

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 OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

ADDRESS (number and street) 1305 Memorial Avenue Check if different than previously reported. (ACC) West Springfield MA 01089

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00163212 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

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

5. Covering Period 07 / 01 / 2021 through 12 / 31 / 2021

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 04 / 15 / 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.

**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="2021"/>	<input type="text" value="33510.65"/>	<input type="text" value="33510.65"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="34294.83"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="20674.66"/>	<input type="text" value="41290.47"/>
(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="54969.49"/>	<input type="text" value="74801.12"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="21479.24"/>	<input type="text" value="41310.87"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="33490.25"/>	<input type="text" value="33490.25"/>
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

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).....	15021.00	35021.00
(ii) Unitemized	100.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	15121.00	35121.00
(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)	15121.00	35121.00
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.).....	5553.66	6169.47
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)).....▶	20674.66	41290.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	20674.66	41290.47

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

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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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20500.00	40000.00
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).....	979.24	1310.87
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)) ..	21479.24	41310.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21479.24	41310.87

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	15121.00	35121.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15121.00	35121.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

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

A. KALIFF, MITCHELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2009 NW Military Hwy.
 City SAN ANTONIO State TX Zip Code 78213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KALIFF INSURANCE Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 20 / 2021
Transaction ID : SA11AI.5090
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. LEAVITT, CHARLENE, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 10
 City Laveen State AZ Zip Code 85339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RAY CAMMACK SHOWS Occupation (for Individual) CHIEF OPERATING OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 24 / 2021
Transaction ID : SA11AI.5098
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Reithoffer, Marianne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9022 Wiggins Rd.
 City Gibsonton State FL Zip Code 33534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Reithoffer Shows, Inc. Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 09 / 2021
Transaction ID : SA11AI.5095
 Amount of Each Receipt this Period 1000.00
 Memo Item

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: (check only one)	PAGE 7 OF 13
	<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

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

A. REITHOFFER, RICHARD, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9022 WIGGINS RD
 City GIBSONTON State FL Zip Code 33534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) REITHOFFER SHOWS Occupation (for Individual) CARNIVAL OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **09 / 17 / 2021**
Transaction ID : SA11AI.5088
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. REITHOFFER, RICHARD, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9022 WIGGINS RD
 City GIBSONTON State FL Zip Code 33534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) REITHOFFER SHOWS Occupation (for Individual) CARNIVAL OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **11 / 09 / 2021**
Transaction ID : SA11AI.5092
 Amount of Each Receipt this Period 4000.00
 Memo Item

C. ROWLAND, DENNIS, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1543 BARTOW RD
 City LAKELAND State FL Zip Code 33801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARRETT'S EAST COAST FOODS Occupation (for Individual) FOOD CONCESSION OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1021.00

Date of Receipt **08 / 07 / 2021**
Transaction ID : SA11AI.5087
 Amount of Each Receipt this Period 1021.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6021.00
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 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. SINCLAIR, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2721 Selena Circle

City White Bear Lake	State MN	Zip Code 55110
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) **MINNESOTA STATE FAIR**
 Occupation (for Individual) **FAIR MANAGER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: **11 / 15 / 2021**
Transaction ID : SA11AI.5097

Amount of Each Receipt this Period: 1000.00

Memo Item

B. WOOD, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 OSIANA DR

City SAN ANTONIO	State TX	Zip Code 78248
---------------------	-------------	-------------------

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

Name of Employer (for Individual) **WOOD ENTERTAINMENT CO**
 Occupation (for Individual) **RIDE OWNER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: **11 / 12 / 2021**
Transaction ID : SA11AI.5096

Amount of Each Receipt this Period: 1000.00

Memo Item

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	15021.00

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

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

A. FRIENDS OF ROY BLUNT
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 10178
 City COLUMBIA State MO Zip Code 65205
 FEC ID number of contributing federal political committee. **C** C00304758
 Name of Employer (for Individual) Occupation (for Individual)
 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
 10 / 06 / 2021
Transaction ID : SA17.5254
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 Refund of Contribution

