

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

ADDRESS (number and street) **1305 Memorial Avenue**
Check if different than previously reported. (ACC) **West Springfield MA 01089**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00163212 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / 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 / / 2020 through / / 2020

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

Signature of Treasurer *Chiecko, Gregory, , ,* [Electronically Filed] Date / / 2020

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)

Page 2

Write or Type Committee Name

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		41659.01
(b) Cash on Hand at Beginning of Reporting Period.....	41659.01	
(c) Total Receipts (from Line 19)	34734.93	34734.93
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	76393.94	76393.94
7. Total Disbursements (from Line 31).....	17638.53	17638.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	58755.41	58755.41
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	34300.00	34300.00
(ii) Unitemized	265.00	265.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	34565.00	34565.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	34565.00	34565.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	169.93	169.93
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)).....▶	34734.93	34734.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	34734.93	34734.93

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17000.00	17000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	638.53	638.53
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)) ..	17638.53	17638.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17638.53	17638.53

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	34565.00	34565.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34565.00	34565.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

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

Date of Receipt 02 / 14 / 2020
Transaction ID : SA11AI.4996
 Amount of Each Receipt this Period 1600.00
 Memo Item

B. Bartosik, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 128 Bayview Dr
 City Nokomis State FL Zip Code 34275
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Denny's Electronics Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 02 / 07 / 2020
Transaction ID : SA11AI.4988
 Amount of Each Receipt this Period 1600.00
 Memo Item

C. CASSATA, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 427 15TH ST
 City HOLLY HILL State FL Zip Code 32117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BOB'S SPACE OWNERS Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 02 / 21 / 2020
Transaction ID : SA11AI.4941
 Amount of Each Receipt this Period 800.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 4000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

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

Date of Receipt **01 / 13 / 2020**
Transaction ID : SA11AI.4922
 Amount of Each Receipt this Period 1600.00
 Memo Item

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

Date of Receipt **02 / 06 / 2020**
Transaction ID : SA11AI.4981
 Amount of Each Receipt this Period 1600.00
 Memo Item

C. Elliott, Debbie , , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 23
 City Mason State MI Zip Code 48854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Elliott's Amusements Occupation (for Individual) Carnival Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **02 / 07 / 2020**
Transaction ID : SA11AI.4983
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. Elliott, Debbie , , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 23
 City Mason State MI Zip Code 48854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Elliott's Amusements Occupation (for Individual) Carnival Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **02 / 14 / 2020**
Transaction ID : SA11AI.4992
 Amount of Each Receipt this Period 400.00
 Memo Item

B. FEATHERSTON, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 515 FOWLER ST
 City FARIBAULT State MN Zip Code 55021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GOLD STAR AMUSEMENTS Occupation (for Individual) CARNIVAL OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **02 / 07 / 2020**
Transaction ID : SA11AI.4935
 Amount of Each Receipt this Period 800.00
 Memo Item

C. FERA, HAROLD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Red Oak Dr
 City Johnston State RI Zip Code 02919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ROCKWELL AMUSEMENTS Occupation (for Individual) CARNIVAL OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **02 / 07 / 2020**
Transaction ID : SA11AI.4937
 Amount of Each Receipt this Period 800.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
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 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. GAYLIN, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7920 GILMORE AVE
 City BALTIMORE State MD Zip Code 21237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ROSEDALE ATTRACTIONS Occupation (for Individual) CARNIVAL OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 07 / 2020
Transaction ID : SA11AI.4932
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. HANSCHEN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4508 CLIFFSTONE COVE
 City AUSTIN State TX Zip Code 78735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THOMAS CARNIVAL Occupation (for Individual) CARNIVAL OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 03 / 02 / 2020
Transaction ID : SA11AI.4942
 Amount of Each Receipt this Period 800.00
 Memo Item

C. HARTLEY, GREGG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 857 CEDAR DR
 City DEALE State MD Zip Code 20751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Husch Blackwell Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 02 / 06 / 2020
Transaction ID : SA11AI.4929
 Amount of Each Receipt this Period 1100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2900.00
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 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. HOLMES, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3337 W FLORIDA AVE
 City HEMET State CA Zip Code 92545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VIC MARCUS CONCESSIONS Occupation (for Individual) GENERAL MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt **02 / 06 / 2020**
Transaction ID : SA11AI.4923
 Amount of Each Receipt this Period 1600.00
 Memo Item

