

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2016"/>		76732.05
(b) Cash on Hand at Beginning of Reporting Period.....	63121.63	
(c) Total Receipts (from Line 19)	7337.50	51837.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	70459.13	128569.55
7. Total Disbursements (from Line 31).....	38349.09	96459.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	32110.04	32110.04
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

ANN PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	15000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	15000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	7337.50	36837.50
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	7337.50	51837.50
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))..... ▶	7337.50	51837.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7337.50	51837.50

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	23349.09	70459.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	23349.09	70459.51
22. Transfers to Affiliated/Other Party Committees.....	15000.00	15000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	11000.00
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	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)) ..	38349.09	96459.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38349.09	96459.51

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)	7337.50	51837.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7337.50	51837.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	23349.09	70459.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	23349.09	70459.51

**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 15
<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

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

Full Name (Last, First, Middle Initial)
A. CMR PAC

Mailing Address **PO BOX 2485**

City **SPRINGFIELD** State **VA** Zip Code **22152-**

FEC ID number of contributing federal political committee. **C C00469429**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt **05 / 31 / 2016**
Transaction ID : SA11C.6580

Amount of Each Receipt this Period **2500.00**

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. PRICEWATERHOUSECOOPERS PAC

Mailing Address **1301 K STREET NW
SUITE 800 WEST**

City **WASHINGTON** State **DC** Zip Code **20005-3317**

FEC ID number of contributing federal political committee. **C C00107235**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4837.50**

Date of Receipt **05 / 31 / 2016**
Transaction ID : SA11C.6579

Amount of Each Receipt this Period **4837.50**

Memo Item
CONTRIBUTION

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **7337.50**

TOTAL This Period (last page this line number only)..... ▶ **7337.50**

**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)
ANN PAC

Full Name (Last, First, Middle Initial)

A. CAPITAL ENHANCEMENT, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2016

Mailing Address 150 LONG RD
STE 50

Transaction ID : SB21B.I4558

City State Zip Code
CHESTERFIELD MO 63005-1239

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
BACK OFFICE SERVICES

--

Candidate Name

Category/
Type

Memo Item

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

State: District:

Full Name (Last, First, Middle Initial)

B. COMMERCE BANK CREDIT CARDS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2016

Mailing Address PO BOX 808009

Transaction ID : SB21B.I4547

City State Zip Code
KANSAS CITY MO 64180-8009

Amount of Each Disbursement this Period

3656.48

Purpose of Disbursement
CREDIT CARD PAYMENT

--

Candidate Name

Category/
Type

Memo Item

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

State: District:

Full Name (Last, First, Middle Initial)

C. CHILI'S

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2016

Mailing Address 7530 S LAS VEGAS BLVD

Transaction ID : SB21B.I4550

City State Zip Code
LAS VEGAS NV 89123

Amount of Each Disbursement this Period

8.98

Purpose of Disbursement
FOOD/BEVERAGE

--

Candidate Name

Category/
Type

Memo Item

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

State: District:

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

4156.48

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"/> 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)
ANN PAC

Full Name (Last, First, Middle Initial)

A. FLEMINGS

Mailing Address 1855 S LINDBERGH BLVD

City State Zip Code
FRONTENAC MO 63131-3502

Purpose of Disbursement
CATERING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I4552**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES

Mailing Address 800 MARKET ST

City State Zip Code
SAN FRANCISCO CA 94102-3033

Purpose of Disbursement
TRANSPORTATION SVC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I4548**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. VENETIAN/PALAZZO HOTEL

Mailing Address 3325 S LAS VEGAS BLVD

City State Zip Code
LAS VEGAS NV 89109-1414

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 : **SB21B.I4549**

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)
ANN PAC

Full Name (Last, First, Middle Initial) A. VENETIAN/PALAZZO HOTEL		Date of Disbursement MM / DD / YYYY 03 / 21 / 2016
Mailing Address 3325 S LAS VEGAS BLVD		Transaction ID : SB21B.I4551
City LAS VEGAS	State NV	
Zip Code 89109-1414	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 131.77
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Memo Item
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CRIMSON		Date of Disbursement MM / DD / YYYY 05 / 09 / 2016
Mailing Address 1593 SPRING HILL RD SUITE 400		Transaction ID : SB21B.I4555
City VIENNA	State VA	
Zip Code 22182	Purpose of Disbursement DATA PROCESSING SERVICES	Amount of Each Disbursement this Period 250.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. GULA GRAHAM GROUP		Date of Disbursement MM / DD / YYYY 05 / 12 / 2016
Mailing Address 499 S CAPITOL ST SW STE 420		Transaction ID : SB21B.I4564
City WASHINGTON	State DC	
Zip Code 20003-4027	Purpose of Disbursement REIMBURSEMENT	Amount of Each Disbursement this Period 2954.74
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	3204.74
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)
ANN PAC

