Image# 15951492078 PAGE 1 / 15

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

|   |                                  | All Authorized       |                                |                    |                    | Office Use Only                               |
|---|----------------------------------|----------------------|--------------------------------|--------------------|--------------------|---|
| NAME OF TOO COMMITTEE (in full)                             | YPE OR PRINT 1                   |                      | mple: If typin<br>r the lines. | g, type            | 12FE4M5            |   |
| NEW PIONEERS PAC  |                                  |                      |                                |                    |                    | 1   |
|   |                                  |                      |                                |                    |                    |   |
|   |                                  |                      |                                |                    |                    |   |
| ADDRESS (number and street)                                 | 228 S WASHING                    | TON ST STE 115       |                                |                    |                    |   |
| Check if different  |                                  |                      |                                |                    |                    |   |
| than previously reported. (ACC)                             | ALEXANDRIA                       |                      |                                |                    | VA                 | 22314   |
| 2. FEC IDENTIFICATION NUI                                   | MBER ▼                           | CITY 🛦               |                                | 5                  | STATE 🛦            | ZIP CODE ▲                                    |
| C C00459123   |                                  | 3. IS THIS<br>REPORT | × (N                           | EW<br>N) <b>OR</b> | Al (A              | MENDED<br>)                                   |
| 4. TYPE OF REPORT (Choose One)                              | (b) Monthly<br>Report<br>Due On: | Feb 20 (M2)          | N                              | 1ay 20 (M5)        | Aug                | 20 (M8) Nov 20 (M11) (Non-Election Year Only) |
| (a) Quarterly Reports:                                      | Duo Om                           | Mar 20 (M3)          |                                | un 20 (M6)         | H                  | 20 (M9) Dec 20 (M12) (Non-Election Year Only) |
| April 15<br>Quarterly Report (Q1                            | ) (0) 10.7                       | Apr 20 (M4)          |                                | ul 20 (M7)         | . —                | 20 (M10) Jan 31 (YE)                          |
| July 15<br>Quarterly Report (Q2                             | (c) 12-Day<br>PRE-E              |                      | Primary (12P)  Convention (1   |                    | General<br>Special |   |
| October 15 Quarterly Report (Q3                             | · ·                              | ior tric.            | Convention (1                  | 20)                | Орсона             | (120)   |
| January 31<br>Year-End Report (YE                           |                                  | Election on          | M = M /                        | D   D /            | Y   Y   Y   Y      | in the State of                               |
| July 31 Mid-Year<br>Report (Non-election<br>Year Only) (MY) | POST-                            | Election for the:    | General (30G                   | )                  | Runoff (           | 30R) Special (30S)                            |
| Termination Report (TER)                                    | Порот                            | Election on          | M = M /                        | D = D /            | Y = Y = Y = Y      | in the<br>State of                            |
| 5. Covering Period 05                                       | / D D /                          | 2015                 | through                        | M M M              | 31                 | 2015  |
| I certify that I have examined this                         | Report and to the                | ne best of my know   | wledge and b                   | elief it is tru    | e, correct an      | d complete.                                   |
| Type or Print Name of Treasurer                             | Lisa Lisker                      |                      |                                |                    |                    |   |
| Signature of Treasurer Lisa Li.                             | sker                             |                      | [Electronically                | Filed] D           | ate 06             | 18 / 2015                                     |
| NOTE: Submission of false, erronec                          | ous, or incomplete               | information may su   | bject the pers                 | on signing th      | is Report to t     | he penalties of 2 U.S.C. §437g.               |
| Office<br>Use<br>Only                                       |                                  |                      |                                |                    |                    | FEC FORM 3X<br>Rev. 12/2004                   |

| O<br>FEC <b>Form 3X</b> (Rev. 02/2003)   | SUMMARY PAGE<br>F RECEIPTS AND DISBURSEMENTS | Page <b>2</b>                               |
|--|--|---|
| Write or Type Committee Name   |  | r aye Z                                     |
| NEW PIONEERS PAC   |  |   |
|  |  |   |
| Report Covering the Period: From: 05   | M / D D / Y Y Y Y Y Y TO:                    | 05 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
|  | COLUMN A<br>This Period                      | COLUMN B<br>Calendar Year-to-Date           |
| 6. (a) Cash on Hand  January 1,  2015  |  | 71798.39                                    |
| (b) Cash on Hand at Beginning of Reporting Period  | 35252.76                                     |   |
| (c) Total Receipts (from Line 19)  | 36750.00                                     | 147250.00                                   |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)             | 72002.76                                     | 219048.39                                   |
| 7. Total Disbursements (from Line 31)  | 11032.36                                     | 158077.99                                   |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                        | 60970.40                                     | 60970.40                                    |
| 9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)  | 0.00   |   |
| 10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00   |   |
| X This committee has qualified as a multicar   | ndidate committee. (see FEC FORM 1M)         |   |
| F  | or further information contact:              |   |

