

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 ANN PAC

ADDRESS (number and street) P.O. Box 3535 Ballwin MO 63022 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE 3. IS THIS REPORT NEW OR AMENDED C C00531764 x (N) (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, May 20, Aug 20, Nov 20, Mar 20, Jun 20, Sep 20, Dec 20, Apr 20, Jul 20, Oct 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2018 through 04 30 2018

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

Type or Print Name of Treasurer Signature of Treasurer Allen, Robert, Michael , , [Electronically Filed] Date 05 20 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

ANN PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text"/>	<input type="text" value="46203.90"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="102752.21"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3000.00"/>	<input type="text" value="75500.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="105752.21"/>	<input type="text" value="121703.90"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4025.92"/>	<input type="text" value="19977.61"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="101726.29"/>	<input type="text" value="101726.29"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

ANN PAC

Report Covering the Period: From: 04 / 01 / 2018 To: 04 / 30 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3000.00	23000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3000.00	23000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	52500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3000.00	75500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3000.00	75500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3000.00	75500.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	4025.92	10977.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4025.92	10977.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	9000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4025.92	19977.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4025.92	19977.61

DETAILED SUMMARY PAGE
of Disbursements

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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)	3000.00	75500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3000.00	75500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4025.92	10977.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4025.92	10977.61

**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 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
ANN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DOBBS, DAVID, , ,

Mailing Address 1983 BRENNAN PLZ

City HIGH RIDGE	State MO	Zip Code 63049-1893
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DOBBS TIRE AND AUTO	Occupation (for Individual) PRESIDENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		20		2018

Transaction ID : SA11A.8892

Amount of Each Receipt this Period
3000.00

Memo Item
CONTRIBUTION

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ANN PAC

A. CAPITAL ENHANCEMENT, INC.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 150 LONG RD
STE 50

M M M	/	D D D	/	Y Y Y Y Y
04		03		2018

City
CHESTERFIELD

State
MO

Zip Code
63005-1239

FEC Identification Number

Purpose of Disbursement
ADMINISTRATIVE CONSULTING

C

Transaction ID : SB21B.I6444

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

500.00

State: District:

Memo Item

B. COMMERCE BANK CREDIT CARDS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 808009

M M M	/	D D D	/	Y Y Y Y Y
04		04		2018

City
KANSAS CITY

State
MO

Zip Code
64180-8009

FEC Identification Number

Purpose of Disbursement
CREDIT CARD PAYMENT

C

Transaction ID : SB21B.I6441

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

1272.92

State: District:

Memo Item

C. SOUTHWEST AIRLINES

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 2702 LOVE FIELD DR

M M M	/	D D D	/	Y Y Y Y Y
03		05		2018

City
DALLAS

State
TX

Zip Code
75235-1908

FEC Identification Number

Purpose of Disbursement
TRAVEL

C

Transaction ID : SB21B.I6442

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

545.96

State: District:

Memo Item

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

1772.92

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANN PAC

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 03 / 07 / 2018
Mailing Address 2702 LOVE FIELD DR		FEC Identification Number C [] Transaction ID : SB21B.I6443
City DALLAS	State TX	Zip Code 75235-1908
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period [] 726.96
Candidate Name		Category/Type []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CRIMSON		Date of Disbursement MM / DD / YYYY 04 / 09 / 2018
Mailing Address 1593 SPRING HILL RD SUITE 400		FEC Identification Number C [] Transaction ID : SB21B.I6402
City VIENNA	State VA	Zip Code 22182
Purpose of Disbursement DATA PROCESSING SERVICES		Amount of Each Disbursement this Period [] 250.00
Candidate Name		Category/Type []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CAPITAL ENHANCEMENT, INC.		Date of Disbursement MM / DD / YYYY 04 / 17 / 2018
Mailing Address 150 LONG RD STE 50		FEC Identification Number C [] Transaction ID : SB21B.I6445
City CHESTERFIELD	State MO	Zip Code 63005-1239
Purpose of Disbursement FUNDRAISING FEE		Amount of Each Disbursement this Period [] 2000.00
Candidate Name		Category/Type []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 2250.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANN PAC

Full Name (Last, First, Middle Initial) A. COMMERCE BANKSHARES, INC.		Date of Disbursement MM / DD / YYYY 04 / 30 / 2018
Mailing Address 14317 MANCHESTER RD		FEC Identification Number C [] Transaction ID : SB21B.I6440 Amount of Each Disbursement this Period [] 3.00 <input type="checkbox"/> Memo Item
City BALLWIN	State MO	
Purpose of Disbursement BANK FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period [] <input type="checkbox"/> Memo Item
City	State	
Purpose of Disbursement		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period [] <input type="checkbox"/> Memo Item
City	State	
Purpose of Disbursement		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 3.00
TOTAL This Period (last page this line number only).....▶	[] 4025.92