

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on  /  /  in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

/  /  through  /  /

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

Type or Print Name of Treasurer WILLIAM JOHNSON

Signature of Treasurer WILLIAM JOHNSON [Electronically Filed] Date  /  /

/  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**GOPAC Election Fund**

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="2016"/>		10274.58
(b) Cash on Hand at Beginning of Reporting Period.....	32323.08	
(c) Total Receipts (from Line 19) .....	29952.95	345233.34
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	62276.03	355507.92
7. Total Disbursements (from Line 31).....	41027.01	334258.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	21249.02	21249.02
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	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name  
**GOPAC Election Fund**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1200.00	14510.00
(ii) Unitemized .....	1252.95	11655.74
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2452.95	26165.74
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	4952.95	31165.74
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.).....	25000.00	314067.60
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))..... ▶	29952.95	345233.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	29952.95	345233.34

**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 .....	2027.01	9267.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2027.01	9267.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	16500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	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 .....	39000.00	308491.15
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	41027.01	334258.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41027.01	334258.90

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4952.95	31165.74
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4952.95	31165.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2027.01	9267.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2027.01	9267.75

**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"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**GOPAC Election Fund**

**A. MR. E. M. BAKWIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 433 WEST U.S. HIGHWAY 20

City LA PORTE State IN Zip Code 46350-8609

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 05 / 2016  
**Transaction ID : SA11A.831437**

Amount of Each Receipt this Period 150.00

Memo Item CONTRIBUTION

**B. MR. DENNIS W. LOHSE**  
Full Name (Last, First, Middle Initial)

Mailing Address 4311 E. CHESTNUT LN

City GILBERT State AZ Zip Code 85298-8002

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 05 / 2016  
**Transaction ID : SA11A.831443**

Amount of Each Receipt this Period 300.00

Memo Item CONTRIBUTION

**C. MR. MIKE ORRADRE**  
Full Name (Last, First, Middle Initial)

Mailing Address 67100 SARGEANT CANYON ROAD

City SAN ARDO State CA Zip Code 93450-

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

Name of Employer SELF-EMPLOYED Occupation RANCHER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 05 / 2016  
**Transaction ID : SA11A.831441**

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00

**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 7 OF 19  
(check only one)

<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)  
**GOPAC Election Fund**

**A. MR. B. WHITE-SPUNNER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 362 CHARLESTON COURT  
City MOBILE State AL Zip Code 36608-2434  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WHITES SPUNNER ASSOCIATES Occupation REAL ESTATE BROKER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 19 / 2016**  
**Transaction ID : SA11A.831459**  
Amount of Each Receipt this Period **500.00**  
 Memo Item  
**CONTRIBUTION**

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date

Date of Receipt  
Amount of Each Receipt this Period  
 Memo Item

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

Date of Receipt  
Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>1200.00</b>

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

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

FOR LINE NUMBER: PAGE 8 OF 19  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GOPAC Election Fund**

Full Name (Last, First, Middle Initial)  
**A. ENTERPRISE HOLDINGS, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 600 CORPORATE PARK DRIVE

City State Zip Code  
ST. LOUIS MO 63105

FEC ID number of contributing federal political committee. **C** C00219642

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 27 / 2016

**Transaction ID : SA11C.19299**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2500.00



**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)  
**GOPAC Election Fund**

**A. GOPAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2300 CLARENDON BLVD  
 STE. 1305  
 City ARLINGTON State VA Zip Code 22201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 313467.60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 29 / 2016  
**Transaction ID : SA55.220**  
 Amount of Each Receipt this Period  
 25000.00  
 Memo Item  
**CONTRIBUTION**

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 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

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	25000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**GOPAC Election Fund**

Full Name (Last, First, Middle Initial)

**A. BB&T**

Mailing Address 2200 WILSON BLVD, STE 100

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
07 / 21 / 2016

Transaction ID : **SB21B.9090**

Amount of Each Disbursement this Period: 200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL ROAD

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATA MANAGEMENT SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
07 / 25 / 2016

Transaction ID : **SB21B.9119**

Amount of Each Disbursement this Period: 1797.29

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	1997.29
<b>TOTAL</b> This Period (last page this line number only)..... ▶	1997.29

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input 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)  
**GOPAC Election Fund**

Full Name (Last, First, Middle Initial)