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

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

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### **NEW PIONEERS PAC**

| (a) Interpretation (a) Interpretation (b) Post (c) Off (s) (d) To (s) (d) To (s) (d) To (s) (d) To (s) (e) (e) (e) (f) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f  | outions (other than loans) From: dividuals/Persons Other nan Political Committees Itemized (use Schedule A)  | 6500.00<br>500.00<br>7000.00<br>0.00<br>29750.00<br>36750.00<br>0.00 | 14000.00<br>500.00<br>14500.00<br>0.00<br>132750.00<br>147250.00<br>0.00 |
|--|--|--|--|
| (b) Po<br>(c) Of<br>(s)<br>(d) To<br>11<br>To<br>Transfe<br>Party (<br>All Loan<br>Loan F<br>Offsets<br>(Refun-<br>(Carry<br>Refund<br>to Fed-<br>Politica<br>Other I<br>(Divide<br>Transfe<br>(a) Noi   | Itemized (use Schedule A)  | 500.00<br>7000.00<br>0.00<br>29750.00<br>36750.00                    | 500.00<br>14500.00<br>0.00<br>132750.00<br>147250.00                     |
| (b) Po<br>(c) Of<br>(s)<br>(d) To<br>11<br>To<br>Transfe<br>Party (C<br>. All Loan<br>Loan F<br>. Offsets<br>(Refun-<br>(Carry<br>Refund<br>to Fed-<br>Politica<br>Other I<br>(Divide<br>Transfe<br>(a) Noi  | Itemized (use Schedule A)  | 500.00<br>7000.00<br>0.00<br>29750.00<br>36750.00                    | 500.00<br>14500.00<br>0.00<br>132750.00<br>147250.00                     |
| (ii) (iii) (b) Po (c) Of (s) (d) To 11 To Transfe Party ( All Loa Loan F Offsets (Refundation (Carry Refundation to Feddation Politica Other I (Divide Transfe (a) Noi (fr   | i) Unitemized ii) TOTAL (add Lines 11(a)(i) and (ii)  blitical Party Committees ther Political Committees uch as PACs) btal Contributions (add Lines (a)(iii), (b), and (c)) (Carry btals to Line 33, page 5)  bers From Affiliated/Other Committees | 500.00<br>7000.00<br>0.00<br>29750.00<br>36750.00                    | 500.00<br>14500.00<br>0.00<br>132750.00<br>147250.00                     |
| (b) Po (c) Of (s) (s) (d) To (s) (d) To (s) (d) To (s) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f  | i) TOTAL (add Lines 11(a)(i) and (ii)  | 7000.00<br>0.00<br>29750.00<br>36750.00                              | 14500.00<br>0.00<br>132750.00<br>147250.00<br>0.00                       |
| (b) Po (c) Of (s) (s) (d) To (s) (d) To (s) (d) To (s) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f  | i) TOTAL (add Lines 11(a)(i) and (ii)  | 7000.00<br>0.00<br>29750.00<br>36750.00                              | 14500.00<br>0.00<br>132750.00<br>147250.00<br>0.00                       |
| (b) Po (c) Of (s) (d) To 11 To Transfe Party (C All Loan F Offsets (Refund (Carry Refund to Fed Politica Other I (Divide Transfe (a) Noi (fr   | Lines 11(a)(i) and (ii)  | 0.00<br>29750.00<br>36750.00<br>0.00                                 | 0.00<br>132750.00<br>147250.00<br>0.00                                   |
| (c) Ot (s) (s) (s) (d) To (s)  | bilitical Party Committees  ther Political Committees uch as PACs)  btal Contributions (add Lines (a)(iii), (b), and (c)) (Carry btals to Line 33, page 5)  ers From Affiliated/Other Committees   | 0.00<br>29750.00<br>36750.00<br>0.00                                 | 0.00<br>132750.00<br>147250.00<br>0.00                                   |
| (c) Ot (s) (s) (s) (d) To (s)  | ther Political Committees  uch as PACs)  otal Contributions (add Lines  (a)(iii), (b), and (c)) (Carry  otals to Line 33, page 5)  ers From Affiliated/Other  Committees   | 29750.00<br>36750.00<br>0.00   | 132750.00<br>147250.00<br>0.00   |
| (c) Ot (s) (s) (s) (d) To (s)  | ther Political Committees  uch as PACs)  otal Contributions (add Lines  (a)(iii), (b), and (c)) (Carry  otals to Line 33, page 5)  ers From Affiliated/Other  Committees   | 29750.00<br>36750.00<br>0.00   | 132750.00<br>147250.00<br>0.00   |
| (single (singl | uch as PACs)   | 36750.00<br>0.00   | 147250.00  |
| (d) To 11 To 12 Transfer Party (C) All Loan Loan F Offsets (Refund (Carry) Refund to Fedd Politica Other I (Divide Transfer (a) Noi  | otal Contributions (add Lines (a)(iii), (b), and (c)) (Carry otals to Line 33, page 5)  ers From Affiliated/Other Committees   | 0.00   | 147250.00  |
| 11 To Transfe Party C All Loan Loan F Offsets (Refund to Fed Politica Other I (Divide Transfe (a) Noi  | (a)(iii), (b), and (c)) (Carry otals to Line 33, page 5)   | 0.00   | 0.00   |
| To Transfe Party (C. All Loan F. Offsets (Refund to Federal Political Other (Divide Transfe (a) Non (fr  | otals to Line 33, page 5)  ers From Affiliated/Other Committees  | 0.00   | 0.00   |
| . Transfer Party (Control of the Political of the Politic | ers From Affiliated/Other Committees   | 0.00   |  |
| Party (  All Loan  Loan F  Offsets (Refund (Carry Refund to Fedd Political Other I (Divide Transfe (a) Non (fr   | Committees   |  |  |
| . All Loan F. Offsets (Refund (Carry). Refund to Federal Political Other In (Divide). Transfer (a) Non (from the control of th |  |  | 0.00   |
| . Loan F . Offsets (Refund (Carry) . Refund to Feditical Other I (Divide . Transfe (a) Not   | ans Received   | 0.00   | 0.00   |
| Offsets (Refund (Carry Refund to Feditical Other I (Divide Transfe (a) Noi   |  |  |  |
| Offsets (Refund (Carry Refund to Feditical Other I (Divide Transfe (a) Noi   |  |  | 7  |
| Offsets (Refund (Carry Refund to Feditical Other I (Divide Transfe (a) Noi   | Repayments Received  | 0.00   | 0.00   |
| (Refundation (Carry) Refundato Federal (Divide) Transfer (a) North   | To Operating Expenditures  | 7  | 7 7  |
| (Carry Refund to Fed Politica Other (Divide Transfe (a) Noi  | ds, Rebates, etc.)   |  |  |
| . Refund<br>to Fed<br>Politica<br>. Other (Divide<br>. Transfe<br>(a) Noi  | Totals to Line 37, page 5)   | 0.00   | 0.00   |
| to Fed<br>Politica<br>Other I<br>(Divide<br>Transfe<br>(a) Noi<br>(fr  | ds of Contributions Made   |  |  |
| Politica . Other   (Divide . Transfe (a) Noi   | eral Candidates and Other  |  |  |
| (Divide<br>. Transfe<br>(a) Noi<br>(fr   | al Committees  | 0.00   | 0.00   |
| (Divide<br>. Transfe<br>(a) Noi<br>(fr   | Federal Receipts   |  |  |
| (a) Noi<br>(fr   | ends, Interest, etc.)  | 0.00   | 0.00   |
| (fr  | ers from Non-Federal and Levin Funds   |  |  |
|  | n-Federal Account  |  |  |
| (b) Lev  | om Schedule H3)  | 0.00   | 0.00   |
| (b) Lev  |  |  |  |
| ` '  | vin Funds (from Schedule H5)   | 0.00   | 0.00   |
|  |  |  | 3 3  |
| (c) Tota   | al Transfers (add 18(a) and 18(b))   | 0.00   | 0.00   |
|  | Receipts (add Lines 11(d),   | 36750.00   | 147250.00  |
| Total =  | , 14, 15, 16, 17, and 18(c))▶  | T T  |  |
| . iotai r<br>(subtra   |  |  |  |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements   | COLUMN A Total This Period | COLUMN B<br>Calendar Year-to-Date |  |  |
|---|----------------------------|-----------------------------------|--|--|
| Operating Expenditures:  (a) Allocated Federal/Non-Federal    | iotai iiio i ollou         | Calelidai Teal-10-Date            |  |  |
| Activity (from Schedule H4)                                   |                            |                                   |  |  |
| (i) Federal Share   | 0.00                       | 0.00                              |  |  |
| (ii) N 5 1 101  | 0.00                       | 0.00                              |  |  |
| (ii) Non-Federal Share(b) Other Federal Operating             | 0.00                       | 0.00                              |  |  |
| Expenditures  | 8532.36                    | 33077.99                          |  |  |
| (c) Total Operating Expenditures                              | 7 7                        |                                   |  |  |
| (add 21(a)(i), (a)(ii), and (b))▶                             | 8532.36                    | 33077.99                          |  |  |
| Transfers to Affiliated/Other Party                           |                            |                                   |  |  |
| Contributions to  | 0.00                       | 0.00                              |  |  |
| Federal Candidates/Committees and Other Political Committees  | 2500.00                    | 90000.00                          |  |  |
| Independent Expenditures                                      | 0.00                       | 0.00                              |  |  |
| (use Schedule E) Coordinated Party Expenditures               | 7                          | 7                                 |  |  |
| (2 U.S.C. §441a(d))<br>(use Schedule F)                       | 0.00                       | 0.00                              |  |  |
| Loan Repayments Made  | 0.00                       | 0.00                              |  |  |
|   |                            |                                   |  |  |
| Loans Made  | 0.00                       | 0.00                              |  |  |
| (a) Individuals/Persons Other                                 | 0.00                       | 0.00                              |  |  |
| 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                              |  |  |
|   |                            |                                   |  |  |
| Other Disbursements   | 0.00                       | 35000.00                          |  |  |
| Federal Election Activity (2 U.S.C. §431(20))                 |                            |                                   |  |  |
| (a) Allocated Federal Election Activity                       |                            |                                   |  |  |
| (from Schedule H6)  |                            |                                   |  |  |
| (i) Federal Share   | 0.00                       | 0.00                              |  |  |
| (ii) "Lovin" Chara  | 0.00                       | 0.00                              |  |  |
| (ii) "Levin" Share(b) Federal Election Activity Paid Entirely | 0.00                       |                                   |  |  |
| 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                              |  |  |
| Total Disbursements (add Lines 21(c), 22,                     |                            |                                   |  |  |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c))                      | 11032.36                   | 158077.99                         |  |  |
| Total Federal Disbursements                                   |                            |                                   |  |  |
| (subtract Line 21(a)(ii) and Line 30(a)(ii)                   |                            |                                   |  |  |
| from Line 31)   | 11032.36                   | 158077.99                         |  |  |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                               | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3)         | 36750.00                      | 147250.00                         |
| 4. Total Contribution Refunds (from Line 28(d))                             | 0.00                          | 0.00                              |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33)     | 36750.00                      | 147250.00                         |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 8532.36                       | 33077.99                          |
| 7. Offsets to Operating Expenditures (from Line 15, page 3)                 | 0.00                          | 0.00                              |
| 8. Net Operating Expenditures (subtract Line 37 from Line 36)               | 8532.36                       | 33077.99                          |

