

# 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.   
CITIZEN SUPER PAC

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 LUKE MCALPIN

Signature of Treasurer LUKE MCALPIN [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**CITIZEN SUPER 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="2015"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="465.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1121953.55"/>	<input type="text" value="1122463.55"/>
(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="1122418.55"/>	<input type="text" value="1122463.55"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="892513.62"/>	<input type="text" value="892558.62"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="229904.93"/>	<input type="text" value="229904.93"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="336329.06"/>	

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

**CITIZEN SUPER PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y Y 12 / 31 / 2015

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).....	110000.00	1100510.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	110000.00	1100510.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	110000.00	1100510.00
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).....	21953.55	21953.55
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))..... ▶	1121953.55	1122463.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1121953.55	1122463.55

**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 .....	415144.28	415189.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	415144.28	415189.28
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 .....	15000.00	15000.00
(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)).....	15000.00	15000.00
29. Other Disbursements .....	462369.34	462369.34
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)) ..	892513.62	892558.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	892513.62	892558.62

**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) .....	1100000.00	1100510.00
34. Total Contribution Refunds (from Line 28(d)) .....	15000.00	15000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1085000.00	1085510.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	415144.28	415189.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	21953.55	21953.55
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	393190.73	393235.73

**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 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**CITIZEN SUPER PAC**

Full Name (Last, First, Middle Initial) <b>A. George Fox</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2015 <b>Transaction ID : SA11AI.4110</b>
Mailing Address 750 Washington Blvd 10th Floor		Amount of Each Receipt this Period 500000.00
City Stamford	State CT	Zip Code 06901
FEC ID number of contributing federal political committee. C	Name of Employer Titan Advisors LLC	Occupation Financial Advisor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500000.00	

Full Name (Last, First, Middle Initial) <b>B. George Fox</b>		Date of Receipt MM / DD / YYYY 08 / 14 / 2015 <b>Transaction ID : SA11AI.4204</b>
Mailing Address 750 Washington Blvd 10th Floor		Amount of Each Receipt this Period 500000.00
City Stamford	State CT	Zip Code 06901
FEC ID number of contributing federal political committee. C	Name of Employer Titan Advisors LLC	Occupation Financial Advisor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000000.00	

Full Name (Last, First, Middle Initial) <b>C. Rockdale Blackhawk LLC</b>		Date of Receipt MM / DD / YYYY 12 / 17 / 2015 <b>Transaction ID : SA11AI.4326</b>
Mailing Address 602 N Main St		Amount of Each Receipt this Period 50000.00
City Rockdale	State TX	Zip Code 76567
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**CITIZEN SUPER PAC**

**A. The Watchdog PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 23  
 City Jackson State MS Zip Code 39205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 15000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2015  
**Transaction ID : SA11AI.4203**  
 Amount of Each Receipt this Period  
 15000.00

**B. The Watchdog PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 23  
 City Jackson State MS Zip Code 39205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 50000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : SA11AI.4272**  
 Amount of Each Receipt this Period  
 35000.00

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1100000.00

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

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

FOR LINE NUMBER: PAGE 8 OF 49  
(check only one)

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

**A. Capstone Public Affairs**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 2096  
City Jackson State MS Zip Code 39225  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**21953.55**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 25 / 2015**  
**Transaction ID : SA15.4320**  
Amount of Each Receipt this Period  
**21953.55**  
Cancelled Check

**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

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>21953.55</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>21953.55</b>

**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)  
**CITIZEN SUPER PAC**

**A. Alexandria Union Cab**

Full Name (Last, First, Middle Initial)

Mailing Address 6019 Tower Ct

City Alexandria State VA Zip Code 22304

Purpose of Disbursement  
Travel Expense Reimbursement; Directors' Meeting; C. Gober for Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 01 / 2015

Transaction ID : **SB21B.4306**

Amount of Each Disbursement this Period: 28.84

[MEMO ITEM]

**B. Arlington Yellow Cab**

Full Name (Last, First, Middle Initial)

Mailing Address 3251 Washington Blvd

City Arlington State VA Zip Code 22201

Purpose of Disbursement  
Transportation expense reimbursed to L. McAlpin 9/9/15

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 01 / 2015

Transaction ID : **SB21B.4337**

Amount of Each Disbursement this Period: 23.82

[MEMO ITEM]

**C. Arlington Yellow Cab**

Full Name (Last, First, Middle Initial)

Mailing Address 3251 Washington Blvd

City Arlington State VA Zip Code 22201

Purpose of Disbursement  
Transportation expense reimbursed to L. McAlpin 9/9/15

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 02 / 2015

Transaction ID : **SB21B.4344**

Amount of Each Disbursement this Period: 25.24

[MEMO ITEM]

**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)  
**CITIZEN SUPER PAC**

Full Name (Last, First, Middle Initial)

**A. Barcelona**

Mailing Address 1622 14th St NW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Travel Expense Reimbursement; Directors' Meeting; C. Gober for Meal

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2015

Transaction ID : **SB21B.4298**

Amount of Each Disbursement this Period

15.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Candidate Command LLC**

Mailing Address 1420 NW Vivion Ste 113

City Kansas City State MO Zip Code 64118

Purpose of Disbursement  
Graphics Design

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2015

Transaction ID : **SB21B.4240**

Amount of Each Disbursement this Period

6750.00

Full Name (Last, First, Middle Initial)

