC ID number of contributing federal political committee. **C** C00112763

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
09 / 27 / 2017

**Transaction ID : SA11C.43132**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

**B. SANOFI US SERVICES INC. EMPLOYEES' POLITICAL ACTION COMMITTEE**

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

Mailing Address 55 CORPORATE DRIVE

City BRIDGEWATER State NJ Zip Code 08807-1265

FEC ID number of contributing federal political committee. **C** C00144345

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
09 / 01 / 2017

**Transaction ID : SA11C.42698**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C. SOCIETY OF INDEPENDENT GASOLINE MARKETERS OF AMERICA PAC**

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

Mailing Address 3930 PENDER DRIVE  
SUITE 340

City FAIRFAX State VA Zip Code 22030-0986

FEC ID number of contributing federal political committee. **C** C00120030

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
09 / 27 / 2017

**Transaction ID : SA11C.43131**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4500.00
<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 27 OF 68
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

**A. SOUTHERN COMPANY EMPLOYEES PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 241 RALPH MCGILL BOULEVARD NE  
BIN 10111

City ATLANTA State GA Zip Code 30308-3374

FEC ID number of contributing federal political committee. **C** C00144774

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2017

**Transaction ID : SA11C.43218**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. STE. MICHELLE WINE ESTATES LTD. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 CONSTITUTION AVENUE NW  
SUITE 400 W

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00270421

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2017

**Transaction ID : SA11C.42075**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. STE. MICHELLE WINE ESTATES LTD. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 CONSTITUTION AVENUE NW  
SUITE 400 W

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00270421

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2017

**Transaction ID : SA11C.42923**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6000.00
<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 28 OF 68
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

**A. T-MOBILE USA, INC. POLITICAL ACTION COMMITTEE (T-PAC)**

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

Mailing Address 601 PENNSYLVANIA AVENUE NW  
SUITE 800 N

City WASHINGTON State DC Zip Code 20004-2710

FEC ID number of contributing federal political committee. **C** C00361758

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
09 / 29 / 2017  
**Transaction ID : SA11C.43199**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

**B. TARGETCITIZENS POLITICAL FORUM**

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

Mailing Address 1000 NICOLLET MALL  
TPN-1101

City MINNEAPOLIS State MN Zip Code 55403-2542

FEC ID number of contributing federal political committee. **C** C00098061

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
10 / 30 / 2017  
**Transaction ID : SA11C.43639**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C. TIME WARNER INC. PAC**

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

Mailing Address 800 CONNECTICUT AVE NW  
SUITE 1200

City WASHINGTON State DC Zip Code 20006-2736

FEC ID number of contributing federal political committee. **C** C00339291

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
08 / 17 / 2017  
**Transaction ID : SA11C.42364**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<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 29 OF 68
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

**A. VIACOM INTERNATIONAL, INC. POLITICAL ACTION COMMITTEE**

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

Mailing Address 1501 M STREET NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20005-1729

FEC ID number of contributing federal political committee. **C** C00167759

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2017

**Transaction ID : SA11C.43197**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. WALPAC, WAL-MART STORES, INC. PAC FOR RESPONSIBLE GOVERNMENT**

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

Mailing Address 702 SW 8TH STREET

City BENTONVILLE State AR Zip Code 72716-6209

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2017

**Transaction ID : SA11C.43198**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C.**

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	126002.77

**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 30 OF 68
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**CMR Political Action Committee**

**A. MCMORRIS RODGERS AMERICAN DREAM PROJECT; THE**

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

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152-0485

FEC ID number of contributing federal political committee. **C** C00543199

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 30 / 2017

**Transaction ID : SA12.43247**

Amount of Each Receipt this Period 9547.47

Memo Item  
TRANSFER

**B. SABEY, DAVID, A., MR.,**

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

Mailing Address 12201 TUKWILA INTERNATIONAL BLVD  
4TH FLOOR

City SEATTLE State WA Zip Code 98168-

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

Name of Employer (for Individual) Occupation (for Individual)  
SABEY CORPORATION CEO & FOUNDER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 30 / 2017

**Transaction ID : SA.43217.3.Q3**

Amount of Each Receipt this Period 5000.00

Memo Item  
TRANSFER  
TRANSFER FROM AMERICAN DREAM PROJECT JFC

**C. SCRIVNER, DOUGLAS, G., MR.,**

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

Mailing Address 25461 W FREMONT ROAD

City LOS ALTOS HILLS State CA Zip Code 94022-3538

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

Name of Employer (for Individual) Occupation (for Individual)  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 30 / 2017

**Transaction ID : SA.43158.3.Q3**

Amount of Each Receipt this Period 4600.00

Memo Item  
TRANSFER  
TRANSFER FROM AMERICAN DREAM PROJECT JFC

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9547.47
<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 31 OF 68
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**CMR Political Action Committee**

**A. SIE, ANNA, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 SANDY LAKE ROAD  
 City ENGLEWOOD State CO Zip Code 80113-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2017  
**Transaction ID : SA.43165.3.Q3**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM AMERICAN DREAM PROJECT JFC

**B. SIE, JOHN, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 SANDY LAKE ROAD  
 City ENGLEWOOD State CO Zip Code 80113-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2017  
**Transaction ID : SA.43164.3.Q3**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM AMERICAN DREAM PROJECT JFC

**C. MCMORRIS RODGERS AMERICAN DREAM PROJECT; THE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 2485  
 City SPRINGFIELD State VA Zip Code 22152-0485  
 FEC ID number of contributing federal political committee. **C** C00543199  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2017  
**Transaction ID : SA12.44900**  
 Amount of Each Receipt this Period  
 33750.75  
 Memo Item  
 TRANSFER

<b>SUBTOTAL</b> of Receipts This Page (optional).....	33750.75
<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 32 OF 68
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**CMR Political Action Committee**

**A. CHILDS, JOHN, W., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 165 SAGO PALM ROAD

City VERO BEACH	State FL	Zip Code 32963-3702
--------------------	-------------	------------------------

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

Name of Employer (for Individual) JW CHILDS ASSOCIATES	Occupation (for Individual) CHAIRMAN
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2017