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

| FO   | R LINE   | NU    | IMBER | : | PAGE | 6  | OF | 15 |
|------|----------|-------|-------|---|------|----|----|----|
| (che | eck only | or or | ne)   |   |      |    |    |    |
| ×    | 11a      |       | 11b   |   | 11c  | 12 | 2  |    |
|      | 13       |       | 14    |   | 15   | 16 | 6  | 17 |

|  | Statements may not be sold or used by any person<br>e name and address of any political committee to |  |
|--|--|--|
| NAME OF COMMITTEE (In Full) NEW PIONEERS PAC   |  |  |
| Full Name (Last, First, Middle Initial) Timothy Costa  Mailing Address 425 L Street NW  Apt 1312  City | State Zip Code   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y               |
| City Washington FEC ID number of contributing  | State Zip Code DC 20001  | Transaction ID : SA11AI.7361  Amount of Each Receipt this Period  250.00     |
| Receipt For:  General  | Occupation Government Relations  Aggregate Year-to-Date ▼  | 230.00   |
| Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)                             | 250.00   |  |
| Thomas Davis  Mailing Address 1455 Pennslyvania Ave  |  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y               |
| City Washington FEC ID number of contributing  | State Zip Code DC 20004  | Transaction ID : SA11AI.7356  Amount of Each Receipt this Period             |
| federal political committee.  Name of Employer  Davis and Harman LLP                                   | Occupation Attorney  | 250.00   |
| Receipt For: Primary General Other (specify)   | Aggregate Year-to-Date ▼  250.00   |  |
| Full Name (Last, First, Middle Initial)  John R Feore  Mailing Address 6633 Hampton View Place         |  | Date of Receipt  |
| City McLean  | State Zip Code<br>VA 22101   | 05 05 2015  Transaction ID : SA11AI.7354  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | C  | 250.00   |
| Name of Employer  Cooley LLP  Receipt For:  Primary  General   | Occupation Partner Aggregate Year-to-Date ▼  |  |
| Other (specify) ▼  | 250.00   |  |
| SUBTOTAL of Receipts This Page (optional)  | <b></b>  | 750.00   |
| TOTAL This Period (last page this line number  | only)  |  |

