

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

POLITICAL EARTHQUAKE PAC/GRASSROOTS4PALIN

ADDRESS (number and street) 1380 RIO RANCHO BLVD SE PMB 191

Check if different than previously reported. (ACC) RIO RANCHO NM 87124

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00571273 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

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 Chris Marston

Signature of Treasurer Chris Marston [Electronically Filed] Date 01 / 27 / 2016

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

**POLITICAL EARTHQUAKE PAC/GRASSROOTS4PALIN**

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

|  | COLUMN A<br>This Period              | COLUMN B<br>Calendar Year-to-Date     |
|--|--------------------------------------|---------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2015"/>  | <input type="text" value="175.00"/>  | <input type="text" value="175.00"/>   |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="2262.38"/> |                                       |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="2903.00"/> | <input type="text" value="11322.70"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="5165.38"/> | <input type="text" value="11497.70"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="3200.67"/> | <input type="text" value="9532.99"/>  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="1964.71"/> | <input type="text" value="1964.71"/>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>    |                                       |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="0.00"/>    |                                       |

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**POLITICAL EARTHQUAKE PAC/GRASSROOTS4PALIN**

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

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 2058.00                       | 4754.16                           |
| (ii) Unitemized .....   | 845.00                        | 6514.48                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 2903.00                       | 11268.64                          |
| (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) .....  | 2903.00                       | 11268.64                          |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 54.06                             |
| 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))..... ▶                        | 2903.00                       | 11322.70                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 2903.00                       | 11322.70                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 3200.67                       | 9532.99                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 3200.67                       | 9532.99                           |
| 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 .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements .....  | 0.00                          | 0.00                              |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 3200.67                       | 9532.99                           |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 3200.67                       | 9532.99                           |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 2903.00                       | 11268.64                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 2903.00                       | 11268.64                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 3200.67                       | 9532.99                           |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 54.06                             |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 3200.67                       | 9478.93                           |

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

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

FOR LINE NUMBER: PAGE 6 OF 29  
(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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)  
**POLITICAL EARTHQUAKE PAC/GRASSROOTS4PALIN**

Full Name (Last, First, Middle Initial)  
**A. Richard Baker**

Mailing Address PO Box 972

City State Zip Code  
Lake Oswego OR 97034

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

Name of Employer Occupation  
retired retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2015  
**Transaction ID : SA11AI.4417**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 21 Sanborn Way

City State Zip Code  
Brentwood NH 03833

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

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
395.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 16 / 2015  
**Transaction ID : SA11AI.4418**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 21 Sanborn Way

City State Zip Code  
Brentwood NH 03833

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

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2015  
**Transaction ID : SA11AI.4419**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 29  
(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**POLITICAL EARTHQUAKE PAC/GRASSROOTS4PALIN**

Full Name (Last, First, Middle Initial)  
**A. Steve Brennan**

Mailing Address 21 Sanborn Way

City State Zip Code  
Brentwood NH 03833

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

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
445.00

Date of Receipt  
08 / 16 / 2015  
Transaction ID : SA11AI.4420

Amount of Each Receipt this Period  
25.00

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

Mailing Address 21 Sanborn Way

City State Zip Code  
Brentwood NH 03833

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

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
470.00

Date of Receipt  
09 / 16 / 2015  
Transaction ID : SA11AI.4421

Amount of Each Receipt this Period  
25.00

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

Mailing Address 21 Sanborn Way

City State Zip Code  
Brentwood NH 03833

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

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
495.00

Date of Receipt  
10 / 16 / 2015  
Transaction ID : SA11AI.4422

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**POLITICAL EARTHQUAKE PAC/GRASSROOTS4PALIN**

**A. Steve Brennan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Sanborn Way  
 City State Zip Code  
 Brentwood NH 03833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2015  
**Transaction ID : SA11AI.4423**  
 Amount of Each Receipt this Period  
 25.00

**B. Steve Brennan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Sanborn Way  
 City State Zip Code  
 Brentwood NH 03833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 545.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015  
**Transaction ID : SA11AI.4424**  
 Amount of Each Receipt this Period  
 25.00

**C. Steve Brennan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Sanborn Way  
 City State Zip Code  
 Brentwood NH 03833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 570.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2015  
**Transaction ID : SA11AI.4425**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 9 OF 29                 |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**POLITICAL EARTHQUAKE PAC/GRASSROOTS4PALIN**