Full Name (Last, First, Middle Initial)

A. VENETIAN/PALAZZO

Mailing Address 3355 S LAS VEGAS BLVD

City LAS VEGAS State NV Zip Code 89109-8941

Purpose of Disbursement
EVENT EXPENSES

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.I4634

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. VENETIAN/PALAZZO

Mailing Address 3355 S LAS VEGAS BLVD

City LAS VEGAS State NV Zip Code 89109-8941

Purpose of Disbursement
EVENT EXPENSES

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.I4635

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. GULA GRAHAM GROUP

Mailing Address 499 S CAPITOL ST SW
STE 420

City WASHINGTON State DC Zip Code 20003-4027

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 : SB21B.I4565

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)
ANN PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVAR

City State Zip Code
FORT WORTH TX 76155-2605

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 / 13 / 2016

Transaction ID : **SB21B.I4628**

Amount of Each Disbursement this Period

419.10

Memo Item

Full Name (Last, First, Middle Initial)

B. TAO RESTAURANT VEGAS

Mailing Address 3355 LAS VEGAS BLVD. SOUTH

City State Zip Code
LAS VEGAS NV 89109-8941

Purpose of Disbursement
EVENT EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

007
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : **SB21B.I4629**

Amount of Each Disbursement this Period

657.79

Memo Item

Full Name (Last, First, Middle Initial)

C. TAO RESTAURANT VEGAS

Mailing Address 3355 LAS VEGAS BLVD. SOUTH

City State Zip Code
LAS VEGAS NV 89109-8941

Purpose of Disbursement
EVENT EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

007
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : **SB21B.I4630**

Amount of Each Disbursement this Period

780.90

Memo Item

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

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

0.00

**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)
ANN PAC

Full Name (Last, First, Middle Initial)

A. TAO RESTAURANT VEGAS

Mailing Address 3355 LAS VEGAS BLVD. SOUTH

City LAS VEGAS State NV Zip Code 89109-8941

Purpose of Disbursement
EVENT EXPENSE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.I4632**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. TAO RESTAURANT VEGAS

Mailing Address 3355 LAS VEGAS BLVD. SOUTH

City LAS VEGAS State NV Zip Code 89109-8941

Purpose of Disbursement
EVENT EXPENSE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.I4633**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address 233 S. WACKER DRIVE

City CHICAGO State IL Zip Code 60606-7147

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 : **SB21B.I4626**

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)
ANN PAC

Full Name (Last, First, Middle Initial) A. VENETIAN/PALAZZO		Date of Disbursement MM / DD / YYYY 03 / 11 / 2016
Mailing Address 3355 S LAS VEGAS BLVD		Transaction ID : SB21B.I4631
City LAS VEGAS	State NV	
Zip Code 89109-8941	Purpose of Disbursement EVENT EXPENSE	Amount of Each Disbursement this Period 9678.72
Candidate Name	Category/Type 007	<input checked="" type="checkbox"/> Memo Item
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. GULA GRAHAM GROUP		Date of Disbursement MM / DD / YYYY 05 / 12 / 2016
Mailing Address 499 S CAPITOL ST SW STE 420		Transaction ID : SB21B.I4566
City WASHINGTON	State DC	
Zip Code 20003-4027	Purpose of Disbursement REIMBURSEMENT	Amount of Each Disbursement this Period 1364.81
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 03 / 22 / 2016
Mailing Address 4333 AMON CARTER BOULEVAR		Transaction ID : SB21B.I4638
City FORT WORTH	State TX	
Zip Code 76155-2605	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 67.53
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
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)..... ▶

1364.81

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

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

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVAR

City State Zip Code
FORT WORTH TX 76155-2605

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2016

Transaction ID : SB21B.I4639

Amount of Each Disbursement this Period

47.28

Memo Item

Full Name (Last, First, Middle Initial)

B. FOUR SEASONS SANTA BARBARA

Mailing Address 1260 CHANNEL DRIVE

City State Zip Code
SANTA BARBARA CA 93108-2805

Purpose of Disbursement
EVENT EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2015

Transaction ID : SB21B.I4637

Amount of Each Disbursement this Period

1250.00

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

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

0.00

23349.09

**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 checked="" 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)
ANN PAC

Full Name (Last, First, Middle Initial)
A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE (NRCC)

Date of Disbursement: MM / DD / YYYY
05 / 31 / 2016

Mailing Address: 320 FIRST STREET SE

City: WASHINGTON State: DC Zip Code: 20003-1838

Purpose of Disbursement: POLITICAL CONTRIBUTIONS

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **SB22.I4640**

Amount of Each Disbursement this Period: 15000.00

Memo Item

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

Date of Disbursement: MM / DD / YYYY

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Amount of Each Disbursement this Period:

Memo Item

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

Date of Disbursement: MM / DD / YYYY

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	15000.00