**C. Citizen Super PAC Services LLC**

Mailing Address 718 7th St NW

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Political Consulting Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : **SB21B.4135**

Amount of Each Disbursement this Period

1000.00

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

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

7750.00

**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)  
**CITIZEN SUPER PAC**

Full Name (Last, First, Middle Initial)

**A. Citizen Super PAC Services LLC**

Mailing Address 718 7th St NW

City Washington State DC Zip Code 20004

Purpose of Disbursement Fundraising Video Development and Production

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
07 / 17 / 2015

Transaction ID : **SB21B.4154**

Amount of Each Disbursement this Period: 2000.00

Category/Type

Full Name (Last, First, Middle Initial)

**B. Citizen Super PAC Services LLC**

Mailing Address 718 7th St NW

City Washington State DC Zip Code 20004

Purpose of Disbursement Political Consulting Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
08 / 11 / 2015

Transaction ID : **SB21B.4210**

Amount of Each Disbursement this Period: 1000.00

Category/Type

Full Name (Last, First, Middle Initial)

**C. Citizen Super PAC Services LLC**

Mailing Address 718 7th St NW

City Washington State DC Zip Code 20004

Purpose of Disbursement Political Consulting Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
08 / 18 / 2015

Transaction ID : **SB21B.4211**

Amount of Each Disbursement this Period: 5000.00

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 8000.00

**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)  
**CITIZEN SUPER PAC**

Full Name (Last, First, Middle Initial)

**A. Connection Strategy**

Mailing Address PO Box 2192

City State Zip Code  
Arlington VA 22202

Purpose of Disbursement  
Outreach Phone Center for GOTV

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
07 / 23 / 2015

**Transaction ID : SB21B.4142**

Amount of Each Disbursement this Period

12120.00

Full Name (Last, First, Middle Initial)

**B. Connection Strategy**

Mailing Address PO Box 2192

City State Zip Code  
Arlington VA 22202

Purpose of Disbursement  
Outreach Phone Center for GOTV

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
08 / 11 / 2015

**Transaction ID : SB21B.4188**

Amount of Each Disbursement this Period

11718.00

Full Name (Last, First, Middle Initial)

**C. Connection Strategy**

Mailing Address PO Box 2192

City State Zip Code  
Arlington VA 22202

Purpose of Disbursement  
Outreach Phone Center for GOTV

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
08 / 11 / 2015

**Transaction ID : SB21B.4191**

Amount of Each Disbursement this Period

5213.00

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

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

29051.00

**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)  
**CITIZEN SUPER PAC**

Full Name (Last, First, Middle Initial)

**A. Connection Strategy**

Mailing Address PO Box 2192

City State Zip Code  
Arlington VA 22202

Purpose of Disbursement  
Outreach Phone Center for GOTV

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2015

**Transaction ID : SB21B.4194**

Amount of Each Disbursement this Period

16467.50

Full Name (Last, First, Middle Initial)

**B. Connection Strategy**

Mailing Address PO Box 2192

City State Zip Code  
Arlington VA 22202

Purpose of Disbursement  
Outreach Phone Center for GOTV

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2015

**Transaction ID : SB21B.4244**

Amount of Each Disbursement this Period

19082.80

Full Name (Last, First, Middle Initial)

**C. Connell Donatelli Inc**

Mailing Address PO Box 1877

City State Zip Code  
Alexandria VA 22313

Purpose of Disbursement  
Online GOTV Ads

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 23 / 2015

**Transaction ID : SB21B.4159**

Amount of Each Disbursement this Period

50000.00

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

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

85550.30

**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)  
**CITIZEN SUPER PAC**

Full Name (Last, First, Middle Initial)

**A. Connell Donatelli Inc**

Mailing Address PO Box 1877

City Alexandria State VA Zip Code 22313

Purpose of Disbursement  
GOTV Social Media Ads

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2015

**Transaction ID : SB21B.4242**

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**B. DNC Travel Ray Benson**

Mailing Address 3600 Presidential Blvd

City Austin State TX Zip Code 78719

Purpose of Disbursement  
Travel Expense Reimbursement; Directors' Meeting; C. Gober for Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2015

**Transaction ID : SB21B.4304**

Amount of Each Disbursement this Period

15.66

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. enviroCab**

Mailing Address 8425 Hilltop Rd

City Fairfax State VA Zip Code 22031

Purpose of Disbursement  
Travel Expense Reimbursement; Directors' Meeting; C. Gober for Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2015

**Transaction ID : SB21B.4307**

Amount of Each Disbursement this Period

8.90

**[MEMO ITEM]**

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

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

10000.00

**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)  
**CITIZEN SUPER PAC**

Full Name (Last, First, Middle Initial)

**A. Evolving Strategies**

Mailing Address 3125 1st PI N

City Arlington State VA Zip Code 22201

Purpose of Disbursement Political Analytic Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
08 / 11 / 2015

Transaction ID : **SB21B.4179**

Amount of Each Disbursement this Period: 28000.00

Category/Type

Full Name (Last, First, Middle Initial)