**A. Mary Cole**  
Full Name (Last, First, Middle Initial)

Mailing Address 102 Windsor Road

City Starkville State MS Zip Code 39759

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 06 / 2015**

**Transaction ID : SA11AI.4435**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 102 Windsor Road

City Starkville State MS Zip Code 39759

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 17 / 2015**

**Transaction ID : SA11AI.4436**

Amount of Each Receipt this Period  
**100.00**

**c. Mary Cole**  
Full Name (Last, First, Middle Initial)

Mailing Address 102 Windsor Road

City Starkville State MS Zip Code 39759

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 21 / 2015**

**Transaction ID : SA11AI.4437**

Amount of Each Receipt this Period  
**100.00**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>300.00</b> |
| <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 10 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**POLITICAL EARTHQUAKE PAC/GRASSROOTS4PALIN**

Full Name (Last, First, Middle Initial)  
**A. Mary Cole**

Mailing Address 102 Windsor Road

City Starkville      State MS      Zip Code 39759

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

Name of Employer Retired      Occupation Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 15 / 2015**

**Transaction ID : SA11AI.4438**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 945 Kennely Rd. unit I-137

City Saginaw      State MI      Zip Code 48609

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

Name of Employer Retired      Occupation Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 16 / 2015**

**Transaction ID : SA11AI.4459**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 945 Kennely Rd. unit I-137

City Saginaw      State MI      Zip Code 48609

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

Name of Employer Retired      Occupation Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 16 / 2015**

**Transaction ID : SA11AI.4460**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **200.00**

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

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

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

FOR LINE NUMBER: PAGE 11 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**POLITICAL EARTHQUAKE PAC/GRASSROOTS4PALIN**

Full Name (Last, First, Middle Initial)  
**A. Suzan Lynn**

Mailing Address 945 Kennely Rd. unit I-137

City State Zip Code  
 Saginaw MI 48609

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

Name of Employer Occupation  
 Retired Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2015

**Transaction ID : SA11AI.4461**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 945 Kennely Rd. unit I-137

City State Zip Code  
 Saginaw MI 48609

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

Name of Employer Occupation  
 Retired Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015

**Transaction ID : SA11AI.4462**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 30945 Loma Linda Rd.

City State Zip Code  
 Temecula CA 92592

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

Name of Employer Occupation  
 Retired Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 433.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2015

**Transaction ID : SA11AI.4463**

Amount of Each Receipt this Period  
 49.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 149.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 29  
(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**POLITICAL EARTHQUAKE PAC/GRASSROOTS4PALIN**

**A. Joanne Mayo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 30945 Loma Linda Rd.  
City Temecula State CA Zip Code 92592  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 482.00

Date of Receipt  
08 / 16 / 2015  
Transaction ID : SA11AI.4464  
Amount of Each Receipt this Period 49.00

**B. Joanne Mayo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 30945 Loma Linda Rd.  
City Temecula State CA Zip Code 92592  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 531.00

Date of Receipt  
09 / 16 / 2015  
Transaction ID : SA11AI.4465  
Amount of Each Receipt this Period 49.00

**C. Joanne Mayo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 30945 Loma Linda Rd.  
City Temecula State CA Zip Code 92592  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 580.00

Date of Receipt  
10 / 16 / 2015  
Transaction ID : SA11AI.4466  
Amount of Each Receipt this Period 49.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 147.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 13 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**POLITICAL EARTHQUAKE PAC/GRASSROOTS4PALIN**

Full Name (Last, First, Middle Initial)  
**A. Joanne Mayo**

Mailing Address 30945 Loma Linda Rd.

City Temecula State CA Zip Code 92592

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **629.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 16 / 2015**

**Transaction ID : SA11AI.4467**

Amount of Each Receipt this Period  
**49.00**

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

Mailing Address 30945 Loma Linda Rd.

City Temecula State CA Zip Code 92592

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **678.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 16 / 2015**

**Transaction ID : SA11AI.4468**

Amount of Each Receipt this Period  
**49.00**

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

Mailing Address 30945 Loma Linda Rd.