FOR LINE NUMBER: PAGE 7 OF 15 Use for e Detai

| separate schedule(s)                   | (check only one) |     |    |    |  |  |  |
|--|------------------|-----|----|----|--|--|--|
| ach category of the illed Summary Page | X 11a 11b        | 11c | 12 |    |  |  |  |
|  | 13 14            | 15  | 16 | 17 |  |  |  |
|  |                  |     |    |    |  |  |  |

|  | Statements may not be sold or used by any pers<br>he name and address of any political committee to |  |
|--|---|--|
| NAME OF COMMITTEE (In Full) NEW PIONEERS PAC   |   |  |
| Full Name (Last, First, Middle Initial)  Jonathan M. Heafitz  Mailing Address 2704 Emmet Rd              |   | Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y |
| City<br>Silver Spring  | State Zip Code<br>MD 20902  | Transaction ID : SA11AI.7348  Amount of Each Receipt this Period       |
| FEC ID number of contributing federal political committee.   | C   | 250.00   |
| Name of Employer  PCMA  Receipt For:  Primary General  Other (specify) ▼                                 | Occupation Government Relations  Aggregate Year-to-Date ▼  250.00                                   |  |
| Full Name (Last, First, Middle Initial)  Jennifer N. Higgins  Mailing Address 305 S Payne Street Apt 305 | ;   | Date of Receipt  05 05 2015  |
| City<br>Alexandria   | State Zip Code<br>VA 22314  | Transaction ID : SA11AI.7346  Amount of Each Receipt this Period       |
| FEC ID number of contributing federal political committee.   | С   | 250.00   |
| Name of Employer Chamber Hill Strategies   | Occupation Partner  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼  250.00  |  |
| Full Name (Last, First, Middle Initial)  C. Matthew Keelen   |   | Date of Receipt  |
| Mailing Address 607 Timber Lane  |   | 05 12 2015   |
| City Falls Church  | State Zip Code<br>VA 22046  | Transaction ID : SA11AI.7364  Amount of Each Receipt this Period       |
| FEC ID number of contributing federal political committee.   | С   | 1000.00  |
| Name of Employer The Keelen Group  | Occupation CEO/President  |  |
| Receipt For:  Primary General  Other (specify)   | Aggregate Year-to-Date ▼  1000.00   | -  |
| SUBTOTAL of Receipts This Page (optional).   |   | 1500.00  |
| TOTAL This Period (last page this line number  |   |  |

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

| FC  | FOR LINE NUMBER: |    |     | PAGE | 8   | OF | 15 |    |
|-----|------------------|----|-----|------|-----|----|----|----|
| (ch | eck only         | on | ie) |      |     |    |    |    |
| >   | <b>1</b> 1a      |    | 11b |      | 11c | 12 |    |    |
|     | 13               |    | 14  |      | 15  | 16 |    | 17 |

| or for commercial purposes, other than using   | d Statements may not be sold or used by any pers<br>the name and address of any political committee to | son for the purpose of soliciting contributions o solicit contributions from such committee.           |
|--|--|--|
| NAME OF COMMITTEE (In Full) NEW PIONEERS PAC   |  |  |
| Full Name (Last, First, Middle Initial)  A. Blair Larkins  Mailing Address 644 F Street NE   |  | Date of Receipt  05 12 2015  |
| City Washington  FEC ID number of contributing federal political committee.  Name of Employer  Bockorny Group  Receipt For:  Primary General Other (specify)   | State Zip Code DC 20002  C Occupation Government Affairs  Aggregate Year-to-Date ▼ 250.00              | Transaction ID : SA11AI.7363  Amount of Each Receipt this Period  250.00                               |
| Full Name (Last, First, Middle Initial)  Huy Le  Mailing Address 407 N Upton Ct  City  Arlington  FEC ID number of contributing federal political committee.   | State Zip Code VA 22203  | Date of Receipt  05 05 2015  Transaction ID : SA11AI.7344  Amount of Each Receipt this Period          |
| Name of Employer Buchanan Ingersoll & Rooney  Receipt For:  Primary  General  Other (specify) ▼  | Occupation Government Relations  Aggregate Year-to-Date ▼  250.00                                      |  |
| Full Name (Last, First, Middle Initial) Joanna McIntosh  Mailing Address 209 Princess Street  City Alexandria  FEC ID number of contributing federal political committee.  Name of Employer Motion Picture Assn of America  Receipt For: Primary General | State Zip Code VA 22314  C  Occupation Executive VP  Aggregate Year-to-Date ▼                          | Date of Receipt  05 12 2015  Transaction ID : SA11AI.7366  Amount of Each Receipt this Period  2500.00 |
| Other (specify) ▼  SUBTOTAL of Receipts This Page (optional  | 2500.00  | 3000.00  |
| TOTAL This Period (last page this line numl  | per only)  |  |

FOR LINE NUMBER: **PAGE** 9 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

15

for each category of the Detailed Summary Page 14 13 15 16 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) NEW PIONEERS PAC Full Name (Last, First, Middle Initial) Bernard R Okun Date of Receipt Mailing Address 6612 Maugh Rd 2015 28 City Zip Code State Transaction ID: SA11AI.7375 VA McLean 22101 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation The O Team Director Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. R.J Trauger Date of Receipt Mailing Address 4306 Robertson Blvd 05 05 2015 City State Zip Code Transaction ID: SA11AI.7341 VA Alexandria 22309 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation National Association of Man. VP Human Resource Policy Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... 6500.00 TOTAL This Period (last page this line number only).....

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page    | FOR LINE NUMBER: PAGE 10 OF 15 (check only one)  11a 11b X 11c 12 13 14 15 16 17                        |
|---|--|---|
| Any information copied from such Reports and St or for commercial purposes, other than using the  |  | y person for the purpose of soliciting contributions ttee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) NEW PIONEERS PAC  |  |   |
| Full Name (Last, First, Middle Initial)  A. ABBVIE POLITICAL ACTION COMMI  Mailing Address 1 N. WAUKEGAN ROAD  City  NORTH CHICAGO  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary  Other (specify)   General  Other (specify)           | State Zip Code IL 60064  C C00536573  Occupation  Aggregate Year-to-Date ▼ | Date of Receipt  12 2015  Transaction ID: SA11C.7369  Amount of Each Receipt this Period  1000.00       |
| Full Name (Last, First, Middle Initial)  AMERICAN ACADEMY OF DERMATOLOGY ASSOCIAT  Mailing Address 1445 NEW YORK AVENUE NV STE 800  City  WASHINGTON  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify)             |  | Date of Receipt    M M M  |
| Full Name (Last, First, Middle Initial) AMERICAN ASSOCIATION OF NURSE ANESTHETIS*  Mailing Address 222 SOUTH PROSPECT AVE C/O FINANCE DEPARTMENT  City PARK RIDGE  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify) | <u> </u>   | Date of Receipt    M M  |
| SUBTOTAL of Receipts This Page (optional)   |  | 5000.00   |

