

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.
ANN PAC

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIP CODE**
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day **POST-Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Patrick McSwain

Signature of Treasurer Patrick McSwain [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

ANN PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="76732.05"/>	<input type="text" value="76732.05"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="41207.16"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="44500.00"/>	<input type="text" value="44500.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="85707.16"/>	<input type="text" value="121232.05"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10840.95"/>	<input type="text" value="46365.84"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="74866.21"/>	<input type="text" value="74866.21"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ANN PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15000.00	15000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15000.00	15000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	29500.00	29500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	44500.00	44500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	44500.00	44500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	44500.00	44500.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	6340.95	40865.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6340.95	40865.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	5500.00
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)) ..	10840.95	46365.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10840.95	46365.84

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)	44500.00	44500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44500.00	44500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6340.95	40865.84
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6340.95	40865.84

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 17
	<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	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ANN PAC

Full Name (Last, First, Middle Initial)
A. DAVID DOBBS

Mailing Address 1983 BRENNAN PLZ

City HIGH RIDGE State MO Zip Code 63049-1893

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

Name of Employer DOBBS TIRE AND AUTO Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2016
Transaction ID : SA11.6098

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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

Mailing Address 52 PORTLAND PL

City SAINT LOUIS State MO Zip Code 63108-1242

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

Name of Employer CIVIC SERVICE INC. Occupation CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2016
Transaction ID : SA11.6099

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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

Mailing Address 244 BENT WALNUT LN

City WESTPHALIA State MO Zip Code 65085-2022

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2016
Transaction ID : SA11.6181

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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

**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 7 OF 17
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ANN PAC

A. BIOTECHNOLOGY INDUSTRY ORGANIZATION PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1201 MARYLAND AVE, SW
 STE. 900
 City WASHINGTON State DC Zip Code 20024-6129
 FEC ID number of contributing federal political committee. **C** C00355677
 Name of Employer Occupation
 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
 03 / 14 / 2016
Transaction ID : SA11.6096
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

B. THRIVENT FINANCIAL FOR LUTHERANS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 1892
 City APPLETON State WI Zip Code 54912-1892
 FEC ID number of contributing federal political committee. **C** C00121319
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2016
Transaction ID : SA11.6095
 Amount of Each Receipt this Period
 2500.00
 Memo Item
 CONTRIBUTION

C. UNITEDHEALTH GROUP INCORPORATED PAC (UNITED FOR HEALTH)
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 PENNSYLVANIA AVENUE, NW
 SUITE 200
 City WASHINGTON State DC Zip Code 20004-3610
 FEC ID number of contributing federal political committee. **C** C00274431
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2016
Transaction ID : SA11.6097
 Amount of Each Receipt this Period
 2500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	6000.00
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: (check only one)	PAGE 8 OF 17
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ANN PAC

A. AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMI
 Full Name (Last, First, Middle Initial)
 Mailing Address 1061 AMERICAN LANE
 City State Zip Code
 SCHAUMBURG IL 60173-4973
 FEC ID number of contributing federal political committee. **C** C00255752
 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
 03 / 28 / 2016
Transaction ID : SA11.6180
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 CONTRIBUTION

B. INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1401 H STREET NW
 1200
 City State Zip Code
 WASHINGTON DC 20005-2110
 FEC ID number of contributing federal political committee. **C** C00105981
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016
Transaction ID : SA11.6182
 Amount of Each Receipt this Period
 1500.00
 Memo Item
 CONTRIBUTION

C. ALTRIA GROUP, INC. POLITICAL ACTION COMMITTEE (ALTRIAPAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 CONSTITUTION AVE., NW
 SUITE 400W
 City State Zip Code
 WASHINGTON DC 20001-2155
 FEC ID number of contributing federal political committee. **C** C00089136
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : SA11.6215
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	7500.00
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: (check only one)	PAGE 9 OF 17
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ANN PAC

Full Name (Last, First, Middle Initial)
A. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Mailing Address 1310 G ST. NW
12TH FLOOR