City Temecula State CA Zip Code 92592

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **727.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 18 / 2015**

**Transaction ID : SA11AI.4469**

Amount of Each Receipt this Period  
**49.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **147.00**

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

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

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

FOR LINE NUMBER: PAGE 14 OF 29  
(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**POLITICAL EARTHQUAKE PAC/GRASSROOTS4PALIN**

Full Name (Last, First, Middle Initial)  
**A. Wayne Mazza**

Mailing Address 6279 Elmer Ave

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Harrisburg | State<br>PA | Zip Code<br>17112 |
|--------------------|-------------|-------------------|

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

|                          |                          |
|--------------------------|--------------------------|
| Name of Employer<br>USPS | Occupation<br>Management |
|--------------------------|--------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 16    | / | 2015        |

**Transaction ID : SA11AI.4475**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 330 CR 1214

|               |             |                   |
|---------------|-------------|-------------------|
| City<br>CUMBY | State<br>TX | Zip Code<br>75433 |
|---------------|-------------|-------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>Retired | Occupation<br>Retired |
|-----------------------------|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 16    | / | 2015        |

**Transaction ID : SA11AI.4480**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 330 CR 1214

|               |             |                   |
|---------------|-------------|-------------------|
| City<br>CUMBY | State<br>TX | Zip Code<br>75433 |
|---------------|-------------|-------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>Retired | Occupation<br>Retired |
|-----------------------------|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 16    | / | 2015        |

**Transaction ID : SA11AI.4481**

Amount of Each Receipt this Period  
20.00

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 65.00 |
| <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 15 OF 29  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
|   |                              |                              | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**POLITICAL EARTHQUAKE PAC/GRASSROOTS4PALIN**

**A. Paul Paluscio**  
Full Name (Last, First, Middle Initial)

Mailing Address 202-4 Lincoln Ave

|                         |             |                   |
|-------------------------|-------------|-------------------|
| City<br>Seaside Heights | State<br>NJ | Zip Code<br>08751 |
|-------------------------|-------------|-------------------|

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

|   |                                      |
|---|--------------------------------------|
| Name of Employer<br>Port Authority Trans Hudson Corp. | Occupation<br>Railroad car inspector |
|---|--------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 16    | / | 2015        |

**Transaction ID : SA11AI.4484**

Amount of Each Receipt this Period  

|       |
|-------|
| 50.00 |
|-------|

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

Mailing Address 202-4 Lincoln Ave

|                         |             |                   |
|-------------------------|-------------|-------------------|
| City<br>Seaside Heights | State<br>NJ | Zip Code<br>08751 |
|-------------------------|-------------|-------------------|

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

|   |                                      |
|---|--------------------------------------|
| Name of Employer<br>Port Authority Trans Hudson Corp. | Occupation<br>Railroad car inspector |
|---|--------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 16    | / | 2015        |

**Transaction ID : SA11AI.4485**

Amount of Each Receipt this Period  

|       |
|-------|
| 50.00 |
|-------|

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

Mailing Address 202-4 Lincoln Ave

|                         |             |                   |
|-------------------------|-------------|-------------------|
| City<br>Seaside Heights | State<br>NJ | Zip Code<br>08751 |
|-------------------------|-------------|-------------------|

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

|   |                                      |
|---|--------------------------------------|
| Name of Employer<br>Port Authority Trans Hudson Corp. | Occupation<br>Railroad car inspector |
|---|--------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 16    | / | 2015        |

**Transaction ID : SA11AI.4486**

Amount of Each Receipt this Period  

|       |
|-------|
| 50.00 |
|-------|

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>150.00</b> |
| <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: (check only one)       | PAGE 16 OF 29                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**POLITICAL EARTHQUAKE PAC/GRASSROOTS4PALIN**

**A. Paul Paluscio**  
Full Name (Last, First, Middle Initial)

Mailing Address 202-4 Lincoln Ave

City Seaside Heights State NJ Zip Code 08751

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

Name of Employer Port Authority Trans Hudson Corp. Occupation Railroad car inspector

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **12 / 16 / 2015**

**Transaction ID : SA11AI.4487**

Amount of Each Receipt this Period **50.00**

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

Mailing Address 361 Crooked Creek Ct.