**Transaction ID : SA.44281.3.Q4**

Amount of Each Receipt this Period  
5000.00

Memo Item  
TRANSFER

TRANSFER FROM AMERICAN DREAM PROJECT JFC

**B. HENDRICKSON, RAY, E., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 140 SUMIT STREET

City PEABODY	State MA	Zip Code 01960-5156
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CBD	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2017

**Transaction ID : SA.44829.3.Q4**

Amount of Each Receipt this Period  
5000.00

Memo Item  
TRANSFER

TRANSFER FROM AMERICAN DREAM PROJECT JFC

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

Mailing Address P.O. BOX 96

City LA CENTER	State WA	Zip Code 98629-0096
-------------------	-------------	------------------------

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

Name of Employer (for Individual) HOLLAND PARTNER GROUP	Occupation (for Individual) REAL ESTATE INVESTOR
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2017

**Transaction ID : SA.44233.3.Q4**

Amount of Each Receipt this Period  
5000.00

Memo Item  
TRANSFER

PARTNERSHIP ATTRIB: HOLLAND GOVERNMENT AFFAIRS LLC

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<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 33 OF 68
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**CMR Political Action Committee**

**A. MCCAWE, BRUCE, R., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1717

City BELLEVUE State WA Zip Code 98009-1717

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

Name of Employer (for Individual) BRUCE R. MCCAWE Occupation (for Individual) SELF EMPLOYED

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : SA.43642.3.Q4**

Amount of Each Receipt this Period 5000.00

Memo Item  
TRANSFER  
TRANSFER FROM AMERICAN DREAM PROJECT JFC

**B. MICHAUD, THOMAS, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45 RIDGEVIEW AVENUE

City GREENWICH State CT Zip Code 06830-4755

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

Name of Employer (for Individual) KBW/STIFEL FINANCIAL Occupation (for Individual) FINANCE

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00

Date of Receipt 12 / 23 / 2017  
**Transaction ID : SA.44830.3.Q4**

Amount of Each Receipt this Period 5000.00

Memo Item  
TRANSFER  
TRANSFER FROM AMERICAN DREAM PROJECT JFC

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

Mailing Address 6300 N. SAGEWOOD DRIVE SUITE H-110

City PARK CITY State UT Zip Code 84098-7502

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

Name of Employer (for Individual) CONTINENTAL INVESTORS LLC Occupation (for Individual) PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA.44227.3.Q4**

Amount of Each Receipt this Period 5000.00

Memo Item  
TRANSFER  
TRANSFER FROM AMERICAN DREAM PROJECT JFC

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**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 34 OF 68
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**CMR Political Action Committee**

**A. RALEIGH, GREG, , DR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 131 FOX HOLLOW ROAD

City WOODSIDE	State CA	Zip Code 94062-3607
------------------	-------------	------------------------

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

Name of Employer (for Individual) ENTREPRENEUR	Occupation (for Individual) SELF EMPLOYED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2017

**Transaction ID : SA.44849.3.Q4**

Amount of Each Receipt this Period  
5000.00

Memo Item  
TRANSFER

TRANSFER FROM AMERICAN DREAM PROJECT JFC

**B. SANDELL, SCOTT, D., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2855 SAND HILL ROAD

City MENLO PARK	State CA	Zip Code 94025-7022
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NEA	Occupation (for Individual) VENTURE CAPITALIST
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2017

**Transaction ID : SA.44848.3.Q4**

Amount of Each Receipt this Period  
5000.00

Memo Item  
TRANSFER

TRANSFER FROM AMERICAN DREAM PROJECT JFC

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

Mailing Address 330 NW BRANDON DR.

City PULLMAN	State WA	Zip Code 99163-3674
-----------------	-------------	------------------------

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

Name of Employer (for Individual) HOMEMAKER	Occupation (for Individual) HOMEMAKER
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2017

**Transaction ID : SA.44478.3.Q4**

Amount of Each Receipt this Period  
5000.00

Memo Item  
TRANSFER

TRANSFER FROM AMERICAN DREAM PROJECT JFC

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<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 35 OF 68
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**CMR Political Action Committee**

**A. SCHWEITZER, EDMUND, O., DR., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 330 NW BRANDON DR.

City PULLMAN	State WA	Zip Code 99163-3674
-----------------	-------------	------------------------

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

Name of Employer (for Individual) SCHWEITZER ENGINEERING LABS	Occupation (for Individual) OWNER
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2017

**Transaction ID : SA.44477.3.Q4**

Amount of Each Receipt this Period  
5000.00

Memo Item  
TRANSFER

TRANSFER FROM AMERICAN DREAM PROJECT JFC

**B. HOLLAND GOVERNMENT AFFAIRS LLC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1111 MAIN STREET  
SUITE 700

City VANCOUVER	State WA	Zip Code 98660-2970
-------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2017

**Transaction ID : SA.44231.3.Q4**

Amount of Each Receipt this Period  
5000.00

Memo Item  
TRANSFER

SEE PARTNERSHIP ATTRIB

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

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

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).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	43298.22

**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 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

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. DEUTSCH, JEREMY, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2017
Mailing Address 880 NEW JERSEY AVENUE SE PH 09		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I5456</b> Amount of Each Disbursement this Period 3500.00
City WASHINGTON	State DC	Zip Code 20003-3751
Purpose of Disbursement FUNDRAISING CONSULTING		Category/Type 003
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SUGASA, DAWN, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2017
Mailing Address 2319 W. BRIDGE AVENUE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I5374</b> Amount of Each Disbursement this Period 1130.00
City SPOKANE	State WA	Zip Code 99201-1624
Purpose of Disbursement FUNDRAISING CONSULTING		Category/Type 003
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2017
Mailing Address P.O. BOX 1270		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I5457</b> Amount of Each Disbursement this Period 999.28
City NEWARK	State NJ	Zip Code 07101
Purpose of Disbursement CREDIT CARD PAYMENT		Category/Type 003
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5629.28
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PURPLE ONION CATERING CO.**

