

# 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**  
True North PAC

ADDRESS (number and street) 901 N Washington St, Suite 700  
Check if different than previously reported. (ACC) Alexandria VA 22314

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00571000 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 M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2017 through 06 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Koch, Timothy A., , ,  
Type or Print Name of Treasurer

Signature of Treasurer Koch, Timothy A., , , [Electronically Filed] Date 07 / 28 / 2017

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**

Write or Type Committee Name

True North 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="2017"/>		<input type="text" value="65670.09"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="65670.09"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="145815.94"/>	<input type="text" value="145815.94"/>
(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="211486.03"/>	<input type="text" value="211486.03"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="149663.54"/>	<input type="text" value="149663.54"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="61822.49"/>	<input type="text" value="61822.49"/>
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

Write or Type Committee Name

**True North 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).....	83743.60	83743.60
(ii) Unitemized .....	216.00	216.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	83959.60	83959.60
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	53500.00	53500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	137459.60	137459.60
12. Transfers From Affiliated/Other Party Committees.....	6999.84	6999.84
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).....	434.20	434.20
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	922.30	922.30
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)).....▶	145815.94	145815.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	145815.94	145815.94

**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 .....	118663.54	118663.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	118663.54	118663.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31000.00	31000.00
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).....	0.00	0.00
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)) ..	149663.54	149663.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	149663.54	149663.54

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	137459.60	137459.60
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	137459.60	137459.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	118663.54	118663.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	434.20	434.20
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	118229.34	118229.34

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN  
Transaction ID :

For the payment to BB&T - Visa for \$1,757.39 on 2/14/2017, the memo entries exceed the paid amount due to the amount paid for prior statements exceeded the amount due for those statements.

Form/Schedule:  
Transaction ID:

**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 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**True North PAC**

**A. Arison, Madeleine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9999 Collins Ave  
Apt 15G

City Bal Harbour State FL Zip Code 33154

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

Name of Employer (for Individual) M&M Arison Family Foundation Occupation (for Individual) Founder

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 03 / 2017

**Transaction ID : SA11AI.5197**

Amount of Each Receipt this Period  
3000.00

Memo Item Contribution

**B. Arison, Micky, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9999 Collins Ave Apt 15G

City Bal Harbour State FL Zip Code 33154

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

Name of Employer (for Individual) Carnival Cruise Lines Occupation (for Individual) Executive

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  
 05 / 03 / 2017

**Transaction ID : SA11AI.5195**

Amount of Each Receipt this Period  
5000.00

Memo Item Contribution

**C. Barron, David, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 906 Ventura Place

City Mt. Pleasant State SC Zip Code 29464

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

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

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  
 02 / 15 / 2017

**Transaction ID : SA11AI.4942**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9000.00
<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: (check only one)	PAGE 8 OF 67
	<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	

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NAME OF COMMITTEE (In Full)  
**True North PAC**

**A. Edwards, J. Brad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 403 Lloyds Ln  
 City Alexandria State VA Zip Code 22302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jenkins Hill Consulting, LLC Occupation (for Individual) Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 28 / 2017**  
**Transaction ID : SA11AI.5143**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

**B. Fain, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 Arvida Pkwy  
 City Coral Gables State FL Zip Code 33156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Royal Caribbean Cruises Ltd. Occupation (for Individual) Chairman & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **05 / 03 / 2017**  
**Transaction ID : SA11AI.5199**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item Contribution

**C. Ferguson, Jack, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 203 Maryland Ave NE  
 City Washington State DC Zip Code 20002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jack Ferguson Associates Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 09 / 2017**  
**Transaction ID : SA11AI.5055**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<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: (check only one)	PAGE 9 OF 67
	<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	

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NAME OF COMMITTEE (In Full)  
**True North PAC**

**A. Fischer, David, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1795 Maplelawn Dr.  
 City Troy State MI Zip Code 48084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Suburban Collection Occupation (for Individual) Chairman & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 08 / 2017**  
**Transaction ID : SA11AI.4950**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item Contribution

**B. Froehlich, Kaleb, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1785 Evergreen Ave.  
 City Juneau State AK Zip Code 99801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cassidy & Associates Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 15 / 2017**  
**Transaction ID : SA11AI.4943**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

**C. Geier, Philip, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 70 E. 55th St. 10th Floor  
 City New York State NY Zip Code 10022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **03 / 07 / 2017**  
**Transaction ID : SA11AI.4956**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7500.00
<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: (check only one)	PAGE 10 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**True North PAC**

