

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

LEGPAC

ADDRESS (number and street) 38 Ivy St., SE

Check if different than previously reported. (ACC) Washington DC 20003

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00385534

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), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), 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 12/06/2014 in the State of LA

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on in the State of

5. Covering Period 10/01/2014 through 11/16/2014

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 Harriet Rosen

Signature of Treasurer Harriet Rosen [Electronically Filed] Date 11/24/2014

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

Table with 10 columns for Office Use Only

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

LEGPAC

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="YYYY"/> <input type="text" value="2014"/>	<input type="text" value="59329.30"/>	<input type="text" value="59329.30"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="61950.61"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="32339.58"/>	<input type="text" value="163339.58"/>
(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="94290.19"/>	<input type="text" value="222668.88"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="37919.53"/>	<input type="text" value="166298.22"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="56370.66"/>	<input type="text" value="56370.66"/>
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)

Write or Type Committee Name

**LEGPAC**

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).....	9500.00	21500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9500.00	21500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	21500.00	140500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	31000.00	162000.00
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).....	1339.58	1339.58
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))..... ▶	32339.58	163339.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	32339.58	163339.58

**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 .....	7919.53	36973.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	7919.53	36973.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	93500.00
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	325.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	325.00
29. Other Disbursements .....	20000.00	35500.00
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)) ..	37919.53	166298.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37919.53	166298.22

**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) .....	31000.00	162000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	325.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31000.00	161675.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	7919.53	36973.22
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1339.58	1339.58
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6579.95	35633.64

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**LEGPAC**

**A. Jason McKittrick**  
Full Name (Last, First, Middle Initial)

Mailing Address 3500 Stoneybrae Dr

City Falls Church State VA Zip Code 22044

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

Name of Employer Liberty Partners Group Occupation Partner

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  
 10 / 15 / 2014

**Transaction ID : SA11AI.5799**

Amount of Each Receipt this Period  
 2500.00

**B. Charles J Mellody**  
Full Name (Last, First, Middle Initial)

Mailing Address 6506 Fallwind Ln

City Bethesda State MD Zip Code 20817-4941

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

Name of Employer Capitol Legislative Strategies Occupation Government Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2014

**Transaction ID : SA11AI.5811**

Amount of Each Receipt this Period  
 2000.00

**C. Andrew L. Woods**  
Full Name (Last, First, Middle Initial)

Mailing Address 6500 Abbey View Way

City Towson State MD Zip Code 21212

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

Name of Employer Liberty Partners Group Occupation Chairman

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 / 15 / 2014

**Transaction ID : SA11AI.5798**

Amount of Each Receipt this Period  
 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 17
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**LEGPAC**

Full Name (Last, First, Middle Initial) <b>A. AETNA INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt
Mailing Address 20 F STREET, N.W. SUITE 350		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	<b>Transaction ID : SA11C.5809</b>
WASHINGTON	DC	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00181826"/>	<input type="text" value="2500.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)</b>		Date of Receipt
Mailing Address 1050 31st Street N.W.		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	<b>Transaction ID : SA11C.5808</b>
Washington	DC	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00024521"/>	<input type="text" value="5000.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. COMCAST CORPORATION &amp; NBC UNIVERSAL Political Action Committee</b>		Date of Receipt
Mailing Address 1701 JFK BLVD 49th Floor		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	<b>Transaction ID : SA11C.5803</b>
Philadelphia	PA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00248716"/>	<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="8500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 17
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**LEGPAC**

**A.** Full Name (Last, First, Middle Initial)  
DRIVE - Democrat Republican Independent Voter Education PAC for Int'l Brotherhood of Teams

Mailing Address 25 Louisiana Ave., NW

City Washington	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 11 / 10 / 2014  
**Transaction ID : SA11C.5814**  
 Amount of Each Receipt this Period: 5000.00

**B.** Full Name (Last, First, Middle Initial)  
GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)

Mailing Address 1299 Pennsylvania Ave NW  
Suite 900W

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 10 / 2014  
**Transaction ID : SA11C.5806**  
 Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 101 CONSTITUTION AVE. NW  
SUITE 500 WEST

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 10 / 2014  
**Transaction ID : SA11C.5807**  
 Amount of Each Receipt this Period: 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7000.00
<b>TOTAL</b> 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 17  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**LEGPAC**

**A.** Full Name (Last, First, Middle Initial)  
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS POLITICAL ACTION COMMITTEE

Mailing Address 900 Seventh St, NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11C.5802**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
LEAGUE OF CONSERVATION VOTERS ACTION FUND

Mailing Address 1920 L ST NW SUITE 800

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00252940

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 10 / 2014

**Transaction ID : SA11C.5804**

Amount of Each Receipt this Period  
1000.00

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	21500.00

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

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

FOR LINE NUMBER: PAGE 10 OF 17  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**LEGPAC**

