

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.

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC 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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

- (d) 30-Day **POST-Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period / / through / /

07 / 01 / 2022 through 09 / 30 / 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Chiecko, Gregory, , ,

Type or Print Name of Treasurer _____

Signature of Treasurer Chiecko, Gregory, , , [Electronically Filed] Date / /

10 / 14 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only								
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC 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="2022"/>		33490.25
(b) Cash on Hand at Beginning of Reporting Period.....	60864.52	
(c) Total Receipts (from Line 19)	5583.29	61705.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	66447.81	95195.93
7. Total Disbursements (from Line 31).....	20675.67	49423.79
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	45772.14	45772.14
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	55697.00
(ii) Unitemized	0.00	325.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	56022.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	56022.00
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.....	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	583.29	683.68
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)).....▶	5583.29	61705.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5583.29	61705.68

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	154.91	1070.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	154.91	1070.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19500.00	45500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	1020.76	2853.58
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	20675.67	49423.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20675.67	49423.79

DETAILED SUMMARY PAGE
of Disbursements

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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)	0.00	56022.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	56022.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	154.91	1070.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	154.91	1070.21

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" 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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. BILLY LONG FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3246 E RIDGEVIEW ST

City SPRINGFIELD	State MO	Zip Code 65804
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FEC ID number of contributing federal political committee. **C** C00460063

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2022
 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
09		10		2022

Transaction ID : SA16.5345

Amount of Each Receipt this Period
2500.00

Memo Item
Refund of Contribution Made

B. BILLY LONG FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3246 E RIDGEVIEW ST

City SPRINGFIELD	State MO	Zip Code 65804
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00460063

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2022
 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
09		30		2022

Transaction ID : SA16.5346

Amount of Each Receipt this Period
2500.00

Memo Item
Refund of Contribution Made

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	5000.00

**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 15
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. Wells Fargo Advisors

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7900 Xerxes Ave S
10th FL

City Bloomington State MN Zip Code 55431

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
621.76

Date of Receipt
MM / DD / YYYY
07 / 31 / 2022

Transaction ID : SA17.5336

Amount of Each Receipt this Period
502.22

Memo Item
Unrealized gains in investment account

B. Wells Fargo Advisors

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7900 Xerxes Ave S
10th FL

City Bloomington State MN Zip Code 55431

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
621.77

Date of Receipt
MM / DD / YYYY
07 / 31 / 2022

Transaction ID : SA17.5339

Amount of Each Receipt this Period
0.01

Memo Item
Interest Income

C. Wells Fargo Advisors

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7900 Xerxes Ave S
10th FL

City Bloomington State MN Zip Code 55431

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
642.19

Date of Receipt
MM / DD / YYYY
08 / 31 / 2022

Transaction ID : SA17.5333

Amount of Each Receipt this Period
20.42

Memo Item
Dividend Income

SUBTOTAL of Receipts This Page (optional).....	522.65
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 15
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. Wells Fargo Advisors
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7900 Xerxes Ave S
 10th FL
 City Bloomington State MN Zip Code 55431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 642.20

Date of Receipt
 08 / 31 / 2022
Transaction ID : SA17.5340
 Amount of Each Receipt this Period 0.01
 Memo Item
 Interest Income

B. Wells Fargo Advisors
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7900 Xerxes Ave S
 10th FL
 City Bloomington State MN Zip Code 55431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 683.55

Date of Receipt
 09 / 30 / 2022
Transaction ID : SA17.5335
 Amount of Each Receipt this Period 41.35
 Memo Item
 Dividend Income

C. Wells Fargo Advisors
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7900 Xerxes Ave S
 10th FL
 City Bloomington State MN Zip Code 55431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 683.68

Date of Receipt
 09 / 30 / 2022
Transaction ID : SA17.5341
 Amount of Each Receipt this Period 0.13
 Memo Item
 Interest Income

SUBTOTAL of Receipts This Page (optional).....	41.49
TOTAL This Period (last page this line number only).....	564.14

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"/> 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)

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial)

A. AuthorizeNet

Mailing Address P.O. Box 947

City American Fork State UT Zip Code 84003

Purpose of Disbursement
Advisory Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2022

FEC Identification Number

C []

Transaction ID : SB21B.5326

Amount of Each Disbursement this Period

[] 30.00

Memo Item

Full Name (Last, First, Middle Initial)

B. AuthorizeNet

Mailing Address P.O. Box 947

City American Fork State UT Zip Code 84003

Purpose of Disbursement
Advisory Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2022
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2022

FEC Identification Number

C []

Transaction ID : SB21B.5327

Amount of Each Disbursement this Period

[] 15.00

Memo Item

Full Name (Last, First, Middle Initial)

C. AuthorizeNet

Mailing Address P.O. Box 947

City American Fork State UT Zip Code 84003

Purpose of Disbursement
Advisory Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2022

FEC Identification Number

C []

Transaction ID : SB21B.5328

Amount of Each Disbursement this Period

[] 30.00

Memo Item

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

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

[] 75.00

[]

**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"/> 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)

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial)

A. Wells Fargo Advisors

Mailing Address 7900 Xerxes Ave S
10th FL

City Bloomington State MN Zip Code 55431

Purpose of Disbursement
Investment Advisory Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2022

FEC Identification Number

C

Transaction ID : SB21B.5342

Amount of Each Disbursement this Period

19.91

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

FEC Identification Number

C

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

FEC Identification Number

C

Amount of Each Disbursement this Period

--

Memo Item

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

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

19.91

94.91

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial)
A. ANDY HARRIS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2022

