

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.
Kelly 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 Theodore V. Koch

Signature of Treasurer Theodore V. Koch [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

Kelly PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="118411.3"/>	<input type="text" value="118411.3"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="151367.74"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="12500"/>	<input type="text" value="124048.66"/>
(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="163867.74"/>	<input type="text" value="242459.96"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="20013.62"/>	<input type="text" value="98605.84"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="143854.12"/>	<input type="text" value="143854.12"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="9625"/>	

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
Kelly 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	10000
(ii) Unitemized	0	0
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0	10000
(b) Political Party Committees	0	1048.66
(c) Other Political Committees (such as PACs).....	12500	113000
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	12500	124048.66
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5)	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	12500	124048.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12500	124048.66

DETAILED SUMMARY PAGE

of Disbursements

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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	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	8413.62	50405.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	8413.62	50405.84
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000	45000
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	1600	3200
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	20013.62	98605.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20013.62	98605.84

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)	12500	124048.66
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12500	124048.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	8413.62	50405.84
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8413.62	50405.84

**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 11
<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

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)
Kelly PAC

Full Name (Last, First, Middle Initial) A. College of American Pathologists PAC		Date of Receipt
Mailing Address 1350 I Street NW Suite 590		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20005-3305
FEC ID number of contributing federal political committee. C C00274944		Transaction ID : 314-963-c
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1000"/>
		Contribution

Full Name (Last, First, Middle Initial) B. General Dynamics Corporation PAC (GDC PAC)		Date of Receipt
Mailing Address 2941 Fairview Park Drive Suite 100		<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City Falls Church	State VA	Zip Code 22042-4541
FEC ID number of contributing federal political committee. C C00078451		Transaction ID : 789-968-c
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1500"/>
		Contribution

Full Name (Last, First, Middle Initial) C. Honeywell International PAC		Date of Receipt
Mailing Address 101 Constitution Avenue NW Suite 500 W		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C C00096156		Transaction ID : 318-970-c
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="2500"/>
		Contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 11
<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)
Kelly PAC

Full Name (Last, First, Middle Initial)
A. Marsh & McLennan Companies, Inc. PAC (MMCPAC)

Mailing Address 1166 Avenue Of The Americas

City New York State NY Zip Code 10036-2708

FEC ID number of contributing federal political committee. **C** C00457234

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000

Date of Receipt
04 / 30 / 2014
Transaction ID : 787-975-c

Amount of Each Receipt this Period
2000

Contribution

Full Name (Last, First, Middle Initial)
B. Mortgage Bankers Association PAC (MORPAC)

Mailing Address 1717 Rhode Island Avenue NW Suite 400

City Washington State DC Zip Code 20036-3023

FEC ID number of contributing federal political committee. **C** C00004812

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500

Date of Receipt
04 / 11 / 2014
Transaction ID : 501-969-c

Amount of Each Receipt this Period
2500

Contribution

Full Name (Last, First, Middle Initial)
C. Motorola Solutions, Inc. PAC

Mailing Address 1455 Pennsylvania Avenue NW Suite 900

City Washington State DC Zip Code 20004-1016

FEC ID number of contributing federal political committee. **C** C00075341

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000

Date of Receipt
04 / 30 / 2014
Transaction ID : 868-976-c

Amount of Each Receipt this Period
3000

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	7500.00
TOTAL This Period (last page this line number only).....▶	12500.00

**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)
Kelly PAC

Full Name (Last, First, Middle Initial)

A. Koch & Hoos, LLC

Mailing Address 901 N Washington Street
Suite 700

City Alexandria State VA Zip Code 22314-1535

Purpose of Disbursement
PAC Accounting/Compliance Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B-500-946-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. The Gula Graham Group

Mailing Address 499 S Capitol Street SW
Suite 420

City Washington State DC Zip Code 20003-4027

Purpose of Disbursement
PAC Event/Food & Beverage/Fax/Email/Shipping

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B-271-948-e

Amount of Each Disbursement this Period

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

/ /

Amount of Each Disbursement this Period

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 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)
Kelly PAC

Full Name (Last, First, Middle Initial)

A. McConnell Senate Committee '14

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201-1496

Purpose of Disbursement
Contribution

011

Candidate Name

Mitch McConnell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	7			2	0	1	4		

Transaction ID : SB23-763-967-e

Amount of Each Disbursement this Period

2	5	0	0										
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Full Name (Last, First, Middle Initial)

B. Terri Lynn Land for Senate

Mailing Address PO Box 308

City Grandville State MI Zip Code 49468-0308

Purpose of Disbursement
Contribution

011

Candidate Name

Terri Lynn Land

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	8			2	0	1	4		

Transaction ID : SB23-859-947-e

Amount of Each Disbursement this Period

2	5	0	0										
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Full Name (Last, First, Middle Initial)

C. Thom Tillis Committee

Mailing Address PO Box 97396

City Raleigh State NC Zip Code 27624-7396

Purpose of Disbursement
Contribution

011

Candidate Name

Thom R. Tillis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	1	4		

Transaction ID : SB23-865-971-e

Amount of Each Disbursement this Period

5	0	0	0										
---	---	---	---	--	--	--	--	--	--	--	--	--	--

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

1	0	0	0	0	0								
---	---	---	---	---	---	--	--	--	--	--	--	--	--

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

1	0	0	0	0	0								
---	---	---	---	---	---	--	--	--	--	--	--	--	--

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kelly PAC

Full Name (Last, First, Middle Initial)

A. Carroll County Republican Committee

Mailing Address PO Box 1035

City Intervale State NH Zip Code 03845-1035

Purpose of Disbursement
Non-Federal Contribution

012

Candidate Name

Carroll County Republican Committee

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
04 / 15 / 2014

Transaction ID : SB29-412-965-e

Amount of Each Disbursement this Period

600

Full Name (Last, First, Middle Initial)

B. Rockingham County Republican Committee

Mailing Address PO Box 293

City Londonderry State NH Zip Code 03053-0293

Purpose of Disbursement
Non-Federal Contribution

012

Candidate Name

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
04 / 15 / 2014

Transaction ID : SB29-864-966-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

1600.00

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

1600.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 11
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Kelly PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gula Graham Group	Nature of Debt (Purpose): Administrative/Salary/Overhead: PAC Fundraising Consulting
Mailing Address 499 S Capitol Street SW Suite 420	
City State Zip Code Washington DC 20003-4027	

Outstanding Balance Beginning This Period <input type="text" value="0"/>	Transaction ID : SD10-DEBT978	
Amount Incurred This Period <input type="text" value="9625"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="9625"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
---	---	---	---

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
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1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="9625.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="9625.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="9625.00"/>