

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

National Automatic Merchandising Association Political Action Committee (NAMA-PAC)

ADDRESS (number and street) 20 North Wacker Drive

Suite 3500

Check if different than previously reported. (ACC) Chicago IL 60606

2. **FEC IDENTIFICATION NUMBER ▼** C C00235762

**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 M M M / D D D / Y Y Y Y Y Y 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)
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Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2015 through M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015

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

Type or Print Name of Treasurer Robert F. Carlin

Signature of Treasurer Robert F. Carlin *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016

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

Office Use Only		<b>FEC FORM 3X</b> Rev. 12/2004
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**National Automatic Merchandising Association Political Action Committee (NAMA-PAC)**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="26110.00"/>	<input type="text" value="26110.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="12362.39"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="10475.00"/>	<input type="text" value="13175.00"/>
(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="22837.39"/>	<input type="text" value="39285.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="19728.40"/>	<input type="text" value="36176.01"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3108.99"/>	<input type="text" value="3108.99"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

**National Automatic Merchandising Association Political Action Committee (NAMA-PAC)**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10375.00	12675.00
(ii) Unitemized .....	100.00	500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10475.00	13175.00
(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) .....	10475.00	13175.00
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))..... ▶	10475.00	13175.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10475.00	13175.00

**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 .....	11228.40	15426.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	11228.40	15426.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	20750.00
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)) ..	19728.40	36176.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19728.40	36176.01

**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) .....	10475.00	13175.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10475.00	13175.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	11228.40	15426.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	11228.40	15426.01

**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)  
**National Automatic Merchandising Association Political Action Committee (NAMA-PAC)**

Full Name (Last, First, Middle Initial)  
**A. Howard Chapman**

Mailing Address 115 Trillium Drive

City Birmingham State AL Zip Code 35210

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

Name of Employer Royal Cup Coffee Occupation VP & Division Manager

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  
 12 / 11 / 2015

**Transaction ID : SA11AI.4368**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**B. Thomas J. Harrington**

Mailing Address 2795 Peachtree Road, NE Unit 2506

City Atlanta State GA Zip Code 30305-3794

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

Name of Employer DS Waters of America, Inc. Occupation President/CEO

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  
 11 / 09 / 2015

**Transaction ID : SA11AI.4361**

Amount of Each Receipt this Period  
 5000.00

Full Name (Last, First, Middle Initial)  
**c. Craig A. Hesch**

Mailing Address 3307 Kristen Trail

City Cyrstal Lake State IL Zip Code 60012

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

Name of Employer A.H. Management Group, Inc. Occupation CFO

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  
 12 / 11 / 2015

**Transaction ID : SA11AI.4367**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7000.00

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

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

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

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

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NAME OF COMMITTEE (In Full)  
**National Automatic Merchandising Association Political Action Committee (NAMA-PAC)**

**A. Joseph Hessling**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1743 Mapelawn  
 City State Zip Code  
 Troy MI 48084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 365 Retail Markets CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2015  
**Transaction ID : SA11AI.4365**  
 Amount of Each Receipt this Period  
 250.00

**B. Greg Sidwell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2944 Leprechaun Lane  
 City State Zip Code  
 Palm Harbor FL 34683  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 G & J Marketing President  
 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  
 12 / 11 / 2015  
**Transaction ID : SA11AI.4369**  
 Amount of Each Receipt this Period  
 2500.00

**C. Peter Tullio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18907 Dukas Street  
 City State Zip Code  
 Porter Ranch CA 91326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Gourmet Coffee Service CFO/Owner  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2015  
**Transaction ID : SA11AI.4356**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2850.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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

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NAME OF COMMITTEE (In Full)  
**National Automatic Merchandising Association Political Action Committee (NAMA-PAC)**

**A. Peter Tullio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18907 Dukas Street  
 City Porter Ranch State CA Zip Code 91326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Gourmet Coffee Service CFO/Owner  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2015  
**Transaction ID : SA11AI.4357**  
 Amount of Each Receipt this Period  
 100.00

**B. Peter Tullio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18907 Dukas Street  
 City Porter Ranch State CA Zip Code 91326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Gourmet Coffee Service CFO/Owner  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2015  
**Transaction ID : SA11AI.4358**  
 Amount of Each Receipt this Period  
 100.00

**C. Peter Tullio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18907 Dukas Street  
 City Porter Ranch State CA Zip Code 91326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Gourmet Coffee Service CFO/Owner  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : SA11AI.4360**  
 Amount of Each Receipt this Period  
 100.00

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



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

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

FOR LINE NUMBER: PAGE 9 OF 15  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**National Automatic Merchandising Association Political Action Committee (NAMA-PAC)**

**A. Peter Tullio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18907 Dukas Street  
City Porter Ranch State CA Zip Code 91326  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gourmet Coffee Service Occupation CFO/Owner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 13 / 2015  
**Transaction ID : SA11AI.4363**  
Amount of Each Receipt this Period 100.00

**B. Peter Tullio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18907 Dukas Street  
City Porter Ranch State CA Zip Code 91326  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gourmet Coffee Service Occupation CFO/Owner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 12 / 02 / 2015  
**Transaction ID : SA11AI.4364**  
Amount of Each Receipt this Period 125.00