B. HUSTON, BLAKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11811 E COUNTY RD 350 N
 City ALBANY State IN Zip Code 47320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MID AMERICA SHOWS Occupation (for Individual) CARNIVAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt **02 / 06 / 2020**
Transaction ID : SA11AI.4927
 Amount of Each Receipt this Period 1600.00
 Memo Item

C. Ianni, Steven , , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11705 Boyette Rd Ste 474
 City Riverview State FL Zip Code 33569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ianni's Concessions Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt **01 / 23 / 2020**
Transaction ID : SA11AI.4978
 Amount of Each Receipt this Period 1600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. McDonagh, Matthew , , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 448
 City Chesaning State MI Zip Code 48616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Big Rock Amusements Occupation (for Individual) Carnival Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 02 / 14 / 2020
Transaction ID : SA11AI.4991
 Amount of Each Receipt this Period 800.00
 Memo Item

B. Negus, Dale, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15062 SE 103rd Street Rd
 City Ocklawaha State FL Zip Code 32179
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fairplay Games Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 03 / 02 / 2020
Transaction ID : SA11AI.4943
 Amount of Each Receipt this Period 800.00
 Memo Item

C. PICKETT, BENJAMIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12671 S HONAHLEE CRT
 City PHOENIX State AZ Zip Code 85044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RAY CAMMACK SHOWS Occupation (for Individual) CARNIVAL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 02 / 06 / 2020
Transaction ID : SA11AI.4931
 Amount of Each Receipt this Period 1600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

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

Date of Receipt **02 / 03 / 2020**
Transaction ID : SA11AI.4965
 Amount of Each Receipt this Period 1600.00
 Memo Item

B. POWERS, DEBORAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4216 EDWARD HYDE PL
 City WILMINGTON State NC Zip Code 28405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) POWERS GREAT AMERICAN MIDWAYS Occupation (for Individual) CARNIVAL OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt **02 / 14 / 2020**
Transaction ID : SA11AI.4940
 Amount of Each Receipt this Period 1600.00
 Memo Item

C. Powers, Leslie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7446 NC Hwy 72E
 City Lumberton State NC Zip Code 28358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Powers Great American Midways Occupation (for Individual) Show Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt **02 / 14 / 2020**
Transaction ID : SA11AI.4994
 Amount of Each Receipt this Period 1600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. Pugh, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9024 Wiggins Rd
 City Gibsonton State FL Zip Code 33534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gulfstream Occupation (for Individual) Concessionaire
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 02 / 07 / 2020
Transaction ID : SA11AI.4936
 Amount of Each Receipt this Period 1600.00
 Memo Item

B. Purdy, Lisa & William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13007 Whitnell Wy
 City Riverview State FL Zip Code 33579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Amusement Attractions Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 02 / 07 / 2020
Transaction ID : SA11AI.4934
 Amount of Each Receipt this Period 800.00
 Memo Item

C. REITHOFFER, RICHARD, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9022 WIGGINS RD
 City GIBSONTON State FL Zip Code 33534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) REITHOFFER SHOWS Occupation (for Individual) CARNIVAL OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 01 / 13 / 2020
Transaction ID : SA11AI.4921
 Amount of Each Receipt this Period 1600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. Russell, Melissa , , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 296

City Hughes Springs	State TX	Zip Code 75656
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Russell Foods	Occupation (for Individual) Owner
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2020
Transaction ID : SA11AI.4980

Amount of Each Receipt this Period
1600.00

Memo Item

B. Schmidt, Terry , , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4248 W M-61

City Standish	State MI	Zip Code 48658
------------------	-------------	-------------------

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

Name of Employer (for Individual) T J Schmidt & Co	Occupation (for Individual) Owner
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2020
Transaction ID : SA11AI.4987

Amount of Each Receipt this Period
800.00

Memo Item

C. Schwanke, Tara , , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Box 1959

City Lutz	State FL	Zip Code 33548
--------------	-------------	-------------------

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

Name of Employer (for Individual) Reithoffer Shows	Occupation (for Individual) Carnival Employee
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2020
Transaction ID : SA11AI.4995

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2600.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 15 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SHERIDAN, PATRICK, , ,

Mailing Address 722 Colwyn Pass

City San Antonio State TX Zip Code 78216

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

Name of Employer (for Individual) ALAMO AMUSEMENTS Occupation (for Individual) OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 07 / 2020