Mailing Address 416 MAPLE AVENUE, WEST

City VIENNA State VA Zip Code 22180

Purpose of Disbursement  
CATERING

001  
 002  
 003  
Category/  
Type

Candidate Name

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

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
07 / 13 / 2017

FEC Identification Number  
C  
Transaction ID : SB21B.I5458  
Amount of Each Disbursement this Period  
999.28

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
CREDIT CARD PAYMENT

001  
Category/  
Type

Candidate Name

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

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
09 / 24 / 2017

FEC Identification Number  
C  
Transaction ID : SB21B.I5622  
Amount of Each Disbursement this Period  
2527.75

Memo Item

Full Name (Last, First, Middle Initial)

**C. CUTTERS CRABHOUSE**

Mailing Address 2001 WESTERN AVENUE #100

City SEATTLE State WA Zip Code 98121

Purpose of Disbursement  
FOOD/BEVERAGE

010  
 011  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2018  Primary  General  Other (specify) ▼

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
08 / 27 / 2017

FEC Identification Number  
C  
Transaction ID : SB21B.I5623  
Amount of Each Disbursement this Period  
2527.75

Memo Item IN KIND - KUSTOFF FOR CONGRESS

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

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

2527.75

**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

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

**A. AMERICAN EXPRESS**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement CREDIT CARD PAYMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 24 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8992

Amount of Each Disbursement this Period: 5604.81

Memo Item

**B. DEL FRISCO'S DOUBLE EAGLE STEAK HOUSE**

Full Name (Last, First, Middle Initial)

Mailing Address 950 I STREET, NW STE 501

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 26 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I8993

Amount of Each Disbursement this Period: 5604.81

Memo Item

**C. ARISTOTLE INTERNATIONAL, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 205 PENNSYLVANIA AVENUE, SE

City WASHINGTON State DC Zip Code 20003-1164

Purpose of Disbursement COMPLIANCE SOFTWARE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB21B.I5371

Amount of Each Disbursement this Period: 120.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5724.81

**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

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. ARISTOTLE INTERNATIONAL, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2017

Mailing Address 205 PENNSYLVANIA AVENUE, SE

City WASHINGTON	State DC	Zip Code 20003-1164
--------------------	-------------	------------------------

FEC Identification Number

C [REDACTED]

Transaction ID : **SB21B.I5490**  
Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

003
Category/ Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

**B. ARISTOTLE INTERNATIONAL, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2017

Mailing Address 205 PENNSYLVANIA AVENUE, SE

City WASHINGTON	State DC	Zip Code 20003-1164
--------------------	-------------	------------------------

FEC Identification Number

C [REDACTED]

Transaction ID : **SB21B.I5491**  
Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

003
Category/ Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

**C. ARISTOTLE INTERNATIONAL, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		01		2017

Mailing Address 205 PENNSYLVANIA AVENUE, SE

City WASHINGTON	State DC	Zip Code 20003-1164
--------------------	-------------	------------------------

FEC Identification Number

C [REDACTED]

Transaction ID : **SB21B.I5500**  
Amount of Each Disbursement this Period

[REDACTED] 120.00

Memo Item

Purpose of Disbursement  
COMPLIANCE SOFTWARE

001
Category/ Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

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

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

[REDACTED] 170.00

[REDACTED]

**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

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. ARISTOTLE INTERNATIONAL, INC.**

Mailing Address 205 PENNSYLVANIA AVENUE, SE

City  
WASHINGTON

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
COMPLIANCE SOFTWARE

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I5650

Amount of Each Disbursement this Period

120.00
--------

Memo Item

Full Name (Last, First, Middle Initial)

**B. ARISTOTLE INTERNATIONAL, INC.**

Mailing Address 205 PENNSYLVANIA AVENUE, SE

City  
WASHINGTON

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			18			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8977

Amount of Each Disbursement this Period

100.00
--------

Memo Item

Full Name (Last, First, Middle Initial)

**C. ARISTOTLE INTERNATIONAL, INC.**

Mailing Address 205 PENNSYLVANIA AVENUE, SE

City  
WASHINGTON

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
COMPLIANCE SOFTWARE

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I9012

Amount of Each Disbursement this Period

120.00
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Memo Item

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

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

340.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input 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

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. ARISTOTLE INTERNATIONAL, INC.**

Mailing Address 205 PENNSYLVANIA AVENUE, SE

City  
WASHINGTON

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
COMPLIANCE SOFTWARE

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I9223

Amount of Each Disbursement this Period

[REDACTED]	120.00
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

**B. BB&T**

Mailing Address 1909 K STREET NW

City  
WASHINGTON

State  
DC

Zip Code  
20006-1152

Purpose of Disbursement  
BANK FEE

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I9048

Amount of Each Disbursement this Period

[REDACTED]	36.00
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

**C. BB&T**

Mailing Address 1909 K STREET NW

City  
WASHINGTON

State  
DC

Zip Code  
20006-1152

Purpose of Disbursement  
BANK FEE

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I9049

Amount of Each Disbursement this Period

[REDACTED]	36.00
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Memo Item

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

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

[REDACTED]	192.00
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[REDACTED]	
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input 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

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. BERKE FARAH LLP</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2017
Mailing Address 1200 NEW HAMPSHIRE AVENUE, NW SUITE 800		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I5453</b>
City WASHINGTON	State DC	Zip Code 20036-6805
Purpose of Disbursement LEGAL CONSULTING		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 8000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BERKE FARAH LLP</b>		Date of Disbursement MM / DD / YYYY 12 / 29 / 2017
Mailing Address 1200 NEW HAMPSHIRE AVENUE, NW SUITE 800		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I9219</b>
City WASHINGTON	State DC	Zip Code 20036-6805
Purpose of Disbursement LEGAL CONSULTING		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 16000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2017
Mailing Address 1593 SPRING HILL ROAD SUITE 400		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I5085</b>
City TYSONS CORNER	State VA	Zip Code 22182
Purpose of Disbursement COMPLIANCE SOFTWARE		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 250.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

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

24250.00

**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 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

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
COMPLIANCE SOFTWARE

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I5375  
Amount of Each Disbursement this Period  
250.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
COMPLIANCE SOFTWARE