**B. Evolving Strategies**

Mailing Address 3125 1st PI N

City Arlington State VA Zip Code 22201

Purpose of Disbursement Political Analytic Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
08 / 11 / 2015

Transaction ID : **SB21B.4180**

Amount of Each Disbursement this Period: 750.00

Category/Type

Full Name (Last, First, Middle Initial)

**C. Evolving Strategies**

Mailing Address 3125 1st PI N

City Arlington State VA Zip Code 22201

Purpose of Disbursement Political Analytic Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
09 / 10 / 2015

Transaction ID : **SB21B.4246**

Amount of Each Disbursement this Period: 35750.00

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 64500.00

**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)  
**CITIZEN SUPER PAC**

Full Name (Last, First, Middle Initial)  
**A. CHRIS GOBER**

Date of Disbursement  
MM / DD / YYYY  
10 / 01 / 2015

Mailing Address 1005 CONGRESS AVE  
STE 430

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Travel Expense Reimbursement for Directors' Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21B.4274**

Amount of Each Disbursement this Period  
211.86

Full Name (Last, First, Middle Initial)  
**B. Haile-Mariam Cab**

Date of Disbursement  
MM / DD / YYYY  
09 / 01 / 2015

Mailing Address 45 Q St NW

City Washington State DC Zip Code 20024

Purpose of Disbursement  
Travel Expense Reimbursement; Directors' Meeting; C. Gober for Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21B.4295**

Amount of Each Disbursement this Period  
25.12

**[MEMO ITEM]**

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

Date of Disbursement  
MM / DD / YYYY  
10 / 06 / 2015

Mailing Address 4514 Cole Ave  
Ste 625

City Dallas State TX Zip Code 75205

Purpose of Disbursement  
Political Election Research

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21B.4254**

Amount of Each Disbursement this Period  
7500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7711.86

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

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

Form/Schedule: SB21B

Transaction ID : SB21B.4274

Payment is for reimbursement for expense for Directors' Meeting. Memo entries for the related vendor(s) are included.

Form/Schedule:

Transaction ID:

**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)  
**CITIZEN SUPER PAC**

Full Name (Last, First, Middle Initial)

**A. LUKE MCALPIN**

Mailing Address PO Box 341028

City Austin State TX Zip Code 78734

Purpose of Disbursement  
Reimbursement for Airfare on US Airways

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2015

**Transaction ID : SB21B.4217**

Amount of Each Disbursement this Period

298.70

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. LUKE MCALPIN**

Mailing Address PO Box 341028

City Austin State TX Zip Code 78734

Purpose of Disbursement  
Reimbursement for Travel Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2015

**Transaction ID : SB21B.4233**

Amount of Each Disbursement this Period

184.23

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Memphis International Airport**

Mailing Address 2491 Winchester Rd

City Memphis State TN Zip Code 38116

Purpose of Disbursement  
Travel Parking expense reimbursed to L. McAlpin 9/9/15

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2015

**Transaction ID : SB21B.4343**

Amount of Each Disbursement this Period

33.00

Category/  
Type

**[MEMO ITEM]**

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

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

482.93

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

Form/Schedule: SB21B

Transaction ID : SB21B.4217

Payment is for reimbursement for expense for Directors' Meeting. Memo entries for the related vendor(s) are included.

Form/Schedule: SB21B

Transaction ID: SB21B.4233

Payment is for reimbursement for expense for Directors' Meeting. Memo entries for the related vendor(s) are included.

**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)  
**CITIZEN SUPER PAC**

Full Name (Last, First, Middle Initial)

**A. Panera Bread**

Mailing Address 673 H St NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Travel Expense Reimbursement; Directors' Meeting; C. Gober for Meal

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2015

Transaction ID : SB21B.4292

Amount of Each Disbursement this Period

9.87

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Pappadeaux**

Mailing Address 7800 Airport Blvd

City Houston State TX Zip Code 77061

Purpose of Disbursement  
Travel Expense Reimbursement; Directors' Meeting; C. Gober for Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2015

Transaction ID : SB21B.4301

Amount of Each Disbursement this Period

47.56

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Peet's Coffee**

Mailing Address 7800 Airport Blvd

City Houston State TX Zip Code 77061

Purpose of Disbursement  
Travel Expense Reimbursement; Directors' Meeting; C. Gober for Meal

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2015

Transaction ID : SB21B.4290

Amount of Each Disbursement this Period

4.71

[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)  
**CITIZEN SUPER PAC**

Full Name (Last, First, Middle Initial)

**A. PF Chang**

Mailing Address 901 N Glebe Rd

City Arlington State VA Zip Code 22203

Purpose of Disbursement  
Travel Meal expense reimbursed to L. McAlpin 9/9/15

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	5

**Transaction ID : SB21B.4345**

Amount of Each Disbursement this Period

5	2	.	1	7
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**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Public Strategy Associates LLC**

Mailing Address 7020 Fain Park Dr  
Ste 1

City Montgomery State AL Zip Code 36117

Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	1	5

**Transaction ID : SB21B.4168**

Amount of Each Disbursement this Period

1	7	0	6	9	.	0	0
---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Public Strategy Associates LLC**