Transaction ID : SA11AI.4933

Amount of Each Receipt this Period
 800.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Strates, James, , ,

Mailing Address PO Box 174

City Orlando State FL Zip Code 32802

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

Name of Employer (for Individual) Strates Shows Occupation (for Individual) Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2020

Transaction ID : SA11AI.4979

Amount of Each Receipt this Period
 1600.00

Memo Item

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2400.00
TOTAL This Period (last page this line number only).....▶	34300.00

**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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. BILLY LONG FOR CONGRESS

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

City SPRINGFIELD State MO Zip Code 65804

Purpose of Disbursement 011 Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: MO District: 07

Date of Disbursement: 03 / 09 / 2020

FEC Identification Number: C00460063
Transaction ID : SB23.4953
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. BUCK FOR COLORADO

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 338018

City GREELEY State CO Zip Code 80633

Purpose of Disbursement 011 Category/Type

Candidate Name
BUCK, KENNETH R, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: CO District: 04

Date of Disbursement: 03 / 09 / 2020

FEC Identification Number: C00573378
Transaction ID : SB23.4954
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. CAPITO FOR WEST VIRGINIA

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 11519

City CHARLESTON State WV Zip Code 25339

Purpose of Disbursement 011 Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 09 / 2020

FEC Identification Number: C00539825
Transaction ID : SB23.4955
Amount of Each Disbursement this Period: 1000.00

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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial) A. COLE FOR CONGRESS		Date of Disbursement MM / DD / YYYY 02 / 28 / 2020
Mailing Address P.O. BOX 722256		FEC Identification Number C C00379735 Transaction ID : SB23.4952
City NORMAN	State OK	Zip Code 73070
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name COLE, TOM, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: OK	District: 04	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. DAN NEWHOUSE FOR CONGRESS		Date of Disbursement MM / DD / YYYY 02 / 28 / 2020
Mailing Address PO BOX 10949		FEC Identification Number C C00559393 Transaction ID : SB23.4949
City YAKIMA	State WA	Zip Code 98909
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name NEWHOUSE, DAN, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. LOFGREN FOR CONGRESS		Date of Disbursement MM / DD / YYYY 02 / 28 / 2020
Mailing Address C/O CONTRIBUTION SOLUTIONS, LLC 1346 THE ALAMEDA, STE. 7-380		FEC Identification Number C C00289603 Transaction ID : SB23.4951
City SAN JOSE	State CA	Zip Code 95126
Purpose of Disbursement	Category/Type 010	Amount of Each Disbursement this Period 1000.00
Candidate Name LOFGREN, ZOE, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CA	District: 19	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	4000.00
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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

Mailing Address ONE CONSTITUTION AVE NE STE 300

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement 011 Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 03 / 2020

FEC Identification Number: C C00344648
Transaction ID : SB23.4948
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. SCALISE LEADERSHIP FUND

Full Name (Last, First, Middle Initial)

Mailing Address 317 15TH ST NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement 011 Category/Type

Candidate Name SCALISE, STEVE MR, , ,

Office Sought: House Senate President Disbursement For: 2020 Primary General Other (specify) ▼

State: LA District: 01

Date of Disbursement: 02 / 28 / 2020

FEC Identification Number: C HOLA01087
Transaction ID : SB23.4950
Amount of Each Disbursement this Period: 1000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	17000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial) A. AuthorizeNet		Date of Disbursement MM / DD / YYYY 03 / 17 / 2020	
Mailing Address P.O. Box 947		FEC Identification Number C [] Transaction ID : SB29.4956 Amount of Each Disbursement this Period [] 346.63	
City American Fork	State UT	Zip Code 84003	Category/ Type []
Purpose of Disbursement Fees		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. SunTrust Bank		Date of Disbursement MM / DD / YYYY 01 / 28 / 2020	
Mailing Address 303 Peachtree St NW		FEC Identification Number C [] Transaction ID : SB29.4963 Amount of Each Disbursement this Period [] 224.81	
City Atlanta	State GA	Zip Code 30308	Category/ Type []
Purpose of Disbursement Bank fees		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []	
City	State	Zip Code	Category/ Type []
Purpose of Disbursement		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 571.44
TOTAL This Period (last page this line number only).....▶	[] 571.44