

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.
Reclaim Kansas Inc

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) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 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 **Diana Rooney**

Signature of Treasurer **Diana Rooney** [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.

Office Use Only											FEC FORM 3X Rev. 12/2004
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Reclaim Kansas Inc

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"/>		<input type="text" value="43383.96"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="43383.96"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="70317.62"/>	<input type="text" value="70317.62"/>
(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="113701.58"/>	<input type="text" value="113701.58"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="75560.20"/>	<input type="text" value="75560.20"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="38141.38"/>	<input type="text" value="38141.38"/>
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Reclaim Kansas Inc

Report Covering the Period: From: 01 / 01 / 2016 To: 03 / 31 / 2016

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

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).....	10317.62	10317.62
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10317.62	10317.62
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	60000.00	60000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	70317.62	70317.62
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))..... ▶	70317.62	70317.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	70317.62	70317.62

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	50560.20	50560.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	50560.20	50560.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	25000.00	25000.00
(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)).....	25000.00	25000.00
29. Other Disbursements	0.00	0.00
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)) ..	75560.20	75560.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	75560.20	75560.20

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)	70317.62	70317.62
34. Total Contribution Refunds (from Line 28(d))	25000.00	25000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	45317.62	45317.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	50560.20	50560.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	50560.20	50560.20

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Report was amended to reflect previous amended reports . As well as, correct erroneous duplicate disbursements.
The following transactions were deleted on this amended report: 1. Unitemized payment of \$12.06 to Uber on 2/26/16 2. Payment of \$42 to the US Treasury on 2/1/16

Form/Schedule:
Transaction ID:

**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 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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)
Reclaim Kansas Inc

A. Gavin Moore
Full Name (Last, First, Middle Initial)
Mailing Address 1335 N Dry Creek Dr
City Derby State KS Zip Code 67037-2811
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Developer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **10317.62**

Date of Receipt **03 / 29 / 2016**
Transaction ID : VR07RG8RW97
Amount of Each Receipt this Period **5000.00**
 Memo Item

B. Gavin Moore
Full Name (Last, First, Middle Initial)
Mailing Address 1335 N Dry Creek Dr
City Derby State KS Zip Code 67037-2811
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Developer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **10317.62**

Date of Receipt **03 / 31 / 2016**
Transaction ID : VR07RGJEY61
Amount of Each Receipt this Period **5317.62**
 Memo Item
* In-Kind: IN-KIND: PAC fundraising and operation costs

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

SUBTOTAL of Receipts This Page (optional).....	10317.62
TOTAL This Period (last page this line number only).....	10317.62

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 33
<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)
Reclaim Kansas Inc

A. IBEW PAC Educational Fund
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 7th St NW
 City Washington State DC Zip Code 20001-3886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2016
Transaction ID : VR07RFEFXA2
 Amount of Each Receipt this Period
 5000.00
 Memo Item

B. MIDWEST REGION LABORERS' POLITICAL LEAGUE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 N Old State Capitol Plz
 City Springfield State IL Zip Code 62701-1323
 FEC ID number of contributing federal political committee. **C** C00342907
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2016
Transaction ID : VR07RG8RW63
 Amount of Each Receipt this Period
 25000.00
 Memo Item

C. PIPEFITTERS LOCAL UNION #533 VOLUNTEER POLITICAL FUND
 Full Name (Last, First, Middle Initial)
 Mailing Address 8600 Hillcrest Rd
 City Kansas City State MO Zip Code 64138-2880
 FEC ID number of contributing federal political committee. **C** C00206177
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2016
Transaction ID : VR07RFN5VQ6
 Amount of Each Receipt this Period
 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	35000.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 9 OF 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Reclaim Kansas Inc

A. Full Name (Last, First, Middle Initial)
UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE (UNITED ASSOCIATION OF JOURNEYMEN AND APP

Mailing Address 3 Park Pl

City Annapolis State MD Zip Code 21401-3687

FEC ID number of contributing federal political committee. **C** C00012476

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016
Transaction ID : VR07RFEFTJ7