Mailing Address 7020 Fain Park Dr  
Ste 1

City Montgomery State AL Zip Code 36117

Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	1	5

**Transaction ID : SB21B.4136**

Amount of Each Disbursement this Period

1	7	0	6	9	.	0	0
---	---	---	---	---	---	---	---

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

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

3	4	1	3	8	.	0	0
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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)  
**CITIZEN SUPER PAC**

Full Name (Last, First, Middle Initial) <b>A. Public Strategy Associates LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 7020 Fain Park Dr Ste 1		<b>Transaction ID : SB21B.4157</b>
City Montgomery	State AL	
Zip Code 36117	Purpose of Disbursement GOTV Mailer Design, Printing, Postage	Amount of Each Disbursement this Period 44302.00
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:		

Full Name (Last, First, Middle Initial) <b>B. Public Strategy Associates LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 7020 Fain Park Dr Ste 1		<b>Transaction ID : SB21B.4234</b>
City Montgomery	State AL	
Zip Code 36117	Purpose of Disbursement GOTV Mailer Design Printing Postage	Amount of Each Disbursement this Period 28112.56
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:		

Full Name (Last, First, Middle Initial) <b>C. Public Strategy Associates LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 7020 Fain Park Dr Ste 1		<b>Transaction ID : SB21B.4236</b>
City Montgomery	State AL	
Zip Code 36117	Purpose of Disbursement Election Research	Amount of Each Disbursement this Period 500.00
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	72914.56
<b>TOTAL</b> 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)  
**CITIZEN SUPER PAC**

Full Name (Last, First, Middle Initial)

**A. RightSide Compliance**

Mailing Address PO Box 341027

City Austin State TX Zip Code 78734

Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2015

**Transaction ID : SB21B.4256**

Amount of Each Disbursement this Period

858.00

Full Name (Last, First, Middle Initial)

**B. Southwest Airlines**

Mailing Address 2702 Love Field Dr

City Dallas State TX Zip Code 75235

Purpose of Disbursement  
Staff Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2015

**Transaction ID : SB21B.4215**

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Strategic Media Placement**

Mailing Address 7669 Stagers Loop

City Delaware State OH Zip Code 43015

Purpose of Disbursement  
GOTV Radio Ad Production and Airtime

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2015

**Transaction ID : SB21B.4237**

Amount of Each Disbursement this Period

23000.00

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

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

24208.00

**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)  
**CITIZEN SUPER PAC**

Full Name (Last, First, Middle Initial)  
**A. Triumph Campaigns LLC**

Mailing Address PO Box 12243

City Jackson State MS Zip Code 39236

Purpose of Disbursement Political Media Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
12 / 21 / 2015

Transaction ID : **SB21B.4329**

Amount of Each Disbursement this Period: 1310.21

Category/Type

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

Mailing Address 182 Howard Street

City San Francisco State CA Zip Code 94105

Purpose of Disbursement Travel Expense Reimbursement; Directors' Meeting; C. Gober for Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 01 / 2015

Transaction ID : **SB21B.4309**

Amount of Each Disbursement this Period: 15.00

Category/Type

**[MEMO ITEM]**

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

Mailing Address 182 Howard Street

City San Francisco State CA Zip Code 94105

Purpose of Disbursement Travel Expense Reimbursement; Directors' Meeting; C. Gober for Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 02 / 2015

Transaction ID : **SB21B.4310**

Amount of Each Disbursement this Period: 26.00

Category/Type

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1310.21

**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)  
**CITIZEN SUPER PAC**

Full Name (Last, First, Middle Initial)

**A. US Airways**

Mailing Address 4000 E. Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement  
Transportation expense reimbursed to L. McAlpin 9/9/15

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2015

Transaction ID : SB21B.4335

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. US Airways**

Mailing Address 4000 E. Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement  
Reimbursement to L. McAlpin for Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2015

Transaction ID : SB21B.4336

Amount of Each Disbursement this Period

298.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. US Airways**

Mailing Address 4000 E. Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement  
Transportation expense reimbursed to L. McAlpin 9/9/15

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2015

Transaction ID : SB21B.4342

Amount of Each Disbursement this Period

25.00

[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)  
**CITIZEN SUPER PAC**

Full Name (Last, First, Middle Initial)

**A. Washington Metro**

Mailing Address 4615 14th St NW

City Washington State DC Zip Code 20011

Purpose of Disbursement  
Travel Expense Reimbursement for Directors' Meeting to C. Gober for Transportation  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	01	/	2015

Transaction ID : **SB21B.4288**

Amount of Each Disbursement this Period

14.50
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. WELLS FARGO BANK NA**

Mailing Address PO BOX 6995

City PORTLAND State OR Zip Code 97228

Purpose of Disbursement  
July Bank Fees  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	31	/	2015

Transaction ID : **SB21B.4118**

Amount of Each Disbursement this Period

345.00
--------

Full Name (Last, First, Middle Initial)

**C. WELLS FARGO BANK NA**

Mailing Address PO BOX 6995

City PORTLAND State OR Zip Code 97228

Purpose of Disbursement  
July Bank Fees  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	31	/	2015

Transaction ID : **SB21B.4205**

Amount of Each Disbursement this Period

55.00
-------

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

400.00
--------

**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)  
**CITIZEN SUPER PAC**

Full Name (Last, First, Middle Initial)