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

|                | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  |                 | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page  | FOR LINE NUMBER: PAGE 11 OF 15 (check only one)                 |  |  |  |  |
|----------------|--|-----------------|--|---|--|--|--|--|
| _              |  |                 | Detailed Summary Page  | 13 14 15 16 17  |  |  |  |  |
|                | y information copied from such Reports and S for commercial purposes, other than using the |                 |  | erson for the purpose of soliciting contributions               |  |  |  |  |
|                | NAME OF COMMITTEE (In Full) NEW PIONEERS PAC   | and a           | and the state of t | The commentation from cost committee.                           |  |  |  |  |
| Α.             | Full Name (Last, First, Middle Initial) AMERICAN ASSOCIATION OF NURSE PRACTI               | Date of Receipt |  |   |  |  |  |  |
|                | Mailing Address PO BOX 12846   | 05 20 2015      |  |   |  |  |  |  |
|                | City<br>AUSTIN   | State<br>TX     | Zip Code<br>78711  | Transaction ID : SA11C.7373                                     |  |  |  |  |
|                | FEC ID number of contributing federal political committee.                                 |                 | 0358903  | Amount of Each Receipt this Period  5000.00                     |  |  |  |  |
|                | Name of Employer   | Occupation      |  |   |  |  |  |  |
|                | Receipt For:  Aggregate Year-to-Date ▼   |                 |  |   |  |  |  |  |
|                | Primary General Other (specify) ▼  | 33 33           | 5000.00  |   |  |  |  |  |
| В.             | Full Name (Last, First, Middle Initial)  AUTOMOTIVE FREE INTERNATIONAL TRADE PAC           |                 |  | Date of Receipt   |  |  |  |  |
|                | Mailing Address 1625 Prince Street Suite 225   |                 |  | 05 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                       |  |  |  |  |
|                | City<br>Alexandria   | State<br>VA     | Zip Code<br>22314  | Transaction ID : SA11C.7372  Amount of Each Receipt this Period |  |  |  |  |
|                | FEC ID number of contributing federal political committee.                                 |                 | 0250399  | 5000.00   |  |  |  |  |
|                | Name of Employer   | Occupation      |  |   |  |  |  |  |
|                | Receipt For:  Primary General  Other (specify) ▼   | Aggregate       | Year-to-Date ▼ 5000.00   |   |  |  |  |  |
| <del>С</del> . | Full Name (Last, First, Middle Initial) BLUEPAC - BLUE CROSS BLUE                          | Date of Receipt |  |   |  |  |  |  |
|                | Mailing Address 1310 G Street NW   | 05 20 7 2015    |  |   |  |  |  |  |
|                | City<br>Washington   | State<br>DC     | Zip Code<br>20005  | Transaction ID : SA11C.7370  Amount of Each Receipt this Period |  |  |  |  |
|                | FEC ID number of contributing federal political committee.                                 | C co            | 0194746  | 2500.00   |  |  |  |  |
|                | Name of Employer   |                 |  |   |  |  |  |  |
|                | Receipt For:  Primary General  Other (specify) ▼   | Aggregate       | Year-to-Date ▼ 2500.00   |   |  |  |  |  |
| s              | UBTOTAL of Receipts This Page (optional)   |                 | )  | 12500.00  |  |  |  |  |
| т              | OTAL This Period (last page this line number   | only)           |  |   |  |  |  |  |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page           | FOR LINE NUMBER: PAGE 12 OF 15 (check only one)  |
|---|---|--|
| Any information copied from such Reports and State or for commercial purposes, other than using the interest of the state | atements may not be sold or used by any p   |  |
| NAME OF COMMITTEE (In Full) NEW PIONEERS PAC  |   |  |
| Full Name (Last, First, Middle Initial) CONSUMER ELECTRONICS ASSOCI Mailing Address 1919 SOUTH EADS STREET  City ARLINGTON FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary Other (specify)  General Other (specify)  | State Zip Code VA 22202  C C00375048  Occupation  Aggregate Year-to-Date ▼        | Date of Receipt  05 05 2015  Transaction ID : SA11C.7337  Amount of Each Receipt this Period         |
| Full Name (Last, First, Middle Initial)  NATIONAL EMERGENCY MEDICINE F  Mailing Address 1125 Executive Circle  City Irving  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)  |   | Date of Receipt  05 05 2015  Transaction ID: SA11C.7338  Amount of Each Receipt this Period  5000.00 |
| Full Name (Last, First, Middle Initial)  NATIONAL MULTI HOUSING COUNCIL  Mailing Address 1850 M STREET, NW SUITE 540  City WASHINGTON  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary Other (specify)  General Other (specify)  | State Zip Code DC 20036  C C00130773  Occupation  Aggregate Year-to-Date  2500.00 | Date of Receipt    05  |
| SUBTOTAL of Receipts This Page (optional)   |   | 8500.00  |

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

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 13 OF 15 (check only one)  11a 11b X 11c 12 13 14 15 16 17 |  |  |  |
|---|--|---|--|--|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using the                                 |  |   |  |  |  |  |
| NAME OF COMMITTEE (In Full) NEW PIONEERS PAC  |  |   |  |  |  |  |
| A. Full Name (Last, First, Middle Initial) PHARMACEUTICAL RESEARCH & MANUFACTURERS Mailing Address 950 F STREET, NW SUITE 300 | Date of Receipt  O5 O5 2015  |   |  |  |  |  |
| City  | State  | Transaction ID : SA11C.7336   |  |  |  |  |
| WASHINGTON  FEC ID number of contributing federal political committee.  | C co   | 20004   | Amount of Each Receipt this Period  1000.00                                      |  |  |  |
| Name of Employer  | Name of Employer Occupation  |   |  |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate  | Year-to-Date ▼<br>1000.00   |  |  |  |  |
| u   | Full Name (Last, First, Middle Initial) POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS |   |  |  |  |  |
| Mailing Address 317 Massachusetts Avenue,  1st Floor  | 05 28 2015   |   |  |  |  |  |
| City<br>Washington  | State<br>DC  | Zip Code<br>20002   | Transaction ID : SA11C.7377  Amount of Each Receipt this Period                  |  |  |  |
| FEC ID number of contributing federal political committee.  | C co   | 0343137   | 2500.00  |  |  |  |
| Name of Employer  | Occupation   |   |  |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate  | Year-to-Date ▼ 2500.00  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  C. SOUTHERLAND FOR CONGRE  |  |   |  |  |  |  |
| Mailing Address PO BOX 1692   |  |   |  |  |  |  |
| City<br>LYNN HAVEN  | State<br>FL  | Zip Code<br>32444   | Transaction ID : SA11C.7335  Amount of Each Receipt this Period                  |  |  |  |
| FEC ID number of contributing federal political committee.  | C co   | 0468959   | 250.00   |  |  |  |
| Name of Employer  | Occupation   |   |  |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate  | Year-to-Date ▼<br>250.00  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)   | 1  |   | 3750.00  |  |  |  |