**A.** Full Name (Last, First, Middle Initial)  
**Inn at Perry Cabin**

Mailing Address 308 Watkins Lane

City State Zip Code  
St. Michael's MD 21663

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1339.58

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 11 / 10 / 2014

**Transaction ID : SA15.5813**

Amount of Each Receipt this Period  
1339.58

Refund of Lodging Payment from 9/5/2014

**B.** 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  
 M  M /  D  D /  Y  Y  Y  Y

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1339.58
<b>TOTAL</b> This Period (last page this line number only).....▶	1339.58

**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)  
**LEGPAC**

Full Name (Last, First, Middle Initial)

**A. Erickson & Co.**

Mailing Address 38 Ivy St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Reimbursement-Lodging/Food & Beverage

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2014

**Transaction ID : SB21B.5795**

Amount of Each Disbursement this Period

6421.03

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Inn at Perry Cabin**

Mailing Address 308 Watkins Lane

City St. Michael's State MD Zip Code 21663

Purpose of Disbursement  
Lodging & Food/Beverage

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2014

**Transaction ID : SB21B.5795.0**

Amount of Each Disbursement this Period

6421.03

Category/  
Type

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Erickson & Co.**

Mailing Address 38 Ivy St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Fundraising Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2014

**Transaction ID : SB21B.5816**

Amount of Each Disbursement this Period

821.75

Category/  
Type

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

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

7242.78

**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)  
**LEGPAC**

Full Name (Last, First, Middle Initial)

**A. Evans & Katz LLC**

Mailing Address 600 Pennsylvania Ave., SE  
Suite 340

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Accounting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 22 / 2014

**Transaction ID : SB21B.5784**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Evans & Katz LLC**

Mailing Address 600 Pennsylvania Ave., SE  
Suite 340

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Accounting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
11 / 10 / 2014

**Transaction ID : SB21B.5797**

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)  
**LEGPAC**

Full Name (Last, First, Middle Initial)

**A. DEMOCRATIC PARTY OF ARKANSAS**

Mailing Address 1300 WEST CAPITOL AVENUE

City LITTLE ROCK State AR Zip Code 72201

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB23.5788**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF MARY LANDRIEU, INC.**

Mailing Address 700 13TH STREET NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name

**MARY L LANDRIEU**

Office Sought:  House  Senate  President  
State: LA District:

Disbursement For: 2014  Primary  General  Other (specify) ▼  
Runoff

Date of Disbursement

/  /

Transaction ID : **SB23.5796**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. PEOPLE FOR RICK WEILAND**

Mailing Address PO BOX 1488

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement  
Contribution

Candidate Name

**RICHARD PAUL WEILAND**

Office Sought:  House  Senate  President  
State: SD District:

Disbursement For: 2014  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB23.5780**

Amount of Each Disbursement this Period

Category/  
Type

**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)  
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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)  
**LEGPAC**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Eric Bromwell**

Mailing Address 1 Minte Dr

City Nottingham State MD Zip Code 21236

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.5791**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Jim Brochin**

Mailing Address 305 Washington Ave.

City Towson State MD Zip Code 21204

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.5781**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Jim Brochin**

Mailing Address 305 Washington Ave.

City Towson State MD Zip Code 21204

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.5790**

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 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)  
**LEGPAC**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect John Bohanan**

Mailing Address P.O. Box 1542

City State Zip Code  
California MD 20619

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2014

**Transaction ID : SB29.5768**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. District 14 Team**

Mailing Address 706 Cloverly Street

City State Zip Code  
Silver Spring MD 20906

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2014

**Transaction ID : SB29.5785**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. District 15 Leadership Team**

Mailing Address P.O. Box 34408

City State Zip Code  
Bethesda MD 20827

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2014

**Transaction ID : SB29.5793**

Amount of Each Disbursement this Period

1000.00

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

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

4000.00

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

Use separate schedule(s)  
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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)  
**LEGPAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Jim Mathias**

Mailing Address 10445 Old Ocean City Blvd.

City Berlin State MD Zip Code 21811

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.5775**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Friends of John Olszewski, Jr.**

Mailing Address P.O. Box 35202

City Dundalk State MD Zip Code 21222

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.5772**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Friends of Lisa Gladden**

Mailing Address 3505 White Chapel Rd

City Baltimore State MD Zip Code 21215

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.5786**

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 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)  
**LEGPAC**

Full Name (Last, First, Middle Initial)

### A. Friends of Mary Dulany-James

Mailing Address P.O. Box 417

City State Zip Code  
Havre de Grace MD 21078

Purpose of Disbursement  
Non-Federal Contribution

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
10		13		2014

Transaction ID : SB29.5773

Amount of Each Disbursement this Period

2000.00
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Full Name (Last, First, Middle Initial)

### B. Ken Robinson 2014

Mailing Address P.O. Box 2150

City State Zip Code  
La Plata MD 20646

Purpose of Disbursement  
Non-Federal Contribution

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
10		13		2014

Transaction ID : SB29.5782

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

### C. Ned Carey for Delegate

Mailing Address 311 Fifth Avenue

City State Zip Code  
Brooklyn Park MD 21225

Purpose of Disbursement  
Non-Federal Contribution

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
10		06		2014

Transaction ID : SB29.5766

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5000.00
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**TOTAL** This Period (last page this line number only)..... ▶

20000.00
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