**A. WELLS FARGO BANK NA**

Mailing Address PO BOX 6995

City PORTLAND State OR Zip Code 97228

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2015

**Transaction ID : SB21B.4235**

Amount of Each Disbursement this Period

30.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. WELLS FARGO BANK NA**

Mailing Address PO BOX 6995

City PORTLAND State OR Zip Code 97228

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2015

**Transaction ID : SB21B.4238**

Amount of Each Disbursement this Period

30.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. WELLS FARGO BANK NA**

Mailing Address PO BOX 6995

City PORTLAND State OR Zip Code 97228

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2015

**Transaction ID : SB21B.4243**

Amount of Each Disbursement this Period

30.00

Category/  
Type

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

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

90.00

**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)  
**CITIZEN SUPER PAC**

Full Name (Last, First, Middle Initial)

**A. WELLS FARGO BANK NA**

Mailing Address PO BOX 6995

City PORTLAND State OR Zip Code 97228

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.4245**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. WELLS FARGO BANK NA**

Mailing Address PO BOX 6995

City PORTLAND State OR Zip Code 97228

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.4273**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. WELLS FARGO BANK NA**

Mailing Address PO BOX 6995

City PORTLAND State OR Zip Code 97228

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.4318**

Amount of Each Disbursement this Period

**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)  
**CITIZEN SUPER PAC**

Full Name (Last, First, Middle Initial) <b>A. WELLS FARGO BANK NA</b>		Date of Disbursement MM / DD / YYYY 11 / 27 / 2015
Mailing Address PO BOX 6995		<b>Transaction ID : SB21B.4323</b>
City PORTLAND	State OR	
Zip Code 97228	Purpose of Disbursement Bank Fee	Amount of Each Disbursement this Period 30.00
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:		

Full Name (Last, First, Middle Initial) <b>B. WELLS FARGO BANK NA</b>		Date of Disbursement MM / DD / YYYY 12 / 08 / 2015
Mailing Address PO BOX 6995		<b>Transaction ID : SB21B.4324</b>
City PORTLAND	State OR	
Zip Code 97228	Purpose of Disbursement Bank Fee	Amount of Each Disbursement this Period 10.00
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:		

Full Name (Last, First, Middle Initial) <b>C. WELLS FARGO BANK NA</b>		Date of Disbursement MM / DD / YYYY 12 / 17 / 2015
Mailing Address PO BOX 6995		<b>Transaction ID : SB21B.4327</b>
City PORTLAND	State OR	
Zip Code 97228	Purpose of Disbursement Bank Fee	Amount of Each Disbursement this Period 15.00
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	55.00
<b>TOTAL</b> 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)  
**CITIZEN SUPER PAC**

Full Name (Last, First, Middle Initial)

**A. Westin Hotel**

Mailing Address 333 Ludlow St

City Stamford State CT Zip Code 06902

Purpose of Disbursement Staff Travel Accommodations

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 24 / 2015

Transaction ID : **SB21B.4216**

Amount of Each Disbursement this Period: 395.95

Category/Type

Full Name (Last, First, Middle Initial)

**B. Westin Hotel**

Mailing Address 333 Ludlow St

City Stamford State CT Zip Code 06902

Purpose of Disbursement Staff Travel Accommodations

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 04 / 2015

Transaction ID : **SB21B.4262**

Amount of Each Disbursement this Period: 47.46

Category/Type

Full Name (Last, First, Middle Initial)

**C. Wilson Perkins Allen**

Mailing Address 1319 Classen Dr

City Oklahoma City State OK Zip Code 73103

Purpose of Disbursement Benchmarking and Polling

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 13 / 2015

Transaction ID : **SB21B.4151**

Amount of Each Disbursement this Period: 24600.00

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 25043.41

**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)  
**CITIZEN SUPER PAC**

Full Name (Last, First, Middle Initial)

**A. Wilson Perkins Allen**

Mailing Address 1319 Classen Dr

City Oklahoma City State OK Zip Code 73103

Purpose of Disbursement  
Polling Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 11 / 2015

Transaction ID : **SB21B.4185**

Amount of Each Disbursement this Period

22000.00

Full Name (Last, First, Middle Initial)

**B. Wilson Perkins Allen**

Mailing Address 1319 Classen Dr

City Oklahoma City State OK Zip Code 73103

Purpose of Disbursement  
Polling Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 11 / 2015

Transaction ID : **SB21B.4187**

Amount of Each Disbursement this Period

765.00

Full Name (Last, First, Middle Initial)

**C. Wilson Perkins Allen**

Mailing Address 1319 Classen Dr

City Oklahoma City State OK Zip Code 73103

Purpose of Disbursement  
Benchmarking and Polling

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2015

Transaction ID : **SB21B.4248**

Amount of Each Disbursement this Period

21000.00

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

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

43765.00

415033.27

**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)  
**CITIZEN SUPER PAC**

**A. The Watchdog PAC**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 23

City Jackson State MS Zip Code 39205

Purpose of Disbursement Partial Refund of 10-20-15 Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
12 / 21 / 2015

Transaction ID : **SB28A.4328**

Amount of Each Disbursement this Period: 15000.00

Category/Type

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CITIZEN SUPER PAC**

Full Name (Last, First, Middle Initial)

**A. AmeriMail Digital Direct LLC**

Mailing Address 125 East South St

City Jackson State MS Zip Code 39201

Purpose of Disbursement  
Non-Federal Mailer Printing and Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.4181**