City Elizabethtown State KY Zip Code 42701

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **770.16**

Date of Receipt **07 / 07 / 2015**

**Transaction ID : SA11AI.4489**

Amount of Each Receipt this Period **100.00**

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

Mailing Address 361 Crooked Creek Ct.

City Elizabethtown State KY Zip Code 42701

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **870.16**

Date of Receipt **08 / 03 / 2015**

**Transaction ID : SA11AI.4490**

Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **250.00**

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



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

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

FOR LINE NUMBER: PAGE 17 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**POLITICAL EARTHQUAKE PAC/GRASSROOTS4PALIN**

**A. Karen Phillips**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 361 Crooked Creek Ct.  
 City Elizabethtown State KY Zip Code 42701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 970.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2015  
**Transaction ID : SA11AI.4491**  
 Amount of Each Receipt this Period  
 100.00

**B. Karen Phillips**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 361 Crooked Creek Ct.  
 City Elizabethtown State KY Zip Code 42701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1070.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11AI.4492**  
 Amount of Each Receipt this Period  
 100.00

**C. Karen Phillips**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 361 Crooked Creek Ct.  
 City Elizabethtown State KY Zip Code 42701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1170.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 04 / 2015  
**Transaction ID : SA11AI.4493**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 18 OF 29  
(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**POLITICAL EARTHQUAKE PAC/GRASSROOTS4PALIN**

**A.** Full Name (Last, First, Middle Initial)  
**Karen Phillips**

Mailing Address 361 Crooked Creek Ct.

|                       |             |                   |
|-----------------------|-------------|-------------------|
| City<br>Elizabethtown | State<br>KY | Zip Code<br>42701 |
|-----------------------|-------------|-------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>Retired | Occupation<br>Retired |
|-----------------------------|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1270.16

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  | / | 04  | / | 2015    |

**Transaction ID : SA11AI.4494**

Amount of Each Receipt this Period  
100.00

**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 |
|-----|---|-----|---|---------|

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 |
|-----|---|-----|---|---------|

Amount of Each Receipt this Period

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 100.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 2058.00 |

**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)  
**POLITICAL EARTHQUAKE PAC/GRASSROOTS4PALIN**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 09    |   | 2015      |

Mailing Address 1593 Spring Hill Rd  
Ste 400

**Transaction ID : SB21B.4499**

City Tysons Corner State VA Zip Code 22182

Amount of Each Disbursement this Period

|       |
|-------|
| 10.30 |
|-------|

Purpose of Disbursement  
CC Processing

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. CMDI**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 16    |   | 2015      |

Mailing Address 1593 Spring Hill Rd  
Ste 400

**Transaction ID : SB21B.4500**

City Tysons Corner State VA Zip Code 22182

Amount of Each Disbursement this Period

|       |
|-------|
| 17.90 |
|-------|

Purpose of Disbursement  
CC Processing

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. CMDI**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 23    |   | 2015      |

Mailing Address 1593 Spring Hill Rd  
Ste 400

**Transaction ID : SB21B.4501**

City Tysons Corner State VA Zip Code 22182

Amount of Each Disbursement this Period

|      |
|------|
| 5.15 |
|------|

Purpose of Disbursement  
CC Processing

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

|       |
|-------|
| 33.35 |
|-------|

**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)  
**POLITICAL EARTHQUAKE PAC/GRASSROOTS4PALIN**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 Spring Hill Rd  
Ste 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement  
CC Processing

Candidate Name

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 Y |
| 08    | / | 03    | / | 2015        |

**Transaction ID : SB21B.4502**

Amount of Each Disbursement this Period

|      |
|------|
| 1.48 |
|------|

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 Spring Hill Rd  
Ste 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement  
CC Processing

Candidate Name

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 Y |
| 08    | / | 06    | / | 2015        |

**Transaction ID : SB21B.4503**

Amount of Each Disbursement this Period

|      |
|------|
| 5.15 |
|------|

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 Spring Hill Rd  
Ste 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement  
CC Processing

Candidate Name

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 Y |
| 08    | / | 20    | / | 2015        |

**Transaction ID : SB21B.4504**

Amount of Each Disbursement this Period

|       |
|-------|
| 17.16 |
|-------|

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

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

|       |
|-------|
| 23.79 |
|-------|

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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)  
**POLITICAL EARTHQUAKE PAC/GRASSROOTS4PALIN**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 Spring Hill Rd  
Ste 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement  
CC Processing