Mailing Address PO BOX 426

FEC Identification Number

C C00435974

Transaction ID : SB23.5300

Amount of Each Disbursement this Period

2500.00

Memo Item

City STEVENSVILLE State MD Zip Code 21666

Purpose of Disbursement Contribution

Candidate Name

HARRIS, ANDREW P, , ,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: MD District: 01

Full Name (Last, First, Middle Initial)
B. BILLY LONG FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2022

Mailing Address 3246 E RIDGEVIEW ST

FEC Identification Number

C C00460063

Transaction ID : SB23.5301

Amount of Each Disbursement this Period

2500.00

Memo Item

City SPRINGFIELD State MO Zip Code 65804

Purpose of Disbursement Contribution

Candidate Name

LONG, BILLY MR., , ,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: MO District: 07

Full Name (Last, First, Middle Initial)
C. BUCSHON FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2022

Mailing Address PO BOX 250

FEC Identification Number

C C00468256

Transaction ID : SB23.5307

Amount of Each Disbursement this Period

1000.00

Memo Item

City NEWBURGH State IN Zip Code 47629

Purpose of Disbursement Contribution

Candidate Name

BUCSHON, LARRY D., , ,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: IN District: 08

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial)

A. GREG PENCE FOR CONGRESS

Mailing Address PO BOX 275

City TAYLORSVILLE State IN Zip Code 47280

Purpose of Disbursement
Contribution

Candidate Name
PENCE, GREGORY J., , ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: IN District: 06

Date of Disbursement
MM / DD / YYYY
07 / 25 / 2022

FEC Identification Number
C C00658401
Transaction ID : SB23.5302
Amount of Each Disbursement this Period
1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MAGGIE FOR NH

Mailing Address PO BOX 298

City CONCORD State NH Zip Code 03302

Purpose of Disbursement
Contribution

Candidate Name
HASSAN, MARGARET WOOD, , ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: NH District: 00

Date of Disbursement
MM / DD / YYYY
09 / 12 / 2022

FEC Identification Number
C C00588772
Transaction ID : SB23.5316
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PETERS FOR MICHIGAN

Mailing Address PO BOX 32072

City DETROIT State MI Zip Code 48244

Purpose of Disbursement
Contribution

Candidate Name
PETERS, GARY, , ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: MI District: 00

Date of Disbursement
MM / DD / YYYY
08 / 25 / 2022

FEC Identification Number
C C00437889
Transaction ID : SB23.5313
Amount of Each Disbursement this Period
2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6500.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial)

A. ROUZER CONGRESSIONAL TRUST

Mailing Address PO BOX 377

City
WAKE FOREST

State
NC

Zip Code
27588

Purpose of Disbursement
Contribution

Candidate Name

ROUZER, DAVID CHESTON, , ,

Office Sought: House
 Senate
 President
State: NC District: 07

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2022

FEC Identification Number

C C00578823

Transaction ID : SB23.5310

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SALAZAR FOR CONGRESS

Mailing Address 3725 WEST FLAGLER STREET
#281

City
MIAMI

State
FL

Zip Code
33134

Purpose of Disbursement
Contribution

Candidate Name

SALAZAR, MARIA ELVIRA, , ,

Office Sought: House
 Senate
 President
State: FL District: 27

Disbursement For: 2022
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 25 / 2022

FEC Identification Number

C C00714261

Transaction ID : SB23.5306

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. STAND WITH SANCHEZ

Mailing Address PO BOX 83142

City
GAITHERSBURRG

State
MD

Zip Code
20883

Purpose of Disbursement
Contribution

Candidate Name

SANCHEZ, LINDA, , ,

Office Sought: House
 Senate
 President
State: CA District: 38

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2022

FEC Identification Number

C C00384057

Transaction ID : SB23.5319

Amount of Each Disbursement this Period

2500.00

Memo Item

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

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial)

A. TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2022

Mailing Address 1519 WASHINGTON STREET
SUITE 200

City LAREDO State TX Zip Code 78040

Purpose of Disbursement
Contribution

FEC Identification Number

C C00371302

Transaction ID : SB23.5322

Amount of Each Disbursement this Period

2500.00

Candidate Name

CUELLAR, HENRY R., , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: TX District: 28

Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

FEC Identification Number

C

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

FEC Identification Number

C

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Memo Item

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

2500.00

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

19500.00

**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"/> 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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial) A. Wells Fargo Advisors		Date of Disbursement MM / DD / YYYY 08 / 31 / 2022
Mailing Address 7900 Xerxes Ave S 10th FL		FEC Identification Number C [] Transaction ID : SB29.5337 Amount of Each Disbursement this Period [] 304.13
City Bloomington	State MN	Zip Code 55431
Purpose of Disbursement Unrealized losses in investment account		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Wells Fargo Advisors		Date of Disbursement MM / DD / YYYY 09 / 30 / 2022
Mailing Address 7900 Xerxes Ave S 10th FL		FEC Identification Number C [] Transaction ID : SB29.5338 Amount of Each Disbursement this Period [] 716.63
City Bloomington	State MN	Zip Code 55431
Purpose of Disbursement Unrealized losses in investment account		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY [] / [] / []
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []
City	State	Zip Code
Purpose of Disbursement		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1020.76
TOTAL This Period (last page this line number only).....▶	[] 1020.76