Amount of Each Disbursement this Period

Category/Type

Full Name (Last, First, Middle Initial)

**B. Barnard Commonwealth LLC**

Mailing Address PO Box 107

City Oxford State MS Zip Code 38655

Purpose of Disbursement  
Non-Federal Mailer Printing and Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.4374**

Amount of Each Disbursement this Period

Category/Type

Full Name (Last, First, Middle Initial)

**C. Capstone Public Affairs**

Mailing Address PO Box 2096

City Jackson State MS Zip Code 39225

Purpose of Disbursement  
Non-Federal Mailer Printing and Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.4372**

Amount of Each Disbursement this Period

Category/Type

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CITIZEN SUPER PAC**

Full Name (Last, First, Middle Initial)

**A. Hackney and Hackney Corporate and Political Communications**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		24		2015

Mailing Address 1407 W 31st Ave  
Ste 100

**Transaction ID : SB29.4163**

City Anchorage State AK Zip Code 99503

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Non-federal Radio Ads

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Public Strategy Associates LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		07		2015

Mailing Address 7020 Fain Park Dr  
Ste 1

**Transaction ID : SB29.4145**

City Montgomery State AL Zip Code 36117

Amount of Each Disbursement this Period

34138.00
----------

Purpose of Disbursement  
Non-Federal Mailer Design, Printing, Postage

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Public Strategy Associates LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		09		2015

Mailing Address 7020 Fain Park Dr  
Ste 1

**Transaction ID : SB29.4148**

City Montgomery State AL Zip Code 36117

Amount of Each Disbursement this Period

17069.00
----------

Purpose of Disbursement  
Non-Federal Mailer Design, Printing, Postage

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

53707.00
----------

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

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

Form/Schedule: SB29

Transaction ID : SB29.4163

MEMO WILL BE DELETED; tracking purposes only - Pro-Fox

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**CITIZEN SUPER PAC**

Full Name (Last, First, Middle Initial)

**A. Public Strategy Associates LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	04	/	2015

Mailing Address 7020 Fain Park Dr  
Ste 1

**Transaction ID : SB29.4241**

City Montgomery State AL Zip Code 36117

Amount of Each Disbursement this Period

5549.00
---------

Purpose of Disbursement  
Non-Federal Ad Production and Airtime

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Strategic Media Placement**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	07	/	2015

Mailing Address 7669 Stagers Loop

**Transaction ID : SB29.4146**

City Delaware State OH Zip Code 43015

Amount of Each Disbursement this Period

145000.00
-----------

Purpose of Disbursement  
Non-Federal TV Ads Airtime

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Strategic Media Placement**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	07	/	2015

Mailing Address 7669 Stagers Loop

**Transaction ID : SB29.4147**

City Delaware State OH Zip Code 43015

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
Non-Federal TV Ads Production

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

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

155549.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**CITIZEN SUPER PAC**

Full Name (Last, First, Middle Initial)

**A. Strategic Media Placement**

Mailing Address 7669 Stagers Loop

City Delaware State OH Zip Code 43015

Purpose of Disbursement  
Non-Federal TV Ads Production and Ad Airtime

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2015

Transaction ID : SB29.4201

Amount of Each Disbursement this Period

100000.00

Full Name (Last, First, Middle Initial)

**B. Strategic Media Placement**

Mailing Address 7669 Stagers Loop

City Delaware State OH Zip Code 43015

Purpose of Disbursement  
Non-Federal TV Ads Production and Ad Airtime

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2015

Transaction ID : SB29.4202

Amount of Each Disbursement this Period

100000.00

Full Name (Last, First, Middle Initial)

**C. Triumph Campaigns LLC**

Mailing Address PO Box 12243

City Jackson State MS Zip Code 39236

Purpose of Disbursement  
Non-Federal Mailer Graphics, Design and Production

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 05 / 2015

Transaction ID : SB29.4222

Amount of Each Disbursement this Period

6589.23

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

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

206589.23

462369.34

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 38 OF 49
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**CITIZEN SUPER PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>AmeriMail Digital Direct LLC</b>	Nature of Debt (Purpose): Non-Federal Mailer Printing and Postage
Mailing Address 125 East South St	
City State Zip Code Jackson MS 39201	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4141</b>	
Amount Incurred This Period 2617.01	Payment This Period 2617.01	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Citizen Super PAC Services LLC</b>	Nature of Debt (Purpose): Fundraising Video Development and Production
Mailing Address 718 7th St NW	
City State Zip Code Washington DC 20004	

Outstanding Balance Beginning This Period 2000.00	<b>Transaction ID : SD10.4152</b>	
Amount Incurred This Period 0.00	Payment This Period 2000.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Citizen Super PAC Services LLC</b>	Nature of Debt (Purpose): Political Consulting Services
Mailing Address 718 7th St NW	
City State Zip Code Washington DC 20004	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4208</b>	
Amount Incurred This Period 1000.00	Payment This Period 1000.00	Outstanding Balance at Close of This Period 0.00