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I5503  
Amount of Each Disbursement this Period  
250.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
COMPLIANCE SOFTWARE

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.I8719  
Amount of Each Disbursement this Period  
250.00

Memo Item

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

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

750.00

**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

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement COMPLIANCE SOFTWARE  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Category/Type: **001**

Date of Disbursement: **11 / 03 / 2017**

FEC Identification Number: **C**  
**Transaction ID : SB21B.I9013**  
Amount of Each Disbursement this Period: **250.00**

Memo Item

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

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement COMPLIANCE SOFTWARE  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Category/Type: **001**

Date of Disbursement: **12 / 03 / 2017**

FEC Identification Number: **C**  
**Transaction ID : SB21B.I9157**  
Amount of Each Disbursement this Period: **250.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. CONCENTRIC OFFICE, LLC**

Mailing Address 8136 OLD KEENE MILL ROAD  
SUITE A300

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement COMPLIANCE CONSULTING  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Category/Type: **001**

Date of Disbursement: **08 / 16 / 2017**

FEC Identification Number: **C**  
**Transaction ID : SB21B.I5377**  
Amount of Each Disbursement this Period: **1719.39**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ **2219.39**

**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

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. CONCENTRIC OFFICE, LLC**

Mailing Address 8136 OLD KEENE MILL ROAD  
SUITE A300

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement  
COMPLIANCE CONSULTING

001  
Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
11 / 03 / 2017

FEC Identification Number  
C  
Transaction ID : SB21B.I9014  
Amount of Each Disbursement this Period  
1665.71

Memo Item

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

Mailing Address P.O. BOX 11794

City OLYMPIA State WA Zip Code 98508

Purpose of Disbursement  
FUNDRAISING CONSULTING

003  
Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
08 / 18 / 2017

FEC Identification Number  
C  
Transaction ID : SB21B.I5454  
Amount of Each Disbursement this Period  
30000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. GULA GRAHAM**

Mailing Address 499 S. CAPITOL STREET, SW  
STE 420

City WASHINGTON State DC Zip Code 20003-4027

Purpose of Disbursement  
FUNDRAISING CONSULTING

003  
Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
12 / 29 / 2017

FEC Identification Number  
C  
Transaction ID : SB21B.I9222  
Amount of Each Disbursement this Period  
841.74

Memo Item

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

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

32507.45

**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

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. RACHINSKY CONSULTING</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2017
Mailing Address 3908 SANDALWOOD CT		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I5455</b> Amount of Each Disbursement this Period 3000.00
City FAIRFAX	State VA	Zip Code 22031
Purpose of Disbursement FUNDRAISING CONSULTING		Category/Type 003
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. RACHINSKY CONSULTING</b>		Date of Disbursement MM / DD / YYYY 12 / 29 / 2017
Mailing Address 3908 SANDALWOOD CT		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I9221</b> Amount of Each Disbursement this Period 4330.00
City FAIRFAX	State VA	Zip Code 22031
Purpose of Disbursement FUNDRAISING CONSULTING		Category/Type 003
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. THE CATALYST GROUP RW, LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 29 / 2017
Mailing Address 600 PENNSYLVANIA AVENUE, SE SUITE 330		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I9220</b> Amount of Each Disbursement this Period 10000.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement FUNDRAISING CONSULTING		Category/Type 003
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	17330.00
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. ANDY BARR FOR CONGRESS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	20	/	2017

Mailing Address PO BOX 2059

City LEXINGTON State KY Zip Code 40588-2059

FEC Identification Number

**C** C00467571

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

**011**  
Category/  
Type

**Transaction ID : SB23.I9209**

Amount of Each Disbursement this Period

2500.00

Candidate Name

**BARR, GARLAND , ANDY ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: KY District: 06

Memo Item

Full Name (Last, First, Middle Initial)  
**B. CAPTAIN HIGGINS FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2017

Mailing Address PO BOX 61747

City LAFAYETTE State LA Zip Code 70596-1747

FEC Identification Number

**C** C00617662

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

**011**  
Category/  
Type

**Transaction ID : SB23.I5627**

Amount of Each Disbursement this Period

2500.00

Candidate Name

**HIGGINS, CLAY , , CAPTAIN,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: LA District: 03

Memo Item

Full Name (Last, First, Middle Initial)  
**C. COFFMAN FOR CONGRESS 2018**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2017

Mailing Address 4950 S YOSEMITE ST F2 #511

City GREENWOOD State CO Zip Code 80111

FEC Identification Number

**C** C00629287

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

**011**  
Category/  
Type

**Transaction ID : SB23.I5642**

Amount of Each Disbursement this Period

2500.00

Candidate Name

**COFFMAN, MIKE , , REP.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: CO District: 06

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

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. COLLINS FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 10 / 23 / 2017
Mailing Address P.O. BOX 1295		FEC Identification Number C H2GA09150 <b>Transaction ID : SB23.I9001</b>
City GAINESVILLE	State GA	Zip Code 30503-1295
Purpose of Disbursement COMMITTEE CONTRIBUTION		011 Category/ Type
Candidate Name <b>COLLINS, DOUGLAS ALLEN, , ,</b>		Amount of Each Disbursement this Period 5000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 08	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. COMSTOCK FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address P.O. BOX 831		FEC Identification Number C H4VA10089 <b>Transaction ID : SB23.I5638</b>
City MCLEAN	State VA	Zip Code 22101-0831
Purpose of Disbursement COMMITTEE CONTRIBUTION		011 Category/ Type
Candidate Name <b>COMSTOCK, BARBARA, , ,</b>		Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 10	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. CRAWFORD FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 26 / 2017
Mailing Address P.O. BOX 16956		FEC Identification Number C H0AR01083 <b>Transaction ID : SB23.I9002</b>
City JONESBORO	State AR	Zip Code 72403-6716
Purpose of Disbursement COMMITTEE CONTRIBUTION		011 Category/ Type
Candidate Name <b>CRAWFORD, ERIC ALAN RICK, , ,</b>		Amount of Each Disbursement this Period 2000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AR District: 04	<input type="checkbox"/> Memo Item	