Amount of Each Receipt this Period
 25000.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....▶	25000.00
TOTAL This Period (last page this line number only).....▶	60000.00

**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)
Reclaim Kansas Inc

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address 4255 Amon Carter Blvd

City State Zip Code
Fort Worth TX 76155-2603

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VQZ8GA7HMS4

Amount of Each Disbursement this Period

Memo Item
* Memo- Gavin Moore 3/31/16 IN-KIND

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address 4255 Amon Carter Blvd

City State Zip Code
Fort Worth TX 76155-2603

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VQZ8GA7HMT2

Amount of Each Disbursement this Period

Memo Item
* Memo- Gavin Moore 3/31/16 IN-KIND

Full Name (Last, First, Middle Initial)

C. American Airlines

Mailing Address 4255 Amon Carter Blvd

City State Zip Code
Fort Worth TX 76155-2603

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VQZ8GA7FDD8

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
Reclaim Kansas Inc

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address 4255 Amon Carter Blvd

City Fort Worth State TX Zip Code 76155-2603

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VQZ8GA7FDE6

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Billy Pilgram, LLC

Mailing Address 1147 E 1264 Rd

City Lawrence State KS Zip Code 66047-9300

Purpose of Disbursement
Print Media

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VQZ8GA7FDW7

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Billy Pilgram, LLC

Mailing Address 1147 E 1264 Rd

City Lawrence State KS Zip Code 66047-9300

Purpose of Disbursement
Print Media

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VQZ8GA7FDX5

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
Reclaim Kansas Inc

Full Name (Last, First, Middle Initial)

A. Chester's Chop House and Wine Bar

Mailing Address 1550 N Webb Rd

City State Zip Code
Wichita KS 67206-3401

Purpose of Disbursement
Food and/or beverages

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VQZ8GA7HMQ8

Amount of Each Disbursement this Period

Memo Item
* Memo- Gavin Moore 3/31/16 IN-KIND

Full Name (Last, First, Middle Initial)

B. Covington and Burling LLP

Mailing Address 850 10th St NW

City State Zip Code
Washington DC 20001-4956

Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VQZ8GA7FG60

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Covington and Burling LLP

Mailing Address 850 10th St NW

City State Zip Code
Washington DC 20001-4956

Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VQZ8GA7FG85

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
Reclaim Kansas Inc

Full Name (Last, First, Middle Initial)

A. Delta Airlines

Mailing Address 030 Delta Boulevard

City Atlanta State GA Zip Code 30307-2528

Purpose of Disbursement
Travel

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
03	/	30	/	2016

Transaction ID : VQZ8GA7HMY4

Amount of Each Disbursement this Period

558.20

Memo Item
* Memo- Gavin Moore 3/31/16 IN-KIND

Full Name (Last, First, Middle Initial)

B. Delta Airlines

Mailing Address 030 Delta Boulevard

City Atlanta State GA Zip Code 30307-2528

Purpose of Disbursement
Travel

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
03	/	30	/	2016

Transaction ID : VQZ8GA7HMZ1

Amount of Each Disbursement this Period

558.20

Memo Item
* Memo- Gavin Moore 3/31/16 IN-KIND

Full Name (Last, First, Middle Initial)

C. FedEx

Mailing Address 6600 College Blvd
Ste 135

City Overland Park State KS Zip Code 66211-1522

Purpose of Disbursement
Printing

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
01	/	08	/	2016

Transaction ID : VQZ8GA7FH05

Amount of Each Disbursement this Period

44.00

Memo Item

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

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

44.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)
Reclaim Kansas Inc

A. FedEx

Full Name (Last, First, Middle Initial)

Mailing Address 6600 College Blvd
Ste 135

City Overland Park State KS Zip Code 66211-1522

Purpose of Disbursement Printing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 04 / 2016

Transaction ID : VQZ8GA7FHJ7

Amount of Each Disbursement this Period: 227.86

Memo Item

B. FedEx

Full Name (Last, First, Middle Initial)