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

29750.00

## 17

| SCHEDULE B (FEC Form 3X)  | Han announts of 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,   | FOR LINE         | PAGE 14 OF 15               |                           |   |                    |              |  |  |  |
|---|--|------------------|-----------------------------|---------------------------|---|--------------------|--------------|--|--|--|
| ITEMIZED DISBURSEMENTS  | Use separate schedule(s) for each category of the        | (check only one) |                             | 04 -                      | ٦.5                                     |                    |              |  |  |  |
|   | Detailed Summary Page                                    | X 21b 27         | 22<br>28a                   | 23<br>28b                 | 24<br>28c                               | 25<br>29           | 26<br>30b    |  |  |  |
| Any information copied from such Reports and Statem or for commercial purposes, other than using the name | nents may not be sold or usue and address of any politic | ed by any perso  | on for the purp             | oose of so<br>utions fror | oliciting co                            | ontribut<br>ommitt | tions<br>ee. |  |  |  |
| NAME OF COMMITTEE (In Full) NEW PIONEERS PAC  |  |                  |                             |                           |   |                    |              |  |  |  |
| Full Name (Last, First, Middle Initial)   |  |                  |                             |                           |   |                    |              |  |  |  |
| A. Grand Valley Consulting LLC  | Date of Disbursement                                     |                  |                             |                           |   |                    |              |  |  |  |
| Mailing Address 213 Asby Street   |  |                  |                             | 29                        |   | 2015               | Y            |  |  |  |
| City  | Transacti  | on ID · SE       | 221D 722                    |                           |   |                    |              |  |  |  |
| 7.107.0.10  | VA 22305   |                  | Transaction ID : SB21B.7334 |                           |   |                    |              |  |  |  |
| Purpose of Disbursement Fundraising Consulting/Event Catering/Travel                                      | Amount of Each Disbursement this Period                  |                  |                             |                           |   |                    |              |  |  |  |
| Candidate Name  | Candidate Name  Category/ Type                           |                  |                             |                           |   | 8532               | 36           |  |  |  |
| President   | nent For: Primary General Other (specify)                |                  |                             |                           |   |                    |              |  |  |  |
| State: District:  |  |                  |                             |                           |   |                    |              |  |  |  |
| Full Name (Last, First, Middle Initial) <b>B.</b>   | Date of Disbursement                                     |                  |                             |                           |   |                    |              |  |  |  |
| Mailing Address   | M = M /  | D    D           |                             | Y                         | Y                                       |                    |              |  |  |  |
| City  | State Zip Code   |                  |                             |                           |   |                    |              |  |  |  |
| Purpose of Disbursement   | Purpose of Disbursement                                  |                  |                             |                           | Amount of Each Disbursement this Period |                    |              |  |  |  |
| Candidate Name  | Category/<br>Type  |                  |                             |                           |   |                    |              |  |  |  |
| President   | nent For: Primary General Other (specify)                | ,,               |                             |                           | ŕ                                       |                    |              |  |  |  |
| State: District:  |  |                  |                             |                           |   |                    |              |  |  |  |
| Full Name (Last, First, Middle Initial)  C.   | Date of Dis  |                  |                             | Y W Y                     |   |                    |              |  |  |  |
| Mailing Address   | M M /  | D    D           | 7                           |                           | Ť                                       |                    |              |  |  |  |
| City  | State Zip Code   |                  |                             |                           |   |                    |              |  |  |  |
| Purpose of Disbursement   |  |                  |                             |                           |   |                    |              |  |  |  |
| Candidate Name  | Category/<br>Type  | Amount of        | Each Dish                   |                           | t this F                                | Period             |              |  |  |  |
|   | nent For: Primary General Other (specify) ▼              |                  |                             | ,                         | 7                                       |                    |              |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)  |  |                  |                             |                           |   | 8532               | .36          |  |  |  |
| TOTAL This Period (last page this line number only).  |  |                  |                             |                           |   | 8532               | .36          |  |  |  |