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

9500.00

**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

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. CULBERSON FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 10 / 23 / 2017
Mailing Address P.O. BOX 41964		FEC Identification Number C00343236 <b>Transaction ID : SB23.I9003</b>
City HOUSTON	State TX	Zip Code 77241
Purpose of Disbursement COMMITTEE CONTRIBUTION		011 Category/ Type
Candidate Name <b>CULBERSON, JOHN, , ,</b>		Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: TX	District: 07	

Full Name (Last, First, Middle Initial) <b>B. CULBERSON FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 12 / 21 / 2017
Mailing Address P.O. BOX 41964		FEC Identification Number C00343236 <b>Transaction ID : SB23.I9215</b>
City HOUSTON	State TX	Zip Code 77241
Purpose of Disbursement COMMITTEE CONTRIBUTION		011 Category/ Type
Candidate Name <b>CULBERSON, JOHN, , ,</b>		Amount of Each Disbursement this Period 2000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: TX	District: 07	

Full Name (Last, First, Middle Initial) <b>C. CURTIS FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address 370 EAST SOUTH TEMPLE SUITE 580		FEC Identification Number C00647339 <b>Transaction ID : SB23.I5655</b>
City SALT LAKE CITY	State UT	Zip Code 84111
Purpose of Disbursement COMMITTEE CONTRIBUTION		011 Category/ Type
Candidate Name <b>CURTIS, JOHN, , ,</b>		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ GENERAL	<input type="checkbox"/> Memo Item
State: UT	District: 03	

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

5500.00

**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

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

**A. DAN NEWHOUSE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 10949

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City YAKIMA State WA Zip Code 98909-1949

FEC Identification Number

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

C	H4WA04104
---	-----------

Candidate Name  
**NEWHOUSE, DAN, , ,**

011
Category/ Type

**Transaction ID : SB23.I5637**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: WA District: 05

2500.00
---------

Memo Item

**B. DENHAM FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 2150 RIVER PLAZA DRIVE  
SUITE 150

M M M	/	D D D	/	Y Y Y Y Y
09		26		2017

City SACRAMENTO State CA Zip Code 95833-4131

FEC Identification Number

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

C	H0CA19173
---	-----------

Candidate Name  
**DENHAM, JEFF, , ,**

011
Category/ Type

**Transaction ID : SB23.I9004**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: CA District: 00

2000.00
---------

Memo Item

**C. DINO FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1420 NW GILMAN BLVD.  
PMB 2661

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City ISSAQUAH State WA Zip Code 98027

FEC Identification Number

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

C	C00656371
---	-----------

Candidate Name  
**ROSSI, DINO, , ,**

011
Category/ Type

**Transaction ID : SB23.I5628**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: WA District: 08

2500.00
---------

Memo Item

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

7000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. DON BACON FOR CONGRESS**

Mailing Address PO BOX 391368

City OMAHA State NE Zip Code 68139-1368

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

011  
Category/  
Type

Candidate Name  
**BACON, DONALD, J, ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: NE District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2017

FEC Identification Number

C C00575167

Transaction ID : SB23.I9005

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. DONOVAN FOR CONGRESS**

Mailing Address PO BOX 60530

City STATEN ISLAND State NY Zip Code 10306-0530

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

011  
Category/  
Type

Candidate Name  
**DONOVAN, DAN, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)

State: NY District: 11

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2017

FEC Identification Number

C C00571869

Transaction ID : SB23.I5636

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. DUFFY FOR WISCONSIN**

Mailing Address PO BOX 538

City WAUSAU State WI Zip Code 54402-0538

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

011  
Category/  
Type

Candidate Name  
**DUFFY, SEAN, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: WI District: 07

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2017

FEC Identification Number

C C00464339

Transaction ID : SB23.I5633

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7000.00

**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

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. ELECT BLAKE FARENTHOLD COMMITTEE**

Mailing Address P.O. BOX 3369

City CORPUS CHRISTI State TX Zip Code 78463-3369

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

011

Category/  
Type

Candidate Name  
**FARENTHOLD, RANDOLPH BLAKE, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: TX District: 22

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2017

FEC Identification Number

C HOTX27061

Transaction ID : SB23.I5654

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. ELISE FOR CONGRESS**

Mailing Address PO BOX 500

City GLENS FALLS State NY Zip Code 12801-0500

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

011

Category/  
Type

Candidate Name  
**STEFANIK, ELISE , M., ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)

State: NY District: 21

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2017

FEC Identification Number

C C00547893

Transaction ID : SB23.I9214

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRENCH HILL FOR ARKANSAS**

Mailing Address PO BOX 7841

City LITTLE ROCK State AR Zip Code 72217

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

011

Category/  
Type

Candidate Name  
**HILL, JAMES, FRENCH, ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: AR District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2017

FEC Identification Number

C C00551275

Transaction ID : SB23.I5635

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

5500.00

**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)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF AMATA</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2017
Mailing Address P.O. BOX 6171		FEC Identification Number C00393041 <b>Transaction ID : SB23.I5502</b> Amount of Each Disbursement this Period - 2500.00 LOST CHECK
City PAGO PAGO	State AS	Zip Code 96799-6171
Purpose of Disbursement COMMITTEE CONTRIBUTION		011 Category/ Type
Candidate Name <b>AMATA, AUMUA, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AS	District: 00	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF PAUL MITCHELL</b>		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address 66860 VAN DYKE RD		FEC Identification Number C H4MI04118 <b>Transaction ID : SB23.I8991</b> Amount of Each Disbursement this Period 2500.00
City WASHINGTON	State MI	Zip Code 48095-2018
Purpose of Disbursement COMMITTEE CONTRIBUTION		011 Category/ Type
Candidate Name <b>MITCHELL, PAUL, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District: 10	