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 ▼ 1169.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2021
Transaction ID : SA17.5119
 Amount of Each Receipt this Period
 553.66
 Memo Item
 Dividend income

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
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5553.66
TOTAL This Period (last page this line number only).....▶	5553.66

**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. BEN CLINE FOR CONGRESS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	23	/	2021

Mailing Address P.O. BOX 817

City LEXINGTON State VA Zip Code 24450

FEC Identification Number

C C00661561

Transaction ID : SB23.5102

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011
Category/
Type

Memo Item

Candidate Name

CLINE, BENJAMIN LEE, , ,

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

State: VA District: 06

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2021

Mailing Address P.O. BOX 722256

City NORMAN State OK Zip Code 73070

FEC Identification Number

C C00379735

Transaction ID : SB23.5104

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011
Category/
Type

Memo Item

Candidate Name

COLE, TOM, , ,

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

State: OK District: 04

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2021

Mailing Address PO BOX 103

City CARMEL VALLEY State CA Zip Code 93924

FEC Identification Number

C C00592154

Transaction ID : SB23.5110

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

011
Category/
Type

Memo Item

Candidate Name

PANETTA, JIMMY, , ,

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

State: CA District: 19

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

7000.00

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

A. RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)

Mailing Address ONE CONSTITUTION AVE NE STE 300

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 06 / 2021

FEC Identification Number: C00344648

Transaction ID : SB23.5258

Amount of Each Disbursement this Period: 5000.00

Memo Item

B. TEAM GRAHAM INC

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1801

City COLUMBIA State SC Zip Code 29202

Purpose of Disbursement

Candidate Name GRAHAM, LINDSEY O, , ,

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: SC District: 00

Date of Disbursement: 09 / 21 / 2021

FEC Identification Number: C00458828

Transaction ID : SB23.5103

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN

Full Name (Last, First, Middle Initial)

Mailing Address 1519 WASHINGTON STREET SUITE 200

City LAREDO State TX Zip Code 78040

Purpose of Disbursement

Candidate Name CUELLAR, HENRY R., , ,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: TX District: 28

Date of Disbursement: 11 / 24 / 2021

FEC Identification Number: C00371302

Transaction ID : SB23.5113

Amount of Each Disbursement this Period: 2500.00

Memo Item

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

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

8500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. ZOE 2020

Mailing Address 1346 THE ALAMEDA #7-380
C/O CONTRIBUTION SOLUTIONS, LLC

City SAN JOSE State CA Zip Code 95126

Purpose of Disbursement

001
 011
Category/
Type

Candidate Name
LOFGREN, ZOE, , ,

Office Sought: House
 Senate
 President
State: CA District: 19

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 20 / 2021

FEC Identification Number
C C00693655
Transaction ID : SB23.5111
Amount of Each Disbursement this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement
M M / D D / Y Y Y Y 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

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y 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)..... ▶

5000.00
20500.00

**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. AuthorizeNet

Mailing Address P.O. Box 947

City American Fork State UT Zip Code 84003

Purpose of Disbursement Bank fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 02 / 2021

FEC Identification Number

C
Transaction ID : SB29.5117
Amount of Each Disbursement this Period
306.28

Memo Item

Full Name (Last, First, Middle Initial)

B. First Bank

Mailing Address 415 N Mathilda Ave

City Sunnyvale State CA Zip Code 94085

Purpose of Disbursement Bank fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 02 / 2021

FEC Identification Number

C
Transaction ID : SB29.5118
Amount of Each Disbursement this Period
410.03

Memo Item

Full Name (Last, First, Middle Initial)

C. Wells Fargo Advisors

Mailing Address 7900 Xerxes Ave S
10th FL

City Bloomington State MN Zip Code 55431

Purpose of Disbursement Unrealized loss 6/1/2021-12/31/2021

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 31 / 2021

FEC Identification Number

C
Transaction ID : SB29.5259
Amount of Each Disbursement this Period
217.12

Memo Item

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

933.43

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

933.43