Mailing Address 6600 College Blvd
Ste 135

City Overland Park State KS Zip Code 66211-1522

Purpose of Disbursement Printing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 24 / 2016

Transaction ID : VQZ8GA7FHM3

Amount of Each Disbursement this Period: 255.03

Memo Item

C. FedEx

Full Name (Last, First, Middle Initial)

Mailing Address 6600 College Blvd
Ste 135

City Overland Park State KS Zip Code 66211-1522

Purpose of Disbursement Printing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 24 / 2016

Transaction ID : VQZ8GA7FHN1

Amount of Each Disbursement this Period: 44.01

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 526.90

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"/> 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)
Reclaim Kansas Inc

Full Name (Last, First, Middle Initial)

A. FedEx

Mailing Address 6600 College Blvd
Ste 135

City Overland Park State KS Zip Code 66211-1522

Purpose of Disbursement
Printing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VQZ8GA7FHQ7

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Hereford House

Mailing Address 5001 Town Center Dr

City Leawood State KS Zip Code 66211-2058

Purpose of Disbursement
Food and/or beverage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VQZ8GA7FHY2

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Hereford House

Mailing Address 5001 Town Center Dr

City Leawood State KS Zip Code 66211-2058

Purpose of Disbursement
Food and/or beverages

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VQZ8GA7HMF7

Amount of Each Disbursement this Period

Memo Item

* Memo- Gavin Moore 3/31/16 IN-KIND

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

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"/> 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)
Reclaim Kansas Inc

Full Name (Last, First, Middle Initial)

A. Kansas Department of Labor

Mailing Address 401 SW Topeka Blvd

City Topeka State KS Zip Code 66603-3102

Purpose of Disbursement
Taxes

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VQZ8GA7H3H5

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Kansas Department of Labor

Mailing Address 401 SW Topeka Blvd

City Topeka State KS Zip Code 66603-3102

Purpose of Disbursement
Taxes

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VQZ8GA7H3K1

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Kansas Department of Revenue

Mailing Address 915 SW Harrison St

City Topeka State KS Zip Code 66612-1505

Purpose of Disbursement
Taxes

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VQZ8GA7H2Y5

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
Reclaim Kansas Inc

Full Name (Last, First, Middle Initial)

A. Kansas Department of Revenue

Mailing Address 915 SW Harrison St

City Topeka State KS Zip Code 66612-1505

Purpose of Disbursement
Taxes

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VQZ8GA7H327

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Kansas Department of Revenue

Mailing Address 915 SW Harrison St

City Topeka State KS Zip Code 66612-1505

Purpose of Disbursement
Taxes

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VQZ8GA7H301

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Law Office of Dakota Loomis

Mailing Address 832 Pennsylvania St Ste 1001

City Lawrence State KS Zip Code 66044-2754

Purpose of Disbursement
Legal Services

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VQZ8GA7H3Q3

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
Reclaim Kansas Inc

Full Name (Last, First, Middle Initial)

A. LinkedIn

Mailing Address 2029 Stierlin Ct

City Mountain View State CA Zip Code 94043-4655

Purpose of Disbursement
Office Supplies

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VQZ8GA7H3R1

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. LinkedIn

Mailing Address 2029 Stierlin Ct

City Mountain View State CA Zip Code 94043-4655

Purpose of Disbursement
Office Supplies

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VQZ8GA7H3S8

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. LinkedIn

Mailing Address 2029 Stierlin Ct

City Mountain View State CA Zip Code 94043-4655

Purpose of Disbursement
Office Supplies

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VQZ8GA7H3V4

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
Reclaim Kansas Inc

Full Name (Last, First, Middle Initial)

A. Merchants Pub and Plate

Mailing Address 746 Massachusetts St

City Lawrence State KS Zip Code 66044-2344

Purpose of Disbursement
Food and/or beverages

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VQZ8GA7HM74

Amount of Each Disbursement this Period

Memo Item
* memo- Gavin Moore 3/31/16 IN-KIND

Full Name (Last, First, Middle Initial)