Candidate Name

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 Y |
| 08    | / | 27    | / | 2015        |

**Transaction ID : SB21B.4505**

Amount of Each Disbursement this Period

|      |
|------|
| 5.15 |
|------|

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 Spring Hill Rd  
Ste 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement  
CC Processing

Candidate Name

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 Y |
| 09    | / | 03    | / | 2015        |

**Transaction ID : SB21B.4506**

Amount of Each Disbursement this Period

|      |
|------|
| 5.15 |
|------|

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 Spring Hill Rd  
Ste 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement  
CC Processing

Candidate Name

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 Y |
| 09    | / | 17    | / | 2015        |

**Transaction ID : SB21B.4507**

Amount of Each Disbursement this Period

|       |
|-------|
| 16.67 |
|-------|

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

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

|       |
|-------|
| 26.97 |
|-------|

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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)  
**POLITICAL EARTHQUAKE PAC/GRASSROOTS4PALIN**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 Spring Hill Rd  
Ste 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement  
CC Processing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 4 |   | 2 | 0 | 1 | 5 |

**Transaction ID : SB21B.4508**

Amount of Each Disbursement this Period

|   |   |   |   |
|---|---|---|---|
| 0 | . | 6 | 5 |
|---|---|---|---|

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 Spring Hill Rd  
Ste 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement  
CC Processing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 8 |   | 2 | 0 | 1 | 5 |

**Transaction ID : SB21B.4509**

Amount of Each Disbursement this Period

|   |   |   |   |
|---|---|---|---|
| 7 | . | 8 | 5 |
|---|---|---|---|

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 Spring Hill Rd  
Ste 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement  
CC Processing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 1 | 5 |   | 2 | 0 | 1 | 5 |

**Transaction ID : SB21B.4510**

Amount of Each Disbursement this Period

|   |   |   |   |
|---|---|---|---|
| 7 | . | 8 | 5 |
|---|---|---|---|

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

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

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 6 | . | 3 | 5 |
|---|---|---|---|---|

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

**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)  
**POLITICAL EARTHQUAKE PAC/GRASSROOTS4PALIN**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 Spring Hill Rd  
Ste 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement  
CC Processing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 22 |   |   | 2015 |   |   |   |

**Transaction ID : SB21B.4511**

Amount of Each Disbursement this Period

|       |
|-------|
| 15.20 |
|-------|

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 Spring Hill Rd  
Ste 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement  
CC Processing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 05 |   |   | 2015 |   |   |   |

**Transaction ID : SB21B.4512**

Amount of Each Disbursement this Period

|      |
|------|
| 5.15 |
|------|

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 Spring Hill Rd  
Ste 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement  
CC Processing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 19 |   |   | 2015 |   |   |   |

**Transaction ID : SB21B.4513**

Amount of Each Disbursement this Period

|       |
|-------|
| 15.20 |
|-------|

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

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

|       |
|-------|
| 35.55 |
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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)  
**POLITICAL EARTHQUAKE PAC/GRASSROOTS4PALIN**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 Spring Hill Rd  
Ste 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement  
CC Processing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 26 |   |   | 2015 |   |   |   |

**Transaction ID : SB21B.4514**

Amount of Each Disbursement this Period

|      |
|------|
| 6.63 |
|------|

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 Spring Hill Rd  
Ste 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement  
CC Processing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 10 |   |   | 2015 |   |   |   |

**Transaction ID : SB21B.4515**

Amount of Each Disbursement this Period

|      |
|------|
| 5.15 |
|------|

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 Spring Hill Rd  
Ste 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement  
CC Processing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 17 |   |   | 2015 |   |   |   |

**Transaction ID : SB21B.4516**

Amount of Each Disbursement this Period

|       |
|-------|
| 11.02 |
|-------|

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

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

|       |
|-------|
| 22.80 |
|-------|

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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)  
**POLITICAL EARTHQUAKE PAC/GRASSROOTS4PALIN**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 Spring Hill Rd  
Ste 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement  
CC Processing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2015

**Transaction ID : SB21B.4517**

Amount of Each Disbursement this Period

2.65

Full Name (Last, First, Middle Initial)