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 39 OF 49
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**CITIZEN SUPER PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Citizen Super PAC Services LLC</b>	Nature of Debt (Purpose): Political Consulting Services
Mailing Address 718 7th St NW	
City State Zip Code Washington DC 20004	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD10.4209</b>	
Amount Incurred This Period <input type="text" value="5000.00"/>	Payment This Period <input type="text" value="5000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Connection Strategy</b>	Nature of Debt (Purpose): Outreach Phone Center for GOTV
Mailing Address PO Box 2192	
City State Zip Code Arlington VA 22202	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD10.4166</b>	
Amount Incurred This Period <input type="text" value="11718.00"/>	Payment This Period <input type="text" value="11718.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Connection Strategy</b>	Nature of Debt (Purpose): Outreach Phone Center for GOTV
Mailing Address PO Box 2192	
City State Zip Code Arlington VA 22202	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD10.4189</b>	
Amount Incurred This Period <input type="text" value="5213.00"/>	Payment This Period <input type="text" value="5213.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 40 OF 49
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**CITIZEN SUPER PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Connection Strategy</b>	Nature of Debt (Purpose): Outreach Phone Center for GOTV
Mailing Address PO Box 2192	
City State Zip Code Arlington VA 22202	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD10.4192</b>	
Amount Incurred This Period <input type="text" value="16467.50"/>	Payment This Period <input type="text" value="16467.50"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Evolving Strategies</b>	Nature of Debt (Purpose): Political Analytic Services
Mailing Address 3125 1st PI N	
City State Zip Code Arlington VA 22201	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD10.4171</b>	
Amount Incurred This Period <input type="text" value="28000.00"/>	Payment This Period <input type="text" value="28000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Evolving Strategies</b>	Nature of Debt (Purpose): Political Analytic Services
Mailing Address 3125 1st PI N	
City State Zip Code Arlington VA 22201	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD10.4178</b>	
Amount Incurred This Period <input type="text" value="750.00"/>	Payment This Period <input type="text" value="750.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 41 OF 49
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**CITIZEN SUPER PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers PLLC</b>	Nature of Debt (Purpose): Legal and Compliance Services
Mailing Address PO Box 341016	
City State Zip Code Austin TX 78734	

Outstanding Balance Beginning This Period <input type="text" value="2212.50"/>	<b>Transaction ID : SD10.4120</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2212.50"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers PLLC</b>	Nature of Debt (Purpose): Legal and Compliance Services
Mailing Address PO Box 341016	
City State Zip Code Austin TX 78734	

Outstanding Balance Beginning This Period <input type="text" value="140.00"/>	<b>Transaction ID : SD10.4121</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="140.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers PLLC</b>	Nature of Debt (Purpose): Legal and Compliance Services
Mailing Address PO Box 341016	
City State Zip Code Austin TX 78734	

Outstanding Balance Beginning This Period <input type="text" value="687.50"/>	<b>Transaction ID : SD10.4122</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="687.50"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="3040.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 42 OF 49
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**CITIZEN SUPER PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers PLLC</b>	Nature of Debt (Purpose): Legal and Compliance Services
Mailing Address PO Box 341016	
City State Zip Code Austin TX 78734	

Outstanding Balance Beginning This Period 180.00	Transaction ID : SD10.4123	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 180.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers PLLC</b>	Nature of Debt (Purpose): Legal and Compliance Services
Mailing Address PO Box 341016	
City State Zip Code Austin TX 78734	

Outstanding Balance Beginning This Period 580.00	Transaction ID : SD10.4124	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 580.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers PLLC</b>	Nature of Debt (Purpose): Legal and Compliance Services
Mailing Address PO Box 341016	
City State Zip Code Austin TX 78734	

Outstanding Balance Beginning This Period 80.00	Transaction ID : SD10.4125	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 80.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	840.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 43 OF 49
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**CITIZEN SUPER PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers PLLC</b>	Nature of Debt (Purpose): Legal and Compliance Services
Mailing Address PO Box 341016	
City State Zip Code Austin TX 78734	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4172</b>	
Amount Incurred This Period 3817.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 3817.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers PLLC</b>	Nature of Debt (Purpose): Legal and Compliance Services
Mailing Address PO Box 341016	
City State Zip Code Austin TX 78734	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4223</b>	
Amount Incurred This Period 8270.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 8270.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers PLLC</b>	Nature of Debt (Purpose): Legal and Compliance Services
Mailing Address PO Box 341016	
City State Zip Code Austin TX 78734	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4258</b>	
Amount Incurred This Period 6272.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 6272.50

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	18360.50
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 44 OF 49
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**CITIZEN SUPER PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers PLLC</b>	Nature of Debt (Purpose): Legal and Compliance Services
Mailing Address PO Box 341016	
City State Zip Code Austin TX 78734	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4259</b>	
Amount Incurred This Period 127.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 127.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers PLLC</b>	Nature of Debt (Purpose): Legal and Compliance Services
Mailing Address PO Box 341016	
City State Zip Code Austin TX 78734	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4315</b>	
Amount Incurred This Period 2150.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2150.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers PLLC</b>	Nature of Debt (Purpose): Legal and Compliance Services
Mailing Address PO Box 341016	
City State Zip Code Austin TX 78734	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4331</b>	
Amount Incurred This Period 127.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 127.50