B. Gavin Moore

Mailing Address 1335 N Dry Creek Dr

City Derby State KS Zip Code 67037-2811

Purpose of Disbursement
IN-KIND: PAC fundraising and operation costs

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VR07RGJEY611

Amount of Each Disbursement this Period

Memo Item
* In-Kind Received

Full Name (Last, First, Middle Initial)

C. Mollie Moravac

Mailing Address 4927 Millridge St

City Shawnee State KS Zip Code 66226-9752

Purpose of Disbursement
Salary

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VQZ8GA7H3Y8

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
Reclaim Kansas Inc

Full Name (Last, First, Middle Initial)

A. Mollie Moravac

Mailing Address 4927 Millridge St

City Shawnee State KS Zip Code 66226-9752

Purpose of Disbursement
Salary

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VQZ8GA7H487

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Mollie Moravac

Mailing Address 4927 Millridge St

City Shawnee State KS Zip Code 66226-9752

Purpose of Disbursement
Salary

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VQZ8GA7H4E4

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Mollie Moravac

Mailing Address 4927 Millridge St

City Shawnee State KS Zip Code 66226-9752

Purpose of Disbursement
Reimbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VQZ8GA7H4N0

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
Reclaim Kansas Inc

Full Name (Last, First, Middle Initial)

A. FedEx

Mailing Address 6600 College Blvd
Ste 135

City Overland Park State KS Zip Code 66211-1522

Purpose of Disbursement
Printing

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

006
Category/
Type

Date of Disbursement

/ /

Transaction ID : VQZ8GA7H4R3

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Mollie Moravac

Mailing Address 4927 Millridge St

City Shawnee State KS Zip Code 66226-9752

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : VQZ8GA7H5S2

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Mollie Moravac

Mailing Address 4927 Millridge St

City Shawnee State KS Zip Code 66226-9752

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : VQZ8GA7H5V8

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
Reclaim Kansas Inc

Full Name (Last, First, Middle Initial)

A. Mollie Moravac

Mailing Address 4927 Millridge St

City Shawnee State KS Zip Code 66226-9752

Purpose of Disbursement
Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2016

Transaction ID : VQZ8GA7H5X4

Amount of Each Disbursement this Period

45.06

Memo Item

Full Name (Last, First, Middle Initial)

B. Mollie Moravac

Mailing Address 4927 Millridge St

City Shawnee State KS Zip Code 66226-9752

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2016

Transaction ID : VQZ8GA7H631

Amount of Each Disbursement this Period

1208.43

Memo Item

Full Name (Last, First, Middle Initial)

C. Mollie Moravac

Mailing Address 4927 Millridge St

City Shawnee State KS Zip Code 66226-9752

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2016

Transaction ID : VQZ8GA7H6A6

Amount of Each Disbursement this Period

1208.42

Memo Item

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

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

2461.91

**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)
Reclaim Kansas Inc

Full Name (Last, First, Middle Initial)

A. Mollie Moravac

Mailing Address 4927 Millridge St

City Shawnee State KS Zip Code 66226-9752

Purpose of Disbursement
Reimbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VQZ8GA7H7A9

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Mollie Moravac

Mailing Address 4927 Millridge St

City Shawnee State KS Zip Code 66226-9752

Purpose of Disbursement
Mileage Reimbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VQZ8GA7H726

Amount of Each Disbursement this Period

Memo Item

* Part of Reimbursement for \$485.99 on 3/30 to Moravac

Full Name (Last, First, Middle Initial)

C. NGP VAN, Inc.

Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Donor Database

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VQZ8GA7HAH1

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
Reclaim Kansas Inc

Full Name (Last, First, Middle Initial)

A. OfficeMax

Mailing Address 263 Shuman Blvd

City Naperville State IL Zip Code 60563-8147

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 21 / 2016

Transaction ID : VQZ8GA7HAN2

Amount of Each Disbursement this Period: 109.34

Memo Item

Full Name (Last, First, Middle Initial)