City WASHINGTON State DC Zip Code 20005-3007

FEC ID number of contributing federal political committee. **C** C00194746

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
03 / 31 / 2016
Transaction ID : SA11.6217

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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

Mailing Address P.O. BOX 805379

City CHICAGO State IL Zip Code 60680-4179

FEC ID number of contributing federal political committee. **C** C00141218

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
03 / 31 / 2016
Transaction ID : SA11.6213

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MAJORITY COMMITTEE PAC--MC PAC

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389-0134

FEC ID number of contributing federal political committee. **C** C00428052

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
03 / 31 / 2016
Transaction ID : SA11.6216

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 10000.00

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: (check only one)	PAGE 10 OF 17
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ANN PAC

A. RITE AID POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 499 SOUTH CAPITOL STREET
 SW SUITE 420
 City WASHINGTON State DC Zip Code 20003-4013
 FEC ID number of contributing federal political committee. **C** C00104083
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2016
Transaction ID : SA11.6219
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

B. SOUTHWEST AIRLINES CO FREEDOM FUND
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 36611
 City DALLAS State TX Zip Code 75235-1611
 FEC ID number of contributing federal political committee. **C** C00341602
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 31 / 2016
Transaction ID : SA11.6218
 Amount of Each Receipt this Period 2500.00
 Memo Item
 CONTRIBUTION

C. THE GRANT THORNTON LLP PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 W. JACKSON BLVD
 SUITE 2000
 City CHICAGO State IL Zip Code 60604-2606
 FEC ID number of contributing federal political committee. **C** C00408260
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 31 / 2016
Transaction ID : SA11.6214
 Amount of Each Receipt this Period 2500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	29500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANN PAC

Full Name (Last, First, Middle Initial)

A. CAPITAL ENHANCEMENT, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		01		2016

Mailing Address 150 LONG RD
STE 50

Transaction ID : SB21B.I4430

City State Zip Code
CHESTERFIELD MO 63005-1239

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
FINANCE CONSULTING

003
Category/ Type

Candidate Name

Memo Item
BACK OFFICE SERVICES

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

Full Name (Last, First, Middle Initial)

B. COMMERCE BANK CREDIT CARDS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2016

Mailing Address PO BOX 808009

Transaction ID : SB21B.I4247

City State Zip Code
KANSAS CITY MO 64180-8009

Amount of Each Disbursement this Period

3201.49

Purpose of Disbursement
CREDIT CARD PAYMENT

Category/ Type

Candidate Name

Memo Item

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

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		21		2016

Mailing Address 4333 AMON CARTER BOULEVAR

Transaction ID : SB21B.I4269

City State Zip Code
FORT WORTH TX 76155-2605

Amount of Each Disbursement this Period

445.10

Purpose of Disbursement
TRAVEL

Category/ Type

Candidate Name

Memo Item

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

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

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

3701.49

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANN PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVAR

City State Zip Code
FORT WORTH TX 76155-2605

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 21 / 2016

Transaction ID : **SB21B.I4270**

Amount of Each Disbursement this Period

316.10

Memo Item

Full Name (Last, First, Middle Initial)

B. COMMERCE BANK / COMMERCE BANCSHARES, INC.

Mailing Address 8000 FORSYTH BLVD

City State Zip Code
SAINT LOUIS MO 63105-1707

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 07 / 2016

Transaction ID : **SB21B.I4277**

Amount of Each Disbursement this Period

43.77

Memo Item

Full Name (Last, First, Middle Initial)

C. ENTERPRISE RENT-A-CAR, ARLINGTON, VA

Mailing Address 700 N GLEBE RD

City State Zip Code
ARLINGTON VA 22203-2119

Purpose of Disbursement
TRANSPORTATION SVC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 15 / 2016

Transaction ID : **SB21B.I4272**

Amount of Each Disbursement this Period

192.98

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANN PAC

Full Name (Last, First, Middle Initial)

A. MARRIOTT WATERFRONT

Mailing Address 700 ALICEANNA ST

City State Zip Code
BALTIMORE MD 21202

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 11 / 2016

Transaction ID : **SB21B.I4274**

Amount of Each Disbursement this Period

92.96

Memo Item

Full Name (Last, First, Middle Initial)

B. SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD DR.

City State Zip Code
DALLAS TX 75235-1908

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2016

Transaction ID : **SB21B.I4268**

Amount of Each Disbursement this Period

536.98

Memo Item

Full Name (Last, First, Middle Initial)

C. SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD DR

City State Zip Code
DALLAS TX 75235-1908

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2016

Transaction ID : **SB21B.I4271**

Amount of Each Disbursement this Period

536.98

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANN PAC

Full Name (Last, First, Middle Initial)

A. WALDORF ASTORIA

Mailing Address 501 E CAMINO REAL

City BOCA RATON State FL Zip Code 33432

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 11 / 2016

Transaction ID : SB21B.I4275

Amount of Each Disbursement this Period

483.84

Memo Item

Full Name (Last, First, Middle Initial)

B. WALDORF ASTORIA

Mailing Address 501 E CAMINO REAL

City BOCA RATON State FL Zip Code 33432

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 11 / 2016

Transaction ID : SB21B.I4276

Amount of Each Disbursement this Period

483.84

Memo Item

Full Name (Last, First, Middle Initial)

C. ZONA COCINA

Mailing Address 7062 ELM RD

City BALTIMORE State MD Zip Code 21240

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

MM / DD / YYYY
01 / 15 / 2016

Transaction ID : SB21B.I4273

Amount of Each Disbursement this Period

68.94

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANN PAC

Full Name (Last, First, Middle Initial)

A. CRIMSON

Mailing Address 1593 SPRING HILL RD
SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I4282

Amount of Each Disbursement this Period

Memo Item
CRIMSON SUBSCRIPTION FEE

Full Name (Last, First, Middle Initial)

B. GULA GRAHAM GROUP

Mailing Address 499 S CAPITOL ST SW
STE 420

City WASHINGTON State DC Zip Code 20003-4027

Purpose of Disbursement
ACCOUNTING SERVICES CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I4362

Amount of Each Disbursement this Period

Memo Item
FEBRUARY EXPENSE REIMBURSEMENT

Full Name (Last, First, Middle Initial)

C. TAO RESTAURANT VEGAS

Mailing Address 3355 LAS VEGAS BLVD. SOUTH

City LAS VEGAS State NV Zip Code 89109-8941

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

/ /

Transaction ID : SB21B.I4509

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANN PAC

Full Name (Last, First, Middle Initial)

A. VENETIAN/PALAZZO HOTEL

Mailing Address 3325 S LAS VEGAS BLVD

City LAS VEGAS State NV Zip Code 89109-1414

Purpose of Disbursement
FACILITY RENTAL

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
02 / 23 / 2016

Transaction ID : SB21B.I4510

Amount of Each Disbursement this Period

1300.56

Memo Item

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 / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

0.00

6340.95

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)	PAGE 17 OF 17
	<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)
ANN PAC

A. VOLUNTEERS FOR SHIMKUS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 661

City COLLINSVILLE	State IL	Zip Code 62234
Purpose of Disbursement		011
Candidate Name JOHN M SHIMKUS		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 15		

Date of Disbursement: 03 / 09 / 2016

Transaction ID : **SB23.I4281**

Amount of Each Disbursement this Period: 2500.00

Memo Item
PRIMARY 2016

B. MCSALLY FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 19128

City TUCSON	State AZ	Zip Code 85731-9128
Purpose of Disbursement POLITICAL CONTRIBUTION: PRIMARY 2016		012
Candidate Name MS. MARTHA E. MCSALLY		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ District: 02		

Date of Disbursement: 03 / 22 / 2016

Transaction ID : **SB23.I4507**

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. WALBERG FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 1362

City JACKSON	State MI	Zip Code 49204-1362
Purpose of Disbursement POLITICAL CONTRIBUTION: PRIMARY 2016		012
Candidate Name TIMOTHY L. WALBERG		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 07		

Date of Disbursement: 03 / 22 / 2016

Transaction ID : **SB23.I4508**

Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	4500.00