**B. Mary Cole**

Mailing Address 102 Windsor Road

City Starkville State MS Zip Code 39759

Purpose of Disbursement  
Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2015

**Transaction ID : SB21B.4547**

Amount of Each Disbursement this Period

1020.06

Full Name (Last, First, Middle Initial)

**C. Copy Cow**

Mailing Address 500 Russell St  
Ste 1

City Starkville State MS Zip Code 39759

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SB21B.4547.0**

Amount of Each Disbursement this Period

907.26

**[MEMO ITEM]**

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

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

1022.71

**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)  
**POLITICAL EARTHQUAKE PAC/GRASSROOTS4PALIN**

Full Name (Last, First, Middle Initial)

**A. Imprint.com**

Mailing Address 14550 Beechnut St

City Houston State TX Zip Code 77083

Purpose of Disbursement  
Promotional Items

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2015

Transaction ID : **SB21B.4536**

Amount of Each Disbursement this Period

654.47

Full Name (Last, First, Middle Initial)

**B. Imprint.com**

Mailing Address 14550 Beechnut St

City Houston State TX Zip Code 77083

Purpose of Disbursement  
Promotional Items

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2015

Transaction ID : **SB21B.4538**

Amount of Each Disbursement this Period

300.53

Full Name (Last, First, Middle Initial)

**C. North Rock Reports**

Mailing Address 45 N Hill Dr  
Ste 100

City Warrenton State VA Zip Code 20186

Purpose of Disbursement  
Compliance Consulting

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.4526**

Amount of Each Disbursement this Period

150.00

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

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

1105.00

**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)  
**POLITICAL EARTHQUAKE PAC/GRASSROOTS4PALIN**

Full Name (Last, First, Middle Initial)

**A. Sprint**

Mailing Address 6200 Sprint Pkwy

City Overland Park State KS Zip Code 66251

Purpose of Disbursement  
Cell Service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2015

**Transaction ID : SB21B.4518**

Amount of Each Disbursement this Period

69.82

Full Name (Last, First, Middle Initial)

**B. Sprint**

Mailing Address 6200 Sprint Pkwy

City Overland Park State KS Zip Code 66251

Purpose of Disbursement  
Cell Service

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.4520**

Amount of Each Disbursement this Period

73.56

Full Name (Last, First, Middle Initial)

**C. Sprint**

Mailing Address 6200 Sprint Pkwy

City Overland Park State KS Zip Code 66251

Purpose of Disbursement  
Cell Service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2015

**Transaction ID : SB21B.4524**

Amount of Each Disbursement this Period

62.80

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

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

206.18

**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)  
**POLITICAL EARTHQUAKE PAC/GRASSROOTS4PALIN**

Full Name (Last, First, Middle Initial)

**A. Sprint**

Mailing Address 6200 Sprint Pkwy

City Overland Park State KS Zip Code 66251

Purpose of Disbursement  
Cell Service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2015

**Transaction ID : SB21B.4531**

Amount of Each Disbursement this Period

84.71

Full Name (Last, First, Middle Initial)

**B. Sprint**

Mailing Address 6200 Sprint Pkwy

City Overland Park State KS Zip Code 66251

Purpose of Disbursement  
Cell Service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2015

**Transaction ID : SB21B.4539**

Amount of Each Disbursement this Period

74.07

Full Name (Last, First, Middle Initial)

**C. Sprint**

Mailing Address 6200 Sprint Pkwy

City Overland Park State KS Zip Code 66251

Purpose of Disbursement  
Cell Service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2015

**Transaction ID : SB21B.4546**

Amount of Each Disbursement this Period

60.13

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

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

218.91

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**POLITICAL EARTHQUAKE PAC/GRASSROOTS4PALIN**

Full Name (Last, First, Middle Initial)

### A. The UPS Store

Mailing Address 6060 Cornerstone Ct W

City San Diego State CA Zip Code 92121

Purpose of Disbursement  
Photocopies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 15    | / | 2015        |

Transaction ID : SB21B.4544

Amount of Each Disbursement this Period

|        |
|--------|
| 102.72 |
|--------|

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

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

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

|        |
|--------|
| 102.72 |
|--------|

|         |
|---------|
| 2814.33 |
|---------|