B. OfficeMax

Mailing Address 263 Shuman Blvd

City Naperville State IL Zip Code 60563-8147

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 22 / 2016

Transaction ID : VQZ8GA7HAP0

Amount of Each Disbursement this Period: 106.57

Memo Item

Full Name (Last, First, Middle Initial)

C. Public Policy Polling

Mailing Address 2912 Highwoods Blvd Ste 201

City Raleigh State NC Zip Code 27604-1095

Purpose of Disbursement Polling

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 25 / 2016

Transaction ID : VQZ8GA7HB33

Amount of Each Disbursement this Period: 3000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3215.91

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"/> 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)
Reclaim Kansas Inc

Full Name (Last, First, Middle Initial)

A. Regus

Mailing Address PO Box 842456

City Dallas State TX Zip Code 75284-2456

Purpose of Disbursement
Office Rent

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VQZ8GA7HB65

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Regus

Mailing Address PO Box 842456

City Dallas State TX Zip Code 75284-2456

Purpose of Disbursement
Office Rent

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VQZ8GA7HB81

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Regus

Mailing Address PO Box 842456

City Dallas State TX Zip Code 75284-2456

Purpose of Disbursement
Office Rent

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VQZ8GA7HBA6

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)
Reclaim Kansas Inc

Full Name (Last, First, Middle Initial)

A. Regus

Mailing Address PO Box 842456

City Dallas State TX Zip Code 75284-2456

Purpose of Disbursement
Office Rent

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VQZ8GA7HBD0

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Southwest Airlines

Mailing Address P.O. Box 36647-1CR Dallas

City Dallas State TX Zip Code 75235

Purpose of Disbursement
Travel

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VQZ8GA7HMH1

Amount of Each Disbursement this Period

Memo Item
* Memo- Gavin Moore 3/31/16 IN-KIND

Full Name (Last, First, Middle Initial)

C. Southwest Airlines

Mailing Address P.O. Box 36647-1CR Dallas

City Dallas State TX Zip Code 75235

Purpose of Disbursement
Travel

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VQZ8GA7HMJ9

Amount of Each Disbursement this Period

Memo Item
* Memo- Gavin Moore 3/31/16 IN-KIND

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

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"/> 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)
Reclaim Kansas Inc

Full Name (Last, First, Middle Initial)

A. Southwest Airlines

Mailing Address P.O. Box 36647-1CR Dallas

City Dallas State TX Zip Code 75235

Purpose of Disbursement
Travel

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
02		24		2016

Transaction ID : VQZ8GA7HMK7

Amount of Each Disbursement this Period

460.98

Memo Item
* Memo- Gavin Moore 3/31/16 IN-KIND

Full Name (Last, First, Middle Initial)

B. United Airlines

Mailing Address 233 S Wacker Dr

City Chicago State IL Zip Code 60606-7147

Purpose of Disbursement
Travel

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
02		24		2016

Transaction ID : VQZ8GA7HMC3

Amount of Each Disbursement this Period

35.00

Memo Item
* Memo- Gavin Moore 3/31/16 IN-KIND

Full Name (Last, First, Middle Initial)

C. United Airlines

Mailing Address 233 S Wacker Dr

City Chicago State IL Zip Code 60606-7147

Purpose of Disbursement
Travel

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
02		24		2016

Transaction ID : VQZ8GA7HMD1

Amount of Each Disbursement this Period

35.00

Memo Item
* Memo- Gavin Moore 3/31/16 IN-KIND

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)
Reclaim Kansas Inc

A. United Airlines

Full Name (Last, First, Middle Initial)

Mailing Address 233 S Wacker Dr

City Chicago State IL Zip Code 60606-7147

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 24 / 2016

Transaction ID : VQZ8GA7HME9

Amount of Each Disbursement this Period: 35.00

Memo Item
* Memo- Gavin Moore 3/31/16 IN-KIND

B. United Airlines

Full Name (Last, First, Middle Initial)

Mailing Address 233 S Wacker Dr

City Chicago State IL Zip Code 60606-7147

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 25 / 2016

Transaction ID : VQZ8GA7HM90

Amount of Each Disbursement this Period: 35.00

Memo Item
* memo- Gavin Moore 3/31/16 IN-KIND

C. United Airlines

Full Name (Last, First, Middle Initial)

