

# 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.

**NEW PIONEERS 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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Jan 31 (YE)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

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 Lisa Lisker

Signature of Treasurer Lisa Lisker *[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

**NEW PIONEERS 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="2014"/>		150913.16
(b) Cash on Hand at Beginning of Reporting Period.....	128162.19	
(c) Total Receipts (from Line 19) .....	6500.00	513068.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	134662.19	663981.80
7. Total Disbursements (from Line 31).....	62863.80	592183.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	71798.39	71798.39
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
**NEW PIONEERS PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4000.00	32000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4000.00	32000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	380000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	6500.00	412000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	94068.64
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	7000.00
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))..... ▶	6500.00	513068.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6500.00	513068.64

**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 .....	37863.80	136683.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	37863.80	136683.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	440500.00
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 .....	15000.00	15000.00
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)) ..	62863.80	592183.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	62863.80	592183.41

**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) .....	6500.00	412000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6500.00	412000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	37863.80	136683.41
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	37863.80	136683.41

**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 15  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**NEW PIONEERS PAC**

**A.** Full Name (Last, First, Middle Initial)  
**Doug Ose**

Mailing Address **PO Box 255628**

City **Sacramento** State **CA** Zip Code **95865**

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

Name of Employer **Ose Properties** Occupation **Developer**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 31 / 2014**

**Transaction ID : SA11AI.7159**

Amount of Each Receipt this Period  
**4000.00**

**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).....▶	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>4000.00</b>

**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 15  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**NEW PIONEERS PAC**

**A. GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1299 Pennsylvania Ave NW  
 Suite 900W  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C** C00024869  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2014  
**Transaction ID : SA11C.7158**  
 Amount of Each Receipt this Period  
 2500.00

**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 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).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2500.00

**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)  
**NEW PIONEERS PAC**

Full Name (Last, First, Middle Initial)

**A. Alticor**

Mailing Address 419 New Jersey Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Event Space Rental

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 / 23 / 2014

**Transaction ID : SB21B.7163**

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 360001

City Ft. Lauderdale State FL Zip Code 33336

Purpose of Disbursement  
Credit Card Payment--See Memos

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 / 25 / 2014

**Transaction ID : SB21B.7172**

Amount of Each Disbursement this Period

15045.51

Full Name (Last, First, Middle Initial)

**C. 0550 Catering**

Mailing Address 550 Penn Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Event Catering

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 / 25 / 2014

**Transaction ID : SB21B.7172.0**

Amount of Each Disbursement this Period

4362.97

**[MEMO ITEM]**

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

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

15645.51



**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)  
**NEW PIONEERS PAC**

Full Name (Last, First, Middle Initial)

**A. Alaska Airlines**

Mailing Address PO Box 24948

City State Zip Code  
Seattle WA 98124

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			25			2014			

**Transaction ID : SB21B.7172.1**

Amount of Each Disbursement this Period

334.60
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			25			2014			

**Transaction ID : SB21B.7172.2**

Amount of Each Disbursement this Period

992.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. District Taco**

Mailing Address 656 Pennsylvania Ave

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
Food/Beverage

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			25			2014			

**Transaction ID : SB21B.7172.5**

Amount of Each Disbursement this Period

3010.40
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[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**NEW PIONEERS PAC**

Full Name (Last, First, Middle Initial)

**A. Hilton Garden Inn**

Mailing Address 237 West 54th Street

City New York State NY Zip Code 10019

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		25		2014

**Transaction ID : SB21B.7172.7**

Amount of Each Disbursement this Period

717.08
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Allison Inn**

Mailing Address 225 Allison Lane

City Newberg State OR Zip Code 97132

Purpose of Disbursement  
Travel/Event Catering

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
11		25		2014

**Transaction ID : SB21B.7172.8**

Amount of Each Disbursement this Period

5108.77
---------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 360001

City Ft. Lauderdale State FL Zip Code 33336

Purpose of Disbursement  
Credit Card Payment-See Memos

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
12		23		2014

**Transaction ID : SB21B.7195**

Amount of Each Disbursement this Period

2667.57
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2667.57
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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)  
**NEW PIONEERS PAC**