Full Name (Last, First, Middle Initial) <b>C. GREG PENCE FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 12 / 20 / 2017
Mailing Address PO BOX 218		FEC Identification Number C00658401 <b>Transaction ID : SB23.I9213</b> Amount of Each Disbursement this Period 2500.00
City SHELBYVILLE	State IN	Zip Code 46176-0218
Purpose of Disbursement COMMITTEE CONTRIBUTION		011 Category/ Type
Candidate Name <b>PENCE, GREGORY, J., ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN	District: 06	

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

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

2500.00

**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)  
**CMR Political Action Committee**

**A. GREGG HARPER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 54344

M M M	/	D D D	/	Y Y Y Y Y
12		07		2017

City  
PEARL

State  
MS

Zip Code  
39288-4344

FEC Identification Number

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

011
Category/ Type

C C00441295

**Transaction ID : SB23.I9276**

Amount of Each Disbursement this Period

Candidate Name

**HARPER, GREGG, , ,**

1000.00
---------

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

Memo Item

State: MS District: 03

**B. HANDEL FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 4010 OLD MILTON PKWY

M M M	/	D D D	/	Y Y Y Y Y
09		26		2017

City  
ALPHARETTA

State  
GA

Zip Code  
30005

FEC Identification Number

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

011
Category/ Type

C C00633362

**Transaction ID : SB23.I8985**

Amount of Each Disbursement this Period

Candidate Name

**HANDEL, KAREN , CHRISTINE, ,**

2000.00
---------

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

Memo Item

State: GA District: 06

**C. HUDSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 5053

M M M	/	D D D	/	Y Y Y Y Y
10		26		2017

City  
CONCORD

State  
NC

Zip Code  
28027-1500

FEC Identification Number

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

011
Category/ Type

C H2NC08185

**Transaction ID : SB23.I8990**

Amount of Each Disbursement this Period

Candidate Name

**HUDSON, RICHARD L., , ,**

2500.00
---------

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

Memo Item

State: NC District: 08

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

5500.00
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**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. JASON LEWIS FOR CONGRESS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	29	/	2017

Mailing Address 13800 NICOLLET BLVD.  
PO BOX 3055

FEC Identification Number

**C** C00589234

City BURNSVILLE State MN Zip Code 55337

**Transaction ID : SB23.I5651**

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

**011**  
Category/  
Type

Amount of Each Disbursement this Period

1000.00

Candidate Name  
**LEWIS, JASON , MARK , , MR.**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼  
State: MN District: 02

Memo Item

Full Name (Last, First, Middle Initial)  
**B. KATKO FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2017

Mailing Address 228 S. WASHINGTON STREET  
SUITE 115

FEC Identification Number

**C** C00556365

City ALEXANDRIA State VA Zip Code 22314-5404

**Transaction ID : SB23.I5630**

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

**011**  
Category/  
Type

Amount of Each Disbursement this Period

2500.00

Candidate Name  
**KATKO, JOHN , M , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼  
State: NY District: 24

Memo Item

Full Name (Last, First, Middle Initial)  
**C. KELLY FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	26	/	2017

Mailing Address 5221A CLIFF GOOKIN BOULEVARD

FEC Identification Number

**C** H6MS01131

City TUPELO State MS Zip Code 38801-6781

**Transaction ID : SB23.I9006**

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

**011**  
Category/  
Type

Amount of Each Disbursement this Period

2000.00

Candidate Name  
**KELLY, JOHN TRENT , , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼  
State: MS District: 02

Memo Item

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

5500.00

**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

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. KUSTOFF FOR CONGRESS**

Mailing Address 1661 AARON BRENNER DR.  
STE 300

City MEMPHIS State TN Zip Code 38120-1466

Purpose of Disbursement IN-KIND CONTRIBUTION

Candidate Name **KUSTOFF, DAVID, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: TN District: 08

Date of Disbursement: 08 / 27 / 2017

FEC Identification Number: **C H2TN07103**  
Transaction ID : **SB23.I5624**  
Amount of Each Disbursement this Period: 2527.75

Memo Item **FOOD/BEVERAGE - CUTTERS CRABHOUSE**

Full Name (Last, First, Middle Initial)  
**B. KUSTOFF FOR CONGRESS**

Mailing Address 1661 AARON BRENNER DR.  
STE 300

City MEMPHIS State TN Zip Code 38120-1466

Purpose of Disbursement COMMITTEE CONTRIBUTION

Candidate Name **KUSTOFF, DAVID, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: TN District: 08

Date of Disbursement: 09 / 27 / 2017

FEC Identification Number: **C H2TN07103**  
Transaction ID : **SB23.I5631**  
Amount of Each Disbursement this Period: 472.25

Memo Item

Full Name (Last, First, Middle Initial)  
**C. KUSTOFF FOR CONGRESS**

Mailing Address 1661 AARON BRENNER DR.  
STE 300

City MEMPHIS State TN Zip Code 38120-1466

Purpose of Disbursement COMMITTEE CONTRIBUTION

Candidate Name **KUSTOFF, DAVID, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: TN District: 08

Date of Disbursement: 09 / 27 / 2017

FEC Identification Number: **C H2TN07103**  
Transaction ID : **SB23.I5632**  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2472.25

**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

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

**A. LOBIONDO FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 550

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City  
VINELAND

State  
NJ

Zip Code  
08362-0550

FEC Identification Number

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

011
Category/ Type

C H2NJ02037

**Transaction ID : SB23.I5625**

Amount of Each Disbursement this Period

Candidate Name  
**LOBIONDO, FRANK A., , ,**

2500.00
---------

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NJ District: 02

Memo Item

**B. LOU BARLETTA FOR SENATE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 128

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City  
HAZLETON

State  
PA

Zip Code  
18201

FEC Identification Number

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

011
Category/ Type

C C00445122

**Transaction ID : SB23.I5639**

Amount of Each Disbursement this Period

Candidate Name  
**BARLETTA, LOU, , ,**

1000.00
---------

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: PA District: 00

Memo Item

**C. MARSHA FOR SENATE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 4916 THOROUGHbred LN

M M M	/	D D D	/	Y Y Y Y Y
12		20		2017

City  
BRENTWOOD

State  
TN

Zip Code  
37027-4226

FEC Identification Number

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

011
Category/ Type

C C00376939

**Transaction ID : SB23.I9211**

Amount of Each Disbursement this Period

Candidate Name  
**BLACKBURN, MARSHA , MRS., ,**

1000.00
---------

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

Memo Item

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

4500.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**CMR Political Action Committee**