| Disbursement   Dis   | SCHEDULE B (FEC Form 3X)                       | Hen consists astroduct (1)                        | FOR LINE NUMBER: PAGE 15 OF 15 |   |                          |  |  |  |
|---|--|---|--------------------------------|---|--------------------------|--|--|--|
| Detailed Summary Page 27 28 28 29 38  Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for 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)  NEW PIONEERS PAC  Full Name (Last, First, Middle Initial)  A. KELLY FOR CONGRESS  Mailing Address 5221-A CLIFF GOCKIN BLVD  City State Zip Code TUPELD MS 38801  Purpose of Disbursement Political Contribution  Candidate Name  JOHN KELLY  Office Sought: House Disbursement For: 2015  Full Name (Last, First, Middle Initial)  3. Date of Disbursement  Candidate Name  Office Sought: House Disbursement For: 2015  State: MS District of Tupe Sought Primary General  First Middle Initial)  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: 2015  Sanata Priesdont Other (specify) ▼  Date of Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: 2015  Sanata Priesdont Other (specify) ▼  Date of Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: 2015  Sanata Primary General Other (specify) ▼  Date of Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: 2015  Sanata Priesdont Other (specify) ▼  Date of Disbursement this Period  Category/ Type  Office Sought: Senata Primary General  Candidate Name  Office Sought: Senata Primary General  Disbursement Tor: 2000000000000000000000000000000000000   | ITEMIZED DISBURSEMENTS                         | Use separate schedule(s) for each category of the | (orleast orliny                | ,                                       |                          |  |  |  |
| 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 First) NEW PIONEERS PAC  Full Name (Last, First, Middle Initial)  A. KELLY FOR CONGRESS  Mailing Address 5221-A CLIFF GOOKIN BLVD  City State Zip Code TUPELO MS 38801  Purpose of Disbursement Political Contribution  Candidate Name  Office Sought: House President Other (specify) ▼  State Zip Code Purpose of Disbursement  State: Disbursement  Candidate Name  Office Sought: House President Other (specify) ▼  State: Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House President Other (specify) ▼  State: Disbursement  Disbursement Tor: 2015  State: Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House President Other (specify) ▼  State: Disbursement  Candidate Name  Office Sought: House President Other (specify) ▼  State: Disbursement  Candidate Name  Disbursement For: Category/ Type  Office Sought: House President Other (specify) ▼  State: Disbursement  Candidate Name  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  State: Disbursement For: Category/ Type  Disbursement  Candidate Name  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Disbursement  State: Disbursement For: Disbursement For: Category/ Type  State: Disbursement For: Di |  |   |                                |   |                          |  |  |  |
| NAME OF COMMITTEE (In Full) NEW PIONEERS PAC Full Name (Last, First, Middle Initial)  Address 5221-A CLIFF GOOKIN BLVD  City TUPFLO City State JOHN KELLY Office Sought: Senate Primary State Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code Transaction ID : SB23.7331  Amount of Each Disbursement this Period  Category/Type  Category/Type  Tupose of Disbursement  Candidate Name  Office Sought: Full Name (Last, First, Middle Initial)  Mailing Address  City State Senate Primary General Primary General Category/Type  Amount of Each Disbursement this Period  Category/Type  Category/Type  Amount of Each Disbursement this Period  Category/Type  Category/Type  Category/Type  Amount of Each Disbursement this Period  Category/Type  Category/Category/Type  Category/Category/Type  Category/Type  Category/Category/Category/Type  Category/Ca |  |   |                                |   |                          |  |  |  |
| Full Name (Last, First, Middle Initial)  A. KELLY FOR CONGRESS  Mailing Address 5221-A CLIFF GOOKIN BLVD  City  City  State  Zip Code  TUPELO  MS 38801  Purpose of Disbursement  Political Contribution  Candidate Name  JOHN KELLY  Office Sought:  Full Name (Last, First, Middle Initial)  3.  Mailing Address  City  State  Zip Code  Purpose of Disbursement For:  Special-Runoff  Category/  Type  Office Sought:  Full Name  Category/  Disbursement  Category/  Type  Office Sought:  Full Name  Category/  Office Sought:  Full Name  Category/  Type  Office Sought:  Senate  President  State  Disbursement For:  Senate  Primary  General  Primary  General  State:  Senate  President  State:  District:  Senate  President  State:  District:  Senate  President  State:  Disbursement For:  Senate  President  State:  Disbursement For:  Senate  President  State:  District:  Senate  President  State:  Disbursement For:  Senate  President  State:  Disbursement For:  Senate  President  State:  District:  Senate  President  State:  Disbursement For:  Senate  President  State:  Disbursement For:  Senate  President  State:  Disbursement  Amount of Each Disbursement this Period  Category/  Type  Office Sought:  Senate  President  State:  Senate  President  State:  Disbursement  Amount of Each Disbursement this Period  Category/  Type  Office Sought:  Senate  President  State:  | \        | ie and address of any politi                      | cai committee to               | Solicit contribution                    | is itom such committee.  |  |  |  |
| A KELLY FOR CONGRESS  Mailing Address 5221-A CLIFF GOOKIN BLVD  City State Zip Code MS 38801  Purpose of Disbursement Political Contribution  Candidate Name  JOHN KELLY  Office Sought: House Primary General Primary General Primage of Disbursement  Amount of Each Disbursement  Date of Disbursement this Period  Category/ 2500.00  Date of Disbursement this Period  Category/ 2500.00  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Primary General Primary |  |   |                                |   |                          |  |  |  |
| Mailing Address 5221-A CLIFF GOOKIN BLVD  City State Zip Code MS 38801  Purpose of Disbursement Political Contribution  Candidate Name  JOHN KELLY  Office Sought: House Senate President State: Zip Code  Purpose of Disbursement For: 2015  Senate President State: MS District: 01  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Primary General President State: District:  Full Name (Last, First, Middle Initial)  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Primary General President State: Disbursement For: 2 Disbursement For: 2 Disbursement For: 2 Disbursement For: 3 Disbursement For: 4 Disbursement For: 4 Disbursement For: 4 Disbursement For: 4 Disbursement For: 5 Disbursement For | _  |   |                                | Data of Dist                            |                          |  |  |  |
| Mailing Address 5221-A CLIFF GOOKIN BLVD  City  State Zip Code MS 38801  Transaction ID: \$B23.7331  Amount of Each Disbursement this Period  Candidate Name  JOHN KELLY  Office Sought: House Primary General President  State: Disbursement  Candidate Name  City  State Zip Code Primary General   | * KELLY FOR CONGRESS                           |   |                                |   |                          |  |  |  |
| TUPELO MS 38801  Transaction ID: S823,7331  Purpose of Disbursement Political Contribution  Cardidate Name JOHN KELLY Office Sought: House President State: Disbursement For: 2015  Full Name (Last, First, Middle Initial)  State: Disbursement Candidate Name  Office Sought: House President Senate Primary General Other (specify) ▼  Mailing Address  City State Zip Code  Purpose of Disbursement State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Office Sought: House Primary General Other (specify) ▼  Category/ Type  Office Sought: House Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: House Primary General Other (specify) ▼  State: District: District:  State: Disbursement For: Senate Primary General Other (specify) ▼  Subtotal of Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Subtotal of Disbursement This Page (optional)   | Mailing Address 5221-A CLIFF GOOKIN BLVD       |   |                                |   |                          |  |  |  |
| Description   Disbursement  |  | Transaction II                                    | D : SB23.7331                  |   |                          |  |  |  |
| Political Contribution Candidate Name JOHN KELLY  Office Sought:  | . 5. 225                                       | MS 38801  |                                |   |                          |  |  |  |
| JOHN KELLY  Office Sought:  |  |   |                                | Amount of Each                          | Disbursement this Period |  |  |  |