Full Name (Last, First, Middle Initial)

**A. Hilton Garden Inn**

Mailing Address 237 West 54th Street

City New York State NY Zip Code 10019

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		23		2014

**Transaction ID : SB21B.7195.0**

Amount of Each Disbursement this Period

2060.09
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[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		23		2014

**Transaction ID : SB21B.7195.1**

Amount of Each Disbursement this Period

298.00
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[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address PO Box 301200

City Los Angeles State CA Zip Code 90030

Purpose of Disbursement  
Credit Card Payment-See Memo

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
12		23		2014

**Transaction ID : SB21B.7193**

Amount of Each Disbursement this Period

7308.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7308.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**NEW PIONEERS PAC**

Full Name (Last, First, Middle Initial)

**A. Willamette Valley Vineyards**

Mailing Address 8800 Enchanted Way, SE

City State Zip Code  
Turner OR 97392

Purpose of Disbursement  
Event Catering

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 / 23 / 2014

Transaction ID : **SB21B.7193.0**

Amount of Each Disbursement this Period

7308.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Grand Valley Consulting LLC**

Mailing Address 213 Asby Street

City State Zip Code  
Alexandria VA 22305

Purpose of Disbursement  
Event Catering/Space Rental/Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 23 / 2014

Transaction ID : **SB21B.7198**

Amount of Each Disbursement this Period

915.00

Full Name (Last, First, Middle Initial)

**C. Huckaby Davis Lisker Inc.**

Mailing Address 228 S. Washington St., Ste. 115

City State Zip Code  
Alexandria VA 22314

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

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2014

Transaction ID : **SB21B.7161**

Amount of Each Disbursement this Period

4416.15

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

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

5331.15

**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)  
**NEW PIONEERS PAC**

Full Name (Last, First, Middle Initial)

**A. Huckaby Davis Lisker Inc.**

Mailing Address 228 S. Washington St., Ste. 115

City Alexandria State VA Zip Code 22314

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

M	M	/	D	D	/	Y	Y	Y	Y
12			23			2014			

**Transaction ID : SB21B.7162**

Amount of Each Disbursement this Period

1838.77
---------

Full Name (Last, First, Middle Initial)

**B. The Catalyst Group RW LLC**

Mailing Address 1115 Massachusetts Ave., NW  
Lower Level

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Fundraising Consulting

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			25			2014			

**Transaction ID : SB21B.7164**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. The Catalyst Group RW LLC**

Mailing Address 1115 Massachusetts Ave., NW  
Lower Level

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Fundraising Consulting

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			23			2014			

**Transaction ID : SB21B.7165**

Amount of Each Disbursement this Period

2500.00
---------

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

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

6838.77
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37791.00
----------

# 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 checked="" 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)  
**NEW PIONEERS PAC**

Full Name (Last, First, Middle Initial)

## A. GLENN GROTHMAN FOR CONGRESS

Mailing Address PO BOX 1215

City State Zip Code  
FOND DU LAC WI 54964

Purpose of Disbursement  
Primary Debt Contribution

Candidate Name  
**GLENN GROTHMAN**

Office Sought:  House  Senate  President  
 Disbursement For: 2014  Primary  General  Other (specify) ▼  
 State: WI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2014

Transaction ID : SB23.7171

Amount of Each Disbursement this Period

5,000.00
----------

Full Name (Last, First, Middle Initial)

## B. MIKE BISHOP FOR CONGRESS

Mailing Address PO BOX 1148

City State Zip Code  
BRIGHTON MI 48116

Purpose of Disbursement  
Primary Debt Contribution

Candidate Name  
**MIKE BISHOP**

Office Sought:  House  Senate  President  
 Disbursement For: 2014  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2014

Transaction ID : SB23.7170

Amount of Each Disbursement this Period

5,000.00
----------

Full Name (Last, First, Middle Initial)

## C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

10000.00
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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 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)  
**NEW PIONEERS PAC**

Full Name (Last, First, Middle Initial)

**A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Contribution-Recount

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Recount

State: District:

Date of Disbursement

/  /

**Transaction ID : SB29.7200**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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