**A. Gilman, Bradley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 405 Talahi Road SE  
 City Vienna State VA Zip Code 22180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hoffman Silver Gilman & Biasco Occupation (for Individual) Attorney  
 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  
 01 / 17 / 2017  
**Transaction ID : SA11AI.4939**  
 Amount of Each Receipt this Period 250.00  
 Memo Item Contribution

**B. Gilman, Bradley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 405 Talahi Road SE  
 City Vienna State VA Zip Code 22180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hoffman Silver Gilman & Biasco Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2017  
**Transaction ID : SA11AI.5044**  
 Amount of Each Receipt this Period 250.00  
 Memo Item Contribution

**C. Graham, Howard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14980 Karl Ave  
 City Monte Sereno State CA Zip Code 95030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 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  
 01 / 25 / 2017  
**Transaction ID : SA11AI.4938**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5500.00
<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: (check only one)	PAGE 11 OF 67
	<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)  
**True North PAC**

**A. Guilford, Arthur, W, , III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1960 Wynwood Drive  
 City Rocky River State OH Zip Code 44116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2017  
**Transaction ID : SA11AI.5063**  
 Amount of Each Receipt this Period 250.00  
 Memo Item Contribution

**B. Henderson, James, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4228 N Riverside Dr  
 City Columbus State IN Zip Code 47203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 08 / 2017  
**Transaction ID : SA11AI.4949**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item Contribution

**C. Henderson, Mary, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4228 N Riverside Dr  
 City Columbus State IN Zip Code 47203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 08 / 2017  
**Transaction ID : SA11AI.5290**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5250.00
<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: (check only one)	PAGE 12 OF 67
	<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)  
**True North PAC**

**A. Higgins, John, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 Timothy Dr  
 City Andover State MA Zip Code 01810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **04 / 04 / 2017**  
**Transaction ID : SA11AI.5167**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item Contribution

**B. Johnson, Charles, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1220 South Ocean Boulevard  
 City Palm Beach State FL Zip Code 33480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 22 / 2017**  
**Transaction ID : SA11AI.5065**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item Contribution

**C. Karman, Christopher, James, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29 Fox Trace Lane  
 City Hudson State OH Zip Code 44236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Red Coach Properties, LLC Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 04 / 2017**  
**Transaction ID : SA11AI.5163**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8500.00
<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 13 OF 67  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**True North PAC**

**A. Karman, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 Seaspray Ave  
 City Palm Beach State FL Zip Code 33480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 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  
 03 / 22 / 2017  
**Transaction ID : SA11AI.5064**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item Contribution

**B. Kennedy, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 574 Marygate Dr  
 City Bay Village State OH Zip Code 44140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Packaging Corp. of America Occupation (for Individual) Sales  
 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  
 03 / 22 / 2017  
**Transaction ID : SA11AI.5062**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item Contribution

**C. Kennedy, Mary Lou, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 574 Marygate Dr  
 City Bay Village State OH Zip Code 44140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Kennedy Group Occupation (for Individual) Vice President  
 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  
 03 / 22 / 2017  
**Transaction ID : SA11AI.5289**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**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 14 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**True North PAC**

**A. Lewis, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6506 Blue Wing Drive  
 City Alexandria State VA Zip Code 22307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fritts Group Occupation (for Individual) Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 31 / 2017**  
**Transaction ID : SA11AI.5160**  
 Amount of Each Receipt this Period 250.00  
 Memo Item Contribution

**B. Miller, Donald, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 Via Tortuga  
 City Palm Beach State FL Zip Code 33480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Axiom International Investors Occupation (for Individual) Investment Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **04 / 04 / 2017**  
**Transaction ID : SA11AI.5164**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item Contribution

**C. Miller, Priscilla, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 Via Tortuga  
 City Palm Beach State FL Zip Code 33480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Homemaker Occupation (for Individual) Homemaker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **04 / 04 / 2017**  
**Transaction ID : SA11AI.5165**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10250.00
<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 15 OF 67
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**True North PAC**

**A. O'Neill, David, P., , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1350 Euclid Ave.  
 City Cleveland State OH Zip Code 44115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hanna Commercial Real Estate Occupation (for Individual) Executive Managing Director  
 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  
 03 / 08 / 2017  
**Transaction ID : SA11AI.4951**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 Contribution