Mailing Address 233 S Wacker Dr

City Chicago State IL Zip Code 60606-7147

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 25 / 2016

Transaction ID : VQZ8GA7HMA8

Amount of Each Disbursement this Period: 35.00

Memo Item
* memo- Gavin Moore 3/31/16 IN-KIND

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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"/> 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)
Reclaim Kansas Inc

Full Name (Last, First, Middle Initial)

A. United Airlines

Mailing Address 233 S Wacker Dr

City Chicago State IL Zip Code 60606-7147

Purpose of Disbursement
Travel

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
02	/	25	/	2016

Transaction ID : VQZ8GA7HMB5

Amount of Each Disbursement this Period

35.00

Memo Item
* Memo- Gavin Moore 3/31/16 IN-KIND

Full Name (Last, First, Middle Initial)

B. United States Treasury

Mailing Address PO Box 37941

City Hartford State CT Zip Code 06176-7941

Purpose of Disbursement
Taxes

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
01	/	15	/	2016

Transaction ID : VQZ8GA7HDE4

Amount of Each Disbursement this Period

2491.90

Memo Item

Full Name (Last, First, Middle Initial)

C. United States Treasury

Mailing Address PO Box 37941

City Hartford State CT Zip Code 06176-7941

Purpose of Disbursement
Taxes

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
01	/	29	/	2016

Transaction ID : VQZ8GA7FJB5

Amount of Each Disbursement this Period

42.00

Memo Item

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

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

2533.90

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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"/> 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)
Reclaim Kansas Inc

Full Name (Last, First, Middle Initial)

A. United States Treasury

Mailing Address PO Box 37941

City Hartford State CT Zip Code 06176-7941

Purpose of Disbursement Taxes

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VQZ8GA7FJH2

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. United States Treasury

Mailing Address PO Box 37941

City Hartford State CT Zip Code 06176-7941

Purpose of Disbursement Taxes

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VQZ8GA7HGC4

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Washington Plaza Hotel

Mailing Address 10 Thomas Cir NW

City Washington State DC Zip Code 20005-4106

Purpose of Disbursement Travel

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VQZ8GA7HMM5

Amount of Each Disbursement this Period

Memo Item

* Memo- Gavin Moore 3/31/16 IN-KIND

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

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"/> 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)
Reclaim Kansas Inc

Full Name (Last, First, Middle Initial)

A. Washington Plaza Hotel

Mailing Address 10 Thomas Cir NW

City Washington State DC Zip Code 20005-4106

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VQZ8GA7HMN2

Amount of Each Disbursement this Period

Memo Item
* Memo- Gavin Moore 3/31/16 IN-KIND

Full Name (Last, First, Middle Initial)

B. Washington Plaza Hotel

Mailing Address 10 Thomas Cir NW

City Washington State DC Zip Code 20005-4106

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VQZ8GA7HMP0

Amount of Each Disbursement this Period

Memo Item
* Memo- Gavin Moore 3/31/16 IN-KIND

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

/ /

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
Reclaim Kansas Inc

Full Name (Last, First, Middle Initial)

A. UA Political Action Fund

Mailing Address 3 Park Pl

City Annapolis State MD Zip Code 21401-3687

Purpose of Disbursement
Refund

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VQZ8GA7HCG7

Amount of Each Disbursement this Period

Memo Item
Original contribution 12/31/15

Full Name (Last, First, Middle Initial)

B.

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

/ /

Amount of Each Disbursement this Period

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 33 OF 33
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Reclaim Kansas Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Covington and Burling LLP	Nature of Debt (Purpose): Legal Fees
Mailing Address 850 10th St NW	
City State Zip Code Washington DC 20001-4956	

Outstanding Balance Beginning This Period 11261.30	Transaction ID : VQXA09H8Q98	
Amount Incurred This Period 0.00	Payment This Period 11261.30	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
2) TOTALS This Period (last page this line number only)..... ▶	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	