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	2405.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 45 OF 49
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**CITIZEN SUPER PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers PLLC</b>	Nature of Debt (Purpose): Legal and Compliance Services
Mailing Address PO Box 341016	
City State Zip Code Austin TX 78734	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4382</b>	
Amount Incurred This Period 211.56	Payment This Period 0.00	Outstanding Balance at Close of This Period 211.56

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Hackney and Hackney Corporate and Political Communications</b>	Nature of Debt (Purpose): Radio Ads
Mailing Address 1407 W 31st Ave Ste 100	
City State Zip Code Anchorage AK 99503	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4162</b>	
Amount Incurred This Period 2500.00	Payment This Period 2500.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RightSide Compliance</b>	Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027	
City State Zip Code Austin TX 78734	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4176</b>	
Amount Incurred This Period 6037.50	Payment This Period 858.00	Outstanding Balance at Close of This Period 5179.50

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	5391.06
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 46 OF 49
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**CITIZEN SUPER PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RightSide Compliance</b>	Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027	
City State Zip Code Austin TX 78734	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4255</b>	
Amount Incurred This Period 1470.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1470.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RightSide Compliance</b>	Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027	
City State Zip Code Austin TX 78734	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4276</b>	
Amount Incurred This Period 2992.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 2992.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RightSide Compliance</b>	Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027	
City State Zip Code Austin TX 78734	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4314</b>	
Amount Incurred This Period 3342.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 3342.50

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	7805.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 47 OF 49
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**CITIZEN SUPER PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RightSide Compliance</b>	Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027	
City State Zip Code Austin TX 78734	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4330</b>	
Amount Incurred This Period 1155.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1155.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RightSide Compliance</b>	Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027	
City State Zip Code Austin TX 78734	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4368</b>	
Amount Incurred This Period 332.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 332.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Strategic Media Placement</b>	Nature of Debt (Purpose): Non-Federal TV Ads Production and Ad Airtime
Mailing Address 7669 Stagers Loop	
City State Zip Code Delaware OH 43015	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4199</b>	
Amount Incurred This Period 100000.00	Payment This Period 100000.00	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1487.50
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 48 OF 49
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**CITIZEN SUPER PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Strategic Media Placement</b>	Nature of Debt (Purpose): Non-Federal TV Ads Production and Ad Airtime
Mailing Address 7669 Stagers Loop	
City State Zip Code Delaware OH 43015	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4200</b>	
Amount Incurred This Period 100000.00	Payment This Period 100000.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Triumph Campaigns LLC</b>	Nature of Debt (Purpose): Non-Federal Mailer Graphics, Design and Production
Mailing Address PO Box 12243	
City State Zip Code Jackson MS 39236	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4182</b>	
Amount Incurred This Period 6589.23	Payment This Period 6589.23	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Tusk Digital</b>	Nature of Debt (Purpose): Website Development and Design
Mailing Address 718 7th St NW 2nd Floor	
City State Zip Code Washington DC 20001	

Outstanding Balance Beginning This Period 297000.00	<b>Transaction ID : SD10.4139</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 297000.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	297000.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
**CITIZEN SUPER PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <p style="text-align: center; font-size: 1.2em;"><b>Wilson Perkins Allen</b></p>	Nature of Debt (Purpose): Polling Services
Mailing Address 1319 Classen Dr	
City State Zip Code Oklahoma City OK 73103	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; width: 100%; height: 20px; text-align: right; padding-right: 5px;">0.00</div>	<b>Transaction ID : SD10.4165</b>
Amount Incurred This Period <div style="border: 1px solid black; width: 100%; height: 20px; text-align: right; padding-right: 5px;">22000.00</div>	Payment This Period <div style="border: 1px solid black; width: 100%; height: 20px; text-align: right; padding-right: 5px;">22000.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; width: 100%; height: 20px; text-align: right; padding-right: 5px;">0.00</div>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <p style="text-align: center; font-size: 1.2em;"><b>Wilson Perkins Allen</b></p>	Nature of Debt (Purpose): Polling Services
Mailing Address 1319 Classen Dr	
City State Zip Code Oklahoma City OK 73103	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; width: 100%; height: 20px; text-align: right; padding-right: 5px;">0.00</div>	<b>Transaction ID : SD10.4186</b>
Amount Incurred This Period <div style="border: 1px solid black; width: 100%; height: 20px; text-align: right; padding-right: 5px;">765.00</div>	Payment This Period <div style="border: 1px solid black; width: 100%; height: 20px; text-align: right; padding-right: 5px;">765.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; width: 100%; height: 20px; text-align: right; padding-right: 5px;">0.00</div>	

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 <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
Amount Incurred This Period <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Payment This Period <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	

<b>1) SUBTOTALS</b> This Period This Page (optional)..... ▶	<div style="border: 1px solid black; width: 100%; height: 20px; text-align: right; padding-right: 5px;">0.00</div>
<b>2) TOTALS</b> This Period (last page this line number only)..... ▶	<div style="border: 1px solid black; width: 100%; height: 20px; text-align: right; padding-right: 5px;">336329.06</div>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<div style="border: 1px solid black; width: 100%; height: 20px; text-align: right; padding-right: 5px;">0.00</div>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<div style="border: 1px solid black; width: 100%; height: 20px; text-align: right; padding-right: 5px;">336329.06</div>