**B. Pierce, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 W 34th Ave. Pmb 386  
 City Anchorage State AK Zip Code 99503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quintillion Networks Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2017  
**Transaction ID : SA11AI.5140**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 Contribution

**C. Quinn, Frederick, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12055 Mahogany Isle Ln.  
 City Ft. Myers State FL Zip Code 33913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 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  
 03 / 08 / 2017  
**Transaction ID : SA11AI.4948**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<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: (check only one)	PAGE 16 OF 67
	<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)  
**True North PAC**

**A. Robertson, Julian, H., , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Park Ave.  
 City New York State NY Zip Code 10178  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tiger Management, LLC Occupation (for Individual) Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 08 / 2017**  
**Transaction ID : SA11AI.4952**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item Contribution

**B. Rubin, Joshua, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6604 Westpoint Drive  
 City Hudson State OH Zip Code 44236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CJR Group, Inc Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 04 / 2017**  
**Transaction ID : SA11AI.5166**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

**C. Sobel, Clifford, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Collins Ave. Unit 408  
 City Miami Beach State FL Zip Code 33139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Valor Capital Group Occupation (for Individual) Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 18 / 2017**  
**Transaction ID : SA11AI.5046**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11000.00
<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: (check only one)	PAGE 17 OF 67
	<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)  
**True North PAC**

**A. Stephens-Shula, Mary Anne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Indian Creek Island Rd  
 City Indian Creek Village State FL Zip Code 33154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Shula Steakhouses Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 15 / 2017  
**Transaction ID : SA11AI.5250**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

**B. Sullivan, Frank, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27320 Lake Rd.  
 City Bay Village State OH Zip Code 44140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RPM International Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.60

Date of Receipt 02 / 13 / 2017  
**Transaction ID : SA11AI.5300**  
 Amount of Each Receipt this Period 243.60  
 Memo Item In-kind: Direct Mail

**C. Sullivan, Frank, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27320 Lake Rd.  
 City Bay Village State OH Zip Code 44140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RPM International Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4743.60

Date of Receipt 03 / 08 / 2017  
**Transaction ID : SA11AI.4953**  
 Amount of Each Receipt this Period 4500.00  
 Memo Item Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5743.60  
**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 18 OF 67
	<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)  
**True North PAC**

**A. Sullivan, Sandra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30946 Lake Rd  
 City Bay Village State OH Zip Code 44140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Homemaker Occupation (for Individual) Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 24 / 2017  
**Transaction ID : SA11AI.5130**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item Contribution

**B. Sullivan, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9601 Collins Ave #1706  
 City Bal Harbour State FL Zip Code 33154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 24 / 2017  
**Transaction ID : SA11AI.5131**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item Contribution

**C. Woolston, Kristina, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16268 Noble Point Dr  
 City Anchorage State AK Zip Code 99516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Chenega Corporation Occupation (for Individual) VP, Government Relations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 28 / 2017  
**Transaction ID : SA11AI.5141**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10500.00
<b>TOTAL</b> This Period (last page this line number only).....	83743.60

**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 19 OF 67
<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)  
**True North PAC**

**A. AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 421 AVIATION WAY

City FREDERICK	State MD	Zip Code 21701
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00131185

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

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
03	/	28	/	2017

**Transaction ID : SA11C.5138**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

**B. AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 421 AVIATION WAY

City FREDERICK	State MD	Zip Code 21701
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00131185

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

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
06	/	16	/	2017

**Transaction ID : SA11C.5255**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

**C. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1310 G STREET NW

City WASHINGTON	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00194746

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

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
06	/	16	/	2017

**Transaction ID : SA11C.5253**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<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: (check only one)	PAGE 20 OF 67
<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)  
**True North PAC**

**A. BRYAN CAVE LLP POLITICAL ACTION COMMITTEE**

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

Mailing Address 1155 F STREET NW  
SUITE 700

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00332643

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2017

**Transaction ID : SA11C.5205**

Amount of Each Receipt this Period  
5000.00

Memo Item Contribution

**B. CHUGACH ALASKA CORPORATION PAC AKA CAC PAC**

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

Mailing Address 3800 CENTERPOINT DRIVE SUITE 1200

City ANCHORAGE State AK Zip Code 99503

FEC ID number of contributing federal political committee. **C** C00564377

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
05 / 03 / 2017

**Transaction ID : SA11C.5194**

Amount of Each Receipt this Period  
2500.00

Memo Item Contribution

**C. CHUGACH ALASKA CORPORATION PAC AKA CAC PAC**

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

Mailing Address 3800 CENTERPOINT DRIVE SUITE 1200

City ANCHORAGE State AK Zip Code 99503

FEC ID number of contributing federal political committee. **C** C00564377

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2017

**Transaction ID : SA11C.5282**

Amount of Each Receipt this Period  
2500.00

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<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: (check only one)	PAGE 21 OF 67
<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)  
**True North PAC**