**A. ADAM PUGH FOR STATE SENATE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2016

Mailing Address 4625 SPECTACULAR BID AVENUE

**Transaction ID : SB29.8088**

City State Zip Code  
EDMOND OK 73025

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
CONTRIBUTION

Category/ Type
-------------------

Candidate Name

Memo Item  
NON FEDERAL CONTRIBUTION

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. BART FROMUTH FOR STATE REPRESENTATIVE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2016

Mailing Address 71 CAMBRIDGE ROAD

**Transaction ID : SB29.8081**

City State Zip Code  
BEDFORD NH 03110

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
CONTRIBUTION

Category/ Type
-------------------

Candidate Name

Memo Item  
NON FEDERAL CONTRIBUTION

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. BRIAN LINDER FOR STATE REPRESENTATIVE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2016

Mailing Address 16 RIDGEVIEW CIRCLE

**Transaction ID : SB29.8083**

City State Zip Code  
DRY RIDGE KY 41035

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
CONTRIBUTION

Category/ Type
-------------------

Candidate Name

Memo Item  
NON FEDERAL CONTRIBUTION

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

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

2500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**GOPAC Election Fund**

Full Name (Last, First, Middle Initial)

**A. CHAD MCCOY FOR STATE REP.**

Mailing Address 447 HUTCHINS RIDGE ROAD

City BARDSTOWN State KY Zip Code 40004

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2016

Transaction ID : **SB29.8096**

Amount of Each Disbursement this Period

1000.00

Memo Item  
NON FEDERAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. COLORADO LEADERSHIP FUND**

Mailing Address PO BOX 238

City DENVER State CO Zip Code 80201

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2016

Transaction ID : **SB29.8104**

Amount of Each Disbursement this Period

5000.00

Memo Item  
NON FEDERAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. COMMITTEE TO ELECT MARILYN AVILA**

Mailing Address 11312 DERBY LANE

City RALEIGH State NC Zip Code 27613

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 12 / 2016

Transaction ID : **SB29.8080**

Amount of Each Disbursement this Period

5000.00

Memo Item  
NON FEDERAL CONTRIBUTION

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

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

11000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input 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)  
**GOPAC Election Fund**

Full Name (Last, First, Middle Initial)

**A. COMMITTEE TO ELECT RYAN WELD**

Mailing Address 2225 MARIANNA STREET

City State Zip Code  
WELLSBURG WV 26070

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 12 / 2016

Transaction ID : **SB29.8082**

Amount of Each Disbursement this Period

1000.00

Memo Item  
NON FEDERAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. COMMITTEE TO ELECT JIM GOOCH, JR.**

Mailing Address 714 NORTH BROADWAY B2

City State Zip Code  
PROVIDENCE KY 42450

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2016

Transaction ID : **SB29.8095**

Amount of Each Disbursement this Period

1000.00

Memo Item  
NON FEDERAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. COMMITTEE TO ELECT SARAH MAESTAS BARNES**

Mailing Address PO BOX 10154

City State Zip Code  
ALBUQUERQUE NM 87184

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2016

Transaction ID : **SB29.8098**

Amount of Each Disbursement this Period

2500.00

Memo Item  
NON FEDERAL CONTRIBUTION

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

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

4500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**GOPAC Election Fund**

Full Name (Last, First, Middle Initial)

**A. COMMITTEE TO ELECT JOHN ZIMMERMAN**

Mailing Address 6715 PUEBLO VISTA

City LAS CRUCES State NM Zip Code 88007

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2016

Transaction ID : **SB29.8100**

Amount of Each Disbursement this Period

2500.00

Memo Item  
NON FEDERAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. COMMITTEE TO ELECT SHARON CLAHCHISCHILLIAGE**

Mailing Address PO BOX 604

City SHIPROCK State NM Zip Code 87420

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2016

Transaction ID : **SB29.8101**

Amount of Each Disbursement this Period

2500.00

Memo Item  
NON FEDERAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. COMMITTEE TO ELECT TERRY MCMILLAN**

Mailing Address 805 ROADRUNNER CIRCLE

City LAS CRUCES State NM Zip Code 88011

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2016

Transaction ID : **SB29.8102**

Amount of Each Disbursement this Period

2500.00

Memo Item  
NON FEDERAL CONTRIBUTION

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

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

7500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input 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)  
**GOPAC Election Fund**

Full Name (Last, First, Middle Initial)