**A. MARTHA ROBY FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
MARTHA ROBY FOR CONGRESS

Date of Disbursement: 09 / 27 / 2017

Mailing Address: PO BOX 195

City: MONTGOMERY State: AL Zip Code: 36101-0195

Purpose of Disbursement: COMMITTEE CONTRIBUTION

Candidate Name: ROBY, MARTHA, , ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: AL District: 02

Category/Type: 011

FEC Identification Number: C00462143  
Transaction ID: SB23.I5626  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. MARTHA ROBY FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
MARTHA ROBY FOR CONGRESS

Date of Disbursement: 12 / 20 / 2017

Mailing Address: PO BOX 195

City: MONTGOMERY State: AL Zip Code: 36101-0195

Purpose of Disbursement: COMMITTEE CONTRIBUTION

Candidate Name: ROBY, MARTHA, , ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: AL District: 02

Category/Type: 011

FEC Identification Number: C00462143  
Transaction ID: SB23.I9206  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. MCSALLY FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
MCSALLY FOR CONGRESS

Date of Disbursement: 09 / 27 / 2017

Mailing Address: P.O. BOX 19128

City: TUCSON State: AZ Zip Code: 85731-9128

Purpose of Disbursement: COMMITTEE CONTRIBUTION

Candidate Name: MCSALLY, MARTHA, , ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: AZ District: 04

Category/Type: 011

FEC Identification Number: H2AZ08102  
Transaction ID: SB23.I5641  
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

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

**A. MIKE BISHOP FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1148

City **BRIGHTON** State **MI** Zip Code **48116-2748**

Purpose of Disbursement  
**COMMITTEE CONTRIBUTION**

**011**

Category/  
Type

Candidate Name  
**BISHOP, MIKE, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: **MI** District: **15**

Date of Disbursement

**09** / **27** / **2017**

FEC Identification Number

**C H4MI08135**

**Transaction ID : SB23.I5640**

Amount of Each Disbursement this Period

**2000.00**

Memo Item

**B. MIKE BOST FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1212

City **MURPHYSBORO** State **IL** Zip Code **62966-1212**

Purpose of Disbursement  
**COMMITTEE CONTRIBUTION**

**011**

Category/  
Type

Candidate Name  
**BOST, MICHAEL, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)

State: **IL** District: **12**

Date of Disbursement

**09** / **26** / **2017**

FEC Identification Number

**C C00546499**

**Transaction ID : SB23.I9007**

Amount of Each Disbursement this Period

**2000.00**

Memo Item

**C. MIKE GALLAGHER FOR WISCONSIN**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1027

City **GREEN BAY** State **WI** Zip Code **54305-1027**

Purpose of Disbursement  
**COMMITTEE CONTRIBUTION**

**011**

Category/  
Type

Candidate Name  
**GALLAGHER, MICHAEL, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: **WI** District: **08**

Date of Disbursement

**12** / **20** / **2017**

FEC Identification Number

**C H6WI08155**

**Transaction ID : SB23.I9208**

Amount of Each Disbursement this Period

**2500.00**

Memo Item

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

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

**6500.00**

**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)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. MOONEY FOR CONGRESS**

Mailing Address P.O. BOX 1863

City MARTINSBURG State WV Zip Code 25402-1863

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

011  
Category/  
Type

Candidate Name  
**MOONEY, ALEXANDER XAVIER, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: WV District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2017

FEC Identification Number

C H4WV02080

Transaction ID : SB23.I9216

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. PITTENGER FOR CONGRESS LLC**

Mailing Address PO BOX 11207

City CHARLOTTE State NC Zip Code 28220-1207

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

011  
Category/  
Type

Candidate Name  
**PITTENGER, ROBERT , M. , , THE HON.**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)

State: NC District: 09

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2017

FEC Identification Number

C C00514513

Transaction ID : SB23.I9207

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. POLIQUIN FOR CONGRESS**

Mailing Address PO BOX 50

City OAKLAND State ME Zip Code 04963-0050

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

011  
Category/  
Type

Candidate Name  
**POLIQUIN, BRUCE , L. ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: ME District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2017

FEC Identification Number

C C00518654

Transaction ID : SB23.I9008

Amount of Each Disbursement this Period

2000.00

Memo Item

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

6500.00

**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

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

**A. RALPH NORMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 907 MAPLE HILL LANE

M M M	/	D D D	/	Y Y Y Y Y
09		26		2017

City ROCK HILL State SC Zip Code 29732

FEC Identification Number

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

C	C00633610
---	-----------

Candidate Name  
**NORMAN, RALPH, W., JR.**

011
Category/ Type

**Transaction ID : SB23.I9009**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: SC District: 05

2000.00
---------

Memo Item

**B. RICK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 404 BOSTON HOLLOW ROAD

M M M	/	D D D	/	Y Y Y Y Y
12		28		2017

City ELIZABETH State PA Zip Code 15037-2065

FEC Identification Number

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

C	C00658708
---	-----------

Candidate Name  
**SACCONE, RICK, , ,**

011
Category/ Type

**Transaction ID : SB23.I9217**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) Special General  
State: PA District: 18

2500.00
---------

Memo Item

**C. ROB WITTMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P O BOX 3770

M M M	/	D D D	/	Y Y Y Y Y
11		01		2017

City OAKTON State VA Zip Code 22124-8770

FEC Identification Number

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

C	C00441014
---	-----------

Candidate Name  
**WITTMAN, ROBERT, J, MR.,**

011
Category/ Type

**Transaction ID : SB23.I8998**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: VA District: 01

2000.00
---------

Memo Item

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

6500.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**CMR Political Action Committee**