**A. COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL

Mailing Address 1701 JFK BLVD, 49TH FLOOR

City PHILADELPHIA	State PA	Zip Code 19103
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00248716

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2017

**Transaction ID : SA11C.5146**

Amount of Each Receipt this Period  
3000.00

Memo Item Contribution

**B. DELOITTE POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
DELOITTE POLITICAL ACTION COMMITTEE

Mailing Address P.O. BOX 365

City WASHINGTON	State DC	Zip Code 20044
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00211318

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

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
06	/	16	/	2017

**Transaction ID : SA11C.5252**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

**C. DULCICH INC DBA PACIFIC SEAFOOD GROUP EMPLOYEE PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
DULCICH INC DBA PACIFIC SEAFOOD GROUP EMPLOYEE PAC

Mailing Address PO BOX 97

City CLACKAMAS	State OR	Zip Code 97015
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00475350

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

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
03	/	24	/	2017

**Transaction ID : SA11C.5133**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<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: (check only one)	PAGE 22 OF 67
<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)  
**True North PAC**

**A. EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2980 FAIRVIEW PARK DRIVE

City FALLS CHURCH	State VA	Zip Code 22042
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00088591

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
06		16		2017

**Transaction ID : SA11C.5259**

Amount of Each Receipt this Period  
5000.00

Memo Item Contribution

**B. FACEBOOK INC. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1299 PENNSYLVANIA AVE NW  
STE 800

City WASHINGTON	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00502906

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

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
06		26		2017

**Transaction ID : SA11C.5274**

Amount of Each Receipt this Period  
2500.00

Memo Item Contribution

**C. GCI PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1350 I STREET NW  
SUITE 1260

City WASHINGTON	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00387894

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2017

**Transaction ID : SA11C.5145**

Amount of Each Receipt this Period  
3000.00

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10500.00
<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: (check only one)	PAGE 23 OF 67
<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)  
**True North PAC**

**A. GCI PAC**

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

Mailing Address 1350 I STREET NW  
SUITE 1260

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00387894

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2017

**Transaction ID : SA11C.5208**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

**B. GCI PAC**

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

Mailing Address 1350 I STREET NW  
SUITE 1260

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00387894

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2017

**Transaction ID : SA11C.5256**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

**C. GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE (GDC PAC)**

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

Mailing Address 2941 FAIRVIEW PARK DR.  
SUITE 100

City FALLS CHURCH State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00078451

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2017

**Transaction ID : SA11C.5257**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<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: (check only one)	PAGE 24 OF 67
<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)  
**True North PAC**

**A. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

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

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 (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2017

**Transaction ID : SA11C.5047**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

**B. HUNTINGTON INGALLS INDUSTRIES POLITICAL ACTION COMMITTEE (SHIPPAC)**

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

Mailing Address 300 M STREET S.E.  
SUITE 350

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00325092

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2017

**Transaction ID : SA11C.5139**

Amount of Each Receipt this Period  
1500.00

Memo Item Contribution

**C. LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE**

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

Mailing Address 2121 CRYSTAL DRIVE  
SUITE 100

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00303024

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2017

**Transaction ID : SA11C.4933**

Amount of Each Receipt this Period  
5000.00

Memo Item Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7500.00

**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 25 OF 67
<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)  
**True North PAC**

**A. NATIONAL MULTIFAMILY HOUSING COUNCIL POLITICAL ACTION COMMITTEE**

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

Mailing Address 1775 EYE ST. NW  
SUITE 1100

City WASHINGTON	State DC	Zip Code 20006
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00130773