**A. DAVE RADER FOR STATE SENATE**

Mailing Address 8921 S HUDSON AVENUE

City TULSA State OK Zip Code 74137

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2016

Transaction ID : SB29.8089

Amount of Each Disbursement this Period

1000.00

Memo Item  
NON FEDERAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. DENNY BUTLER FOR STATE REPRESENTATIVE**

Mailing Address 4967 US HIGHWAY 42

City LOUISVILLE State KY Zip Code 40222

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 12 / 2016

Transaction ID : SB29.8086

Amount of Each Disbursement this Period

1000.00

Memo Item  
NON FEDERAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. FRANK JUSTICE FOR STATE REP.**

Mailing Address PO BOX 2198

City PIKEVILLE State KY Zip Code 41502

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2016

Transaction ID : SB29.8093

Amount of Each Disbursement this Period

1000.00

Memo Item  
NON FEDERAL CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input 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)  
**GOPAC Election Fund**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOHN VANMETER**

Mailing Address 1 W. MCDONALD PARKWAY

City MAYSVILLE State KY Zip Code 41056

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2016

Transaction ID : SB29.8090

Amount of Each Disbursement this Period

1000.00

Memo Item  
NON FEDERAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. JONI HOGANCAMP FOR HOUSE OF REP.**

Mailing Address PO BOX 9185

City PADUCAH State KY Zip Code 42002

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2016

Transaction ID : SB29.8097

Amount of Each Disbursement this Period

1000.00

Memo Item  
NON FEDERAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. KENTUCKY SENATE REPUBLICAN TRUST**

Mailing Address PO BOX 1068

City FRANKFORT State KY Zip Code 40602

Purpose of Disbursement  
VOID CHECK - DISBURSEMENT RETURNED

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2016

Transaction ID : SB2399

Amount of Each Disbursement this Period

-5000.00

Memo Item

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

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

-3000.00



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input 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)  
**GOPAC Election Fund**

Full Name (Last, First, Middle Initial)

**A. KIM MOSER FOR STATE REPRESENTATIVE**

Mailing Address PO BOX 143

City INDEPENDENCE State KY Zip Code 41051

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 12 / 2016

Transaction ID : SB29.8084

Amount of Each Disbursement this Period

1000.00

Memo Item  
NON FEDERAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. MARK HART FOR STATE REPRESENTATIVE**

Mailing Address 202 W. 4TH STREET

City FLAMOUTH State KY Zip Code 41040

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 12 / 2016

Transaction ID : SB29.8085

Amount of Each Disbursement this Period

1000.00

Memo Item  
NON FEDERAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. MARK HART FOR STATE REPRESENTATIVE**

Mailing Address 202 W. 4TH STREET

City FLAMOUTH State KY Zip Code 41040

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2016

Transaction ID : SB29.8092

Amount of Each Disbursement this Period

1000.00

Memo Item  
NON FEDERAL CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input 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)  
**GOPAC Election Fund**

Full Name (Last, First, Middle Initial)

**A. PEOPLE FOR PAUL PACHECO**

Mailing Address PO BOX 25022

City ALBUQUERQUE State NM Zip Code 87125

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2016

Transaction ID : **SB29.8099**

Amount of Each Disbursement this Period

2500.00

Memo Item  
NON FEDERAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. PRATT FOR STATE REPRESENTATIVE**

Mailing Address 700 POCAHONTAS TRAIL

City GEORGETOWN State KY Zip Code 40324

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2016

Transaction ID : **SB29.8087**

Amount of Each Disbursement this Period

1000.00

Memo Item  
NON FEDERAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. SC HOUSE REPUBLICAN CAUCUS**

Mailing Address PO BOX 21

City COLUMBIA State SC Zip Code 29202

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2016

Transaction ID : **SB29.8103**

Amount of Each Disbursement this Period

5000.00

Memo Item  
NON FEDERAL CONTRIBUTION

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

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

8500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input 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)  
**GOPAC Election Fund**

Full Name (Last, First, Middle Initial)

**A. STEVE RILEY FOR STATE REP.**

Mailing Address 189 BLUE SKY DRIVE

City State Zip Code  
GLASGOW KY 42141

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2016

Transaction ID : SB29.8094

Amount of Each Disbursement this Period

1000.00

Memo Item  
NON FEDERAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. TOBY HERALD FOR STATE REP.**

Mailing Address PO BOX 1602

City State Zip Code  
BEATTYVILLE KY 41311

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2016

Transaction ID : SB29.8091

Amount of Each Disbursement this Period

1000.00

Memo Item  
NON FEDERAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

2000.00

39000.00