**A. ROB WITTMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P O BOX 3770

M M M	/	D D D	/	Y Y Y Y Y
09		26		2017

City  
OAKTON

State  
VA

Zip Code  
22124-8770

FEC Identification Number

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

011
Category/ Type

C C00441014

**Transaction ID : SB23.I8999**

Amount of Each Disbursement this Period

Candidate Name

**WITTMAN, ROBERT , J , MR.,**

2000.00
---------

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

Memo Item

State: VA District: 01

**B. RODNEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 344

M M M	/	D D D	/	Y Y Y Y Y
09		26		2017

City  
TAYLORVILLE

State  
IL

Zip Code  
62568-0344

FEC Identification Number

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

011
Category/ Type

C C00521948

**Transaction ID : SB23.I9010**

Amount of Each Disbursement this Period

Candidate Name

**DAVIS, RODNEY , L ,**

2000.00
---------

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

Memo Item

State: IL District: 13

**C. SMUCKER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 248 STEEL WAY  
PO BOX 7066

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City  
LANCASTER

State  
PA

Zip Code  
17601-3138

FEC Identification Number

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

011
Category/ Type

C C00599464

**Transaction ID : SB23.I5629**

Amount of Each Disbursement this Period

Candidate Name

**SMUCKER, LLOYD , K., ,**

2500.00
---------

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

Memo Item

State: PA District: 11

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

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

6500.00

**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)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. SMUCKER FOR CONGRESS**

Mailing Address 248 STEEL WAY  
PO BOX 7066

City LANCASTER State PA Zip Code 17601-3138

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

011  
Category/  
Type

Candidate Name  
**SMUCKER, LLOYD , K., ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: PA District: 11

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2017

FEC Identification Number  
C C00599464  
**Transaction ID : SB23.I9000**  
Amount of Each Disbursement this Period  
2000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. STEVE FERRARA FOR CONGRESS**

Mailing Address PO BOX 97130

City PHOENIX State AZ Zip Code 85060

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

011  
Category/  
Type

Candidate Name  
**FERRARA, STEVE , , , MD**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)  
State: AZ District: 09

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
09 / 29 / 2017

FEC Identification Number  
C C00640268  
**Transaction ID : SB23.I5649**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. TEXANS FOR JODEY ARRINGTON**

Mailing Address P.O. BOX 6687

City LUBBOCK State TX Zip Code 79493-6687

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

011  
Category/  
Type

Candidate Name  
**ARRINGTON, JODEY, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: TX District: 19

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2017

FEC Identification Number  
C H6TX19099  
**Transaction ID : SB23.I8996**  
Amount of Each Disbursement this Period  
2500.00

Memo Item

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

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

9500.00



**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)  
**CMR Political Action Committee**

**A. TOM GARRETT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 209

City RUCKERSVILLE State VA Zip Code 22968-0209

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

011  
Category/  
Type

Candidate Name  
**GARRETT, THOMAS, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: VA District: 05

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2017

FEC Identification Number

C H6VA05142

Transaction ID : SB23.I5652

Amount of Each Disbursement this Period

1000.00

Memo Item

**B. TOM REED FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 10847

City ROCHESTER State NY Zip Code 14610-0847

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

011  
Category/  
Type

Candidate Name  
**REED, THOMAS, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: NY District: 00

Date of Disbursement

MM / DD / YYYY  
12 / 29 / 2017

FEC Identification Number

C H0NY29054

Transaction ID : SB23.I9218

Amount of Each Disbursement this Period

1000.00

Memo Item

**C. VICKY HARTZLER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 531

City HARRISONVILLE State MO Zip Code 64701-0531

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

011  
Category/  
Type

Candidate Name  
**HARTZLER, VICKY, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: MO District: 05

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2017

FEC Identification Number

C H0MO04086

Transaction ID : SB23.I9210

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

4500.00

**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

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)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. YODER FOR CONGRESS, INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2017

Mailing Address PO BOX 26742

FEC Identification Number

C	C00472365
---	-----------

City OVERLAND PARK State KS Zip Code 66225-6742

**Transaction ID : SB23.I9011**

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

011
Category/ Type

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name  
**YODER, KEVIN, , ,**

Memo Item

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: KS District: 03

Full Name (Last, First, Middle Initial)  
**B. YOUNG FOR IOWA, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2017

Mailing Address P.O. BOX 162

FEC Identification Number

C	H4IA03115
---	-----------

City VAN METER State IA Zip Code 50261-0162

**Transaction ID : SB23.I5653**

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

011
Category/ Type

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name  
**YOUNG, DAVID, , ,**

Memo Item

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: IA District: 01

Full Name (Last, First, Middle Initial)  
**C. NOVA POLITICAL ACTION COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		01		2017

Mailing Address PO BOX 30844

FEC Identification Number

C	C00585554
---	-----------

City BETHESDA State MD Zip Code 20824-2428

**Transaction ID : SB23.I5501**

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

011
Category/ Type

Amount of Each Disbursement this Period

- 2500.00
-----------

Candidate Name

LOST CHECK

Office Sought:  House  Senate  President  
Disbursement For: 2017  Primary  General  Other (specify) ▼  
State: District:

Memo Item

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

500.00
--------

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

110472.25
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

**A. FRIENDS OF JUDGE MURPHY**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1223

City  
EAU CLAIRE

State  
WI

Zip Code  
54702-1223

Purpose of Disbursement  
NON FEDERAL COMMITTEE CONTRIBUTION

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.I9158**  
Amount of Each Disbursement this Period

Memo Item

**B. COMMITTEE TO ELECT JACQUELIN MAYCUMBER**

Full Name (Last, First, Middle Initial)

Mailing Address 127 N. WYNNE STREET

City  
COLVILLE

State  
WA

Zip Code  
99114-2311

Purpose of Disbursement  
NON FEDERAL COMMITTEE CONTRIBUTION

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.I5373**  
Amount of Each Disbursement this Period

Memo Item

**C. FRIENDS OF JINYOUNG ENGLAND**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 302

City  
WOODINVILLE

State  
WA

Zip Code  
98072-0302

Purpose of Disbursement  
NON FEDERAL COMMITTEE CONTRIBUTION

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.I5368**  
Amount of Each Disbursement this Period

Memo Item

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

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