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2017

**Transaction ID : SA11C.5258**

Amount of Each Receipt this Period  
1500.00

Memo Item Contribution

**B. NCTA - THE INTERNET AND TELEVISION ASSOCIATION POLITICAL ACTION COMMITTEE (NCTA PAC)**

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

Mailing Address 25 MASSACHUSETTS AVENUE, NW #100

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

FEC ID number of contributing federal political committee. **C** C00010082

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

**Transaction ID : SA11C.4934**

Amount of Each Receipt this Period  
1500.00

Memo Item Contribution

**C. NEXTERA ENERGY, INC. POLITICAL ACTION COMMITTEE**

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

Mailing Address 801 PENNSYLVANIA AVE., NW  
SUITE 220

City WASHINGTON	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00064774

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2017

**Transaction ID : SA11C.5232**

Amount of Each Receipt this Period  
1500.00

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4500.00
<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: (check only one)	PAGE 26 OF 67
<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)  
**True North PAC**

**A. NOSSAMAN LLP POLITICAL ACTION COMMITTEE (NOSSAMAN PAC)**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1666 K STREET, NW  
 SUITE 500  
 City WASHINGTON State DC Zip Code 20006  
 FEC ID number of contributing federal political committee. **C** C00473652  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **MM / DD / YYYY**  
 02 / 15 / 2017  
**Transaction ID : SA11C.4937**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item Contribution

**B. UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENT**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 13TH STREET NW, SUITE 350  
 City WASHINGTON State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C** C00010470  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **MM / DD / YYYY**  
 06 / 16 / 2017  
**Transaction ID : SA11C.5260**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item Contribution

**C. UNITED PARCEL SERVICE INC. PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 GLENLAKE PARKWAY NE  
 City ATLANTA State GA Zip Code 30328  
 FEC ID number of contributing federal political committee. **C** C00064766  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **MM / DD / YYYY**  
 04 / 03 / 2017  
**Transaction ID : SA11C.5162**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9000.00
<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: (check only one)	PAGE 27 OF 67
<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)  
**True North PAC**

**A. WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT**

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

Mailing Address 702 S.W. 8TH STREET

City BENTONVILLE	State AR	Zip Code 72716
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00093054

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		12		2017

**Transaction ID : SA11C.5207**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

**B.**

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

Mailing Address

City	State	Zip Code
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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	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

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  

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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	53500.00

**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 28 OF 67
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**True North PAC**

**A. Sullivan Victory 2020**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 901 N Washington St, Suite 700

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00609255

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4250.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2017

**Transaction ID : SA12.5152**

Amount of Each Receipt this Period  
4250.34

Memo Item  
JFC Disbtribution

**B. Hildebrand, Jeffrey, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1111 Travis

City Houston	State TX	Zip Code 77002
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)  
Hilcorp Energy Company CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
728.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2016

**Transaction ID : SA12.5152.0**

Amount of Each Receipt this Period  
728.30

Memo Item  
Transfer Memo

**C. Hildebrand, Jeffrey, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1111 Travis

City Houston	State TX	Zip Code 77002
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)  
Hilcorp Energy Company CEO

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2016

**Transaction ID : SA12.5152.1**

Amount of Each Receipt this Period  
3871.70

Memo Item  
In Kind Contribution: Event Expense: Parking/Food & Beverage

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4250.34
<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: (check only one)	PAGE 29 OF 67
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**True North PAC**

**A. Musselman, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8401 N. Central Expressway #400  
 City Dallas State TX Zip Code 75225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Caelus Energy Occupation (for Individual) Chairman & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 18 / 2016  
**Transaction ID : SA12.5152.2**  
 Amount of Each Receipt this Period 600.00  
 Memo Item  
 Transfer Memo

**B. Sullivan Victory 2020**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 N Washington St, Suite 700  
 City Alexandria State VA Zip Code 22314  
 FEC ID number of contributing federal political committee. **C** C00609255  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 6999.84

Date of Receipt 06 / 22 / 2017  
**Transaction ID : SA12.5266**  
 Amount of Each Receipt this Period 2749.50  
 Memo Item  
 JFC Distribution

**C. O'Scannlain, Sean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4401 N Hermitage  
 City Chicago State IL Zip Code 60640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fortune International Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 24 / 2017  
**Transaction ID : SA12.5266.0**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Transfer Memo

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2749.50
<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: (check only one)	PAGE 30 OF 67
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**True North PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Gerondale, Kenneth, L, , Jr**

Mailing Address 5400 Homer Drive

City Anchorage	State AK	Zip Code 99518
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Construction Machinery	Occupation (for Individual) CEO/President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2017

**Transaction ID : SA12.5266.1**

Amount of Each Receipt this Period  
1600.00

Memo Item  
Transfer Memo

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. GROUND FISH FORUM PAC**

Mailing Address 4241 21ST AVENUE W  
SUITE 302

City SEATTLE	State WA	Zip Code 98199
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00621649