| Office Sought: House Senate Primary General Primary General State: MS District: 01 Special-Runoff  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period Category/ Type  Full Name (Last, First, Middle Initial)  Date of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)   Full Name (Last, First, Middle Initial)  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)   Amount of Each Disbursement This Period Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)   State: District: District: Primary General Other (specify)   Office Sought: House Disbursement For: Senate President Senate Primary General Other (specify)   Substorable of Disbursement This Page (optional)  |  |   |                                |   | 2500.00                  |  |  |  |
| Senate President Other (specify) Tother |  | pent For: 2015                                    | Туре                           |   | 2300.00                  |  |  |  |
| State: MS District: 01 Special-Runoff  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House President  State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement this Period  Category/ Type  Office Sought: Other (specify)   Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Primary General Primary General Other (specify)   Office Sought: House Primary General Other (specify)   State: District: Primary General Other (specify)   Office Sought: House Primary General Other (specify)   State: District: District: Primary General Other (specify)   Substoral of Disbursements This Page (optional)   | Senate   | Primary General                                   |                                |   |                          |  |  |  |
| Amount of Each Disbursement  Category/ Type  Office Sought: House Senate Primary General Purpose of Disbursement  State: District: Date of Disbursement  Candidate Name  Category/ Type  Disbursement For: General President State: Disbursement For: Type  Candidate Name  Category/ Type  Date of Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: Category/ Type  Office Sought: House Disbursement For: Disbursement For: Disbursement For: Disbursement Type  Senate Primary General Disbursement For: Disbursement For: Disbursement Type  Senate Primary General Disbursement Type  Office Sought: House Disbursement For: Disbursement Type  Senate Primary General Disbursement Type  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: Disbursement Type  Senate Primary General Disbursement Type  Senate Primary General Disbursement Type  Category/ Type  |  |   | ff                             |   |                          |  |  |  |
| Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Candidate Name  City State Zip Code  Purpose of Disbursement For: General Other (specify) ▼  Date of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Substrate: District:  Substrate: District: Primary General Other (specify) ▼  Substrate: District: Primary General Other (specify) ▼  Substrate: District:  | •        | Opecial-INIII0                                    | 11                             |   |                          |  |  |  |
| City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Amount of Each Disbursement this Period  Amount of Each Disbursement  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Substortal of Disbursements This Page (optional)   | B.   |   |                                | Date of Disburs                         | sement                   |  |  |  |
| City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General  City State Zip Code  Purpose of Disbursement  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Substortal of Disbursements This Page (optional)  |  | M = M / D   | D / Y Y Y Y Y                  |   |                          |  |  |  |
| Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify)   State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For:  Category/ Type  Office Sought: House Disbursement For:  Senate Primary General Category/ Type  Office Sought: House Disbursement For:  Senate Primary General Other (specify)   State: District:  Substitute: District: Senate Disbursement For:  Senate Primary General Other (specify)   State: District: State: District: State: Disbursements This Page (optional)  | Mailing Address                                |   |                                |   |                          |  |  |  |
| Candidate Name    Category/ Type  | City   | State Zip Code                                    |                                |   |                          |  |  |  |
| Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Substortal of Disbursements This Page (optional)   | Purpose of Disbursement                        | Purpose of Disbursement                           |                                |   |                          |  |  |  |
| Office Sought: House Senate Primary General Other (specify)   State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Date of Disbursement  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Disbursement For: Senate Primary General Office Sought: House Senate Primary General Office Sought: Other (specify)   State: District:  Substitute: District: 2500.00   | Candidate Name                                 | البيا   | Amount of Each                 | I Dispursement this Period              |                          |  |  |  |
| Senate Primary General Other (specify) V  State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) V  State: District:  Substortal of Disbursements This Page (optional)  |  |   |                                |   |                          |  |  |  |
| State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Primary General President Other (specify)  State: District:  Substate: District: State Other (specify)  State: District: District: State Other (specify)  State: District: State Other (specify)  Substate: Disbursements This Page (optional)  |  |   |                                |   |                          |  |  |  |
| State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought: House Primary General  President President  State: District:  Subtrotal of Disbursements This Page (optional)  |  | ·   |                                |   |                          |  |  |  |
| Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Primary General Other (specify) ▼  State: District:  Subtrotal of Disbursements This Page (optional)   |  | Omer (Specify) ▼                                  |                                |   |                          |  |  |  |
| Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Primary General President State: District:  SUBTOTAL of Disbursements This Page (optional)  | ,  |   |                                |   |                          |  |  |  |
| Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Primary General Other (specify) ▼  State: District:  SUBTOTAL of Disbursements This Page (optional)  | C.   |   |                                |   |                          |  |  |  |
| Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify)  State: District:  Subtotal of Disbursements This Page (optional)  | Mailing Address                                | M M / D   | D / Y   Y   Y   Y              |   |                          |  |  |  |
| Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼  Subtrotal of Disbursements This Page (optional)  | City   | State Zip Code                                    |                                |   |                          |  |  |  |
| Category/ Type  Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  Subtrotal of Disbursements This Page (optional)  | Purpose of Disbursement                        |   |                                |   |                          |  |  |  |
| Office Sought: House Disbursement For: Senate Primary General President Other (specify)   State: District:  Substruct: Disbursements This Page (optional)   |  |   |                                | Amount of Each Disbursement this Period |                          |  |  |  |
| Office Sought: House Disbursement For: Senate Primary General President Other (specify)   State: District:  Subtrotal of Disbursements This Page (optional)   | Candidate Name                                 | Category/   |                                |   |                          |  |  |  |
| State: District: Other (specify)   SUBTOTAL of Disbursements This Page (optional)   | Office Sought: House Disbursem                 | nent For:   | .,,,,                          | 7                                       |                          |  |  |  |
| State: District:  SUBTOTAL of Disbursements This Page (optional)  |  |   |                                |   |                          |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)  |  | Other (specify) ▼                                 |                                |   |                          |  |  |  |
| SUBTOTAL OF DISDUISEMENTS THIS Page (Optional)  | State. DISTIICT.                               |   |                                |   |                          |  |  |  |
| 2500.00   | SUBTOTAL of Disbursements This Page (optional) |   |                                |   | 2500.00                  |  |  |  |
| TOTAL This Period (last page this line number only)   |  |   |                                |   | 2500.00                  |  |  |  |