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

Date of Receipt  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	10375.00

**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)

**National Automatic Merchandising Association Political Action Committee (NAMA-PAC)**

Full Name (Last, First, Middle Initial)

**A. Nancy L. Bocskor**

Mailing Address 3323 N. Washington Blvd

City State Zip Code  
Arlington VA 22201

Purpose of Disbursement  
Fundraising Consulting

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2015

**Transaction ID : SB21B.4378**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Nancy L. Bocskor**

Mailing Address 3323 N. Washington Blvd

City State Zip Code  
Arlington VA 22201

Purpose of Disbursement  
Fundraising Consulting & Postage

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 21 / 2015

**Transaction ID : SB21B.4382**

Amount of Each Disbursement this Period

2523.13

Full Name (Last, First, Middle Initial)

**C. Nancy L. Bocskor**

Mailing Address 3323 N. Washington Blvd

City State Zip Code  
Arlington VA 22201

Purpose of Disbursement  
Fundraising Consulting

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2015

**Transaction ID : SB21B.4383**

Amount of Each Disbursement this Period

2500.00

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

7523.13

**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)

**National Automatic Merchandising Association Political Action Committee (NAMA-PAC)**

Full Name (Last, First, Middle Initial)

**A. Nancy L. Bocskor**

Mailing Address 3323 N. Washington Blvd

City Arlington State VA Zip Code 22201

Purpose of Disbursement Fundraising Consulting

003

Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2015

Transaction ID : SB21B.4384

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Concentric Office**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement Compliance Services

001

Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2015

Transaction ID : SB21B.4377

Amount of Each Disbursement this Period

302.45

Full Name (Last, First, Middle Initial)

**C. Concentric Office**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement Compliance Services

001

Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 22 / 2015

Transaction ID : SB21B.4410

Amount of Each Disbursement this Period

301.96

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

3104.41

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Automatic Merchandising Association Political Action Committee (NAMA-PAC)**

Full Name (Last, First, Middle Initial)

**A. Josh Kraushaar**

Mailing Address 7023 Haycock Road  
Unit L

City Falls Church State VA Zip Code 22043

Purpose of Disbursement  
Speaker Fee

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2015

**Transaction ID : SB21B.4380**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

500.00

11127.54

**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)

**National Automatic Merchandising Association Political Action Committee (NAMA-PAC)**

Full Name (Last, First, Middle Initial)

**A. DAVID ROUZER FOR CONGRESS**

Mailing Address PO BOX 2267

City SMITHFIELD State NC Zip Code 27577

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

**DAVID CHESTON MR. ROUZER**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

Transaction ID : SB23.4397

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF ROY BLUNT**

Mailing Address PO BOX 10178

City COLUMBIA State MO Zip Code 65205

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

**ROY BLUNT**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MO District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.4399

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. HUIZENGA FOR CONGRESS**

Mailing Address PO BOX 254

City ZEELAND State MI Zip Code 49464

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

**WILLIAM P THE HON. HUIZENGA**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2015			

Transaction ID : SB23.4403

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**National Automatic Merchandising Association Political Action Committee (NAMA-PAC)**

Full Name (Last, First, Middle Initial) <b>A. KIND FOR CONGRESS COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2015
Mailing Address 3061 EDGEWATER LN		<b>Transaction ID : SB23.4390</b>
City LA CROSSE State WI Zip Code 54603	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Committee Contribution	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>RONALD JAMES KIND</b>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03		

Full Name (Last, First, Middle Initial) <b>B. MULVANEY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2015
Mailing Address P.O. BOX 1975		<b>Transaction ID : SB23.4386</b>
City LANCASTER State SC Zip Code 29721	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Committee Contribution	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>JOHN MICHAEL 'MICK' MULVANEY</b>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05		

Full Name (Last, First, Middle Initial) <b>C. ROBERT ADERHOLT FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2015
Mailing Address P. O. BOX 1158		<b>Transaction ID : SB23.4394</b>
City HALEYVILLE State AL Zip Code 35565	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Committee Contribution	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>ROBERT BROWN ADERHOLT</b>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 04		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)

**National Automatic Merchandising Association Political Action Committee (NAMA-PAC)**

Full Name (Last, First, Middle Initial)

**A. STEVE CHABOT FOR CONGRESS**

Mailing Address 3030 HARRISON AVE.

City CINCINNATI State OH Zip Code 45211

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

**STEVE CHABOT**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2015

Transaction ID : SB23.4391

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. TIM SCOTT FOR SENATE**

Mailing Address 1405 ASHLEY RIVER ROAD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

**TIMOTHY E SCOTT**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SC District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	15	/	2015

Transaction ID : SB23.4402

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. TOM MACARTHUR FOR CONGRESS INC.**

Mailing Address PO BOX 225

City COLONIA State NJ Zip Code 07067

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

**THOMAS MACARTHUR**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	08	/	2015

Transaction ID : SB23.4408

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2500.00
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**TOTAL** This Period (last page this line number only)..... ▶

8500.00
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