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

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
04	/	13	/	2017

**Transaction ID : SA12.5266.2**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Transfer Memo

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	6999.84

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

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

FOR LINE NUMBER: PAGE 31 OF 67  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**True North PAC**

**A. BB&T - Visa**

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

Mailing Address PO Box 580340

City Charlotte	State NC	Zip Code 28258
-------------------	-------------	-------------------

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 / D D / Y Y Y Y Y Y
06 / 12 / 2017

**Transaction ID : SA15.5241**

Amount of Each Receipt this Period

434.20
--------

Memo Item  
Vendor Credit

**B.**

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

Amount of Each Receipt this Period

--

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

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

Amount of Each Receipt this Period

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Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	434.20
<b>TOTAL</b> This Period (last page this line number only).....▶	434.20

**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 32 OF 67
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**True North PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Sullivan, Julie, , ,

Mailing Address 12230 Lilac Drive

City Anchorage	State AK	Zip Code 99516
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
922.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	03	/	2017

**Transaction ID : SA17.5204**

Amount of Each Receipt this Period  
922.30

Memo Item  
PAC Reimbursement: Transportation

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Memo Item

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	922.30
<b>TOTAL</b> This Period (last page this line number only).....	922.30



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**True North PAC**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2017
Mailing Address PO Box 650448		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5209</b> Amount of Each Disbursement this Period 2284.81
City Dallas	State TX	Zip Code 75265
Purpose of Disbursement Credit Card Payment: See Memos		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. The Source</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2017
Mailing Address 575 Pennsylvania Ave NW		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5209.3</b> Amount of Each Disbursement this Period 1000.00
City Washington	State DC	Zip Code 20565
Purpose of Disbursement PAC Event Expense: Event Deposit		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. United Airlines</b>		Date of Disbursement MM / DD / YYYY 04 / 27 / 2017
Mailing Address 233 S. Wacker Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5209.</b> Amount of Each Disbursement this Period 472.20
City Chicago	State IL	Zip Code 60606
Purpose of Disbursement PAC Airfare		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2284.81
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**True North PAC**

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address 4255 Amon Carter Blvd.

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement  
PAC Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.5209.1  
Amount of Each Disbursement this Period  
367.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. University Club of Chicago**

Mailing Address 76 E Monroe St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
PAC Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.5209.1  
Amount of Each Disbursement this Period  
364.42

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 650448

City Dallas State TX Zip Code 75265

Purpose of Disbursement  
Credit Card Payment: See Memos

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.5242  
Amount of Each Disbursement this Period  
2931.53

Memo Item

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

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

2931.53

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**True North PAC**

**A. The Source**

Full Name (Last, First, Middle Initial)

Mailing Address 575 Pennsylvania Ave NW

City Washington State DC Zip Code 20565

Purpose of Disbursement  
PAC Event Expense: Food & Beverage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 07 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.5242.4  
Amount of Each Disbursement this Period: 2287.90

Memo Item

**B. University Club of Chicago**

Full Name (Last, First, Middle Initial)

Mailing Address 76 E Monroe St

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
PAC Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 05 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.5242.4  
Amount of Each Disbursement this Period: 457.02

Memo Item

**C. Anedot**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 84314

City Baton Rouge State LA Zip Code 70884

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 20 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.5067  
Amount of Each Disbursement this Period: 195.30

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 195.30

**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"/> 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)  
**True North PAC**

**A. Anedot**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 84314

City Baton Rouge State LA Zip Code 70884

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 31 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.5157**

Amount of Each Disbursement this Period: 10.05

Memo Item

**B. Anedot**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 84314

City Baton Rouge State LA Zip Code 70884

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 05 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.5170**

Amount of Each Disbursement this Period: 97.80

Memo Item

**C. Anedot**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 84314

City Baton Rouge State LA Zip Code 70884

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 05 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.5171**

Amount of Each Disbursement this Period: 39.30

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 147.15

**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"/> 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)  
**True North PAC**

**A. Anedot**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 84314

City Baton Rouge State LA Zip Code 70884

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 19 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.5261**

Amount of Each Disbursement this Period: 39.30

Memo Item

**B. Bank of America - VISA**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 15019

City Wilmington State DE Zip Code 19850

Purpose of Disbursement  
Credit Card Payment: See Memo

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 23 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.5074**

Amount of Each Disbursement this Period: 715.80

Memo Item

**C. Alaska Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68900

City Seattle State WA Zip Code 98168

Purpose of Disbursement  
PAC Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 23 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.5074.**

Amount of Each Disbursement this Period: 715.80

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 755.10

**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"/> 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)  
**True North PAC**

**A. BB&T - Visa**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 580340

City Charlotte State NC Zip Code 28258

Purpose of Disbursement  
Credit Card Payment: See Memos

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 05 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.4975**

Amount of Each Disbursement this Period: 8551.17

Memo Item

**B. Charlie Palmer Steak**

Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Ave. NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
PAC Event Expense: Food & Beverage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
11 / 16 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.4975.4**

Amount of Each Disbursement this Period: 2970.50

Memo Item

**C. Hotel Alyeska**

Full Name (Last, First, Middle Initial)

Mailing Address 1000 Arlberg Road

City Girdwood State AK Zip Code 99587

Purpose of Disbursement  
PAC Event Expense: Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
11 / 01 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.4975.**

Amount of Each Disbursement this Period: 4848.32

Memo Item

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

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

8551.17

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**True North PAC**

Full Name (Last, First, Middle Initial)

**A. BB&T - Visa**

Mailing Address PO Box 580340

City Charlotte State NC Zip Code 28258

Purpose of Disbursement  
Credit Card Payment: See Memos

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  
01 / 05 / 2017

FEC Identification Number

C  
Transaction ID : **SB21B.4976**  
Amount of Each Disbursement this Period  
520.21

Memo Item

Full Name (Last, First, Middle Initial)

**B. Marriott Baltimore**

Mailing Address 700 Aliceanna St.

City Baltimore State MD Zip Code 21202

Purpose of Disbursement  
PAC Food & Beverage

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  
12 / 13 / 2016

FEC Identification Number

C  
Transaction ID : **SB21B.4976.2**  
Amount of Each Disbursement this Period  
236.78

Memo Item

Full Name (Last, First, Middle Initial)

**C. Enterprise Rental Car**

Mailing Address 2740 28th Street SE

City Grand Rapids State MI Zip Code 49512

Purpose of Disbursement  
PAC Car Rental

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  
10 / 27 / 2016

FEC Identification Number

C  
Transaction ID : **SB21B.4976.**  
Amount of Each Disbursement this Period  
245.79

Memo Item

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

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

520.21

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**True North PAC**

**A. BB&T - Visa**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 580340

City Charlotte State NC Zip Code 28258

Purpose of Disbursement  
Credit Card Payment: See Memos

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 14 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.4977**

Amount of Each Disbursement this Period: 1757.39

Memo Item

**B. Charlie Palmer Steak**

Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Ave. NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
PAC Event Expense: Food & Beverage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 09 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.4977.C**

Amount of Each Disbursement this Period: 2472.60

Memo Item

**C. La Quinta Resort**

Full Name (Last, First, Middle Initial)

Mailing Address 49499 Eisenhower Drive

City La Quinta State CA Zip Code 92253

Purpose of Disbursement  
Vendor Credit: Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 12 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.4977.**

Amount of Each Disbursement this Period: - 200.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1757.39

**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"/> 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)  
**True North PAC**

**A. BB&T - Visa**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 580340

City Charlotte State NC Zip Code 28258

Purpose of Disbursement  
Credit Card Payment: See Memos

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 14 / 2017

FEC Identification Number: C  
**Transaction ID : SB21B.4979**  
Amount of Each Disbursement this Period: 3784.60

Memo Item

**B. Alaska Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68900

City Seattle State WA Zip Code 98168

Purpose of Disbursement  
PAC Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 26 / 2017

FEC Identification Number: C  
**Transaction ID : SB21B.4979.c**  
Amount of Each Disbursement this Period: 1124.60

Memo Item

**C. Alaska Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68900

City Seattle State WA Zip Code 98168

Purpose of Disbursement  
PAC Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 31 / 2017

FEC Identification Number: C  
**Transaction ID : SB21B.4979.**  
Amount of Each Disbursement this Period: 1172.10

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3784.60

**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"/> 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)  
**True North PAC**

Full Name (Last, First, Middle Initial)

**A. Alaska Airlines**

Mailing Address PO Box 68900

City  
Seattle

State  
WA

Zip Code  
98168

Purpose of Disbursement  
PAC Airfare Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4979.1**  
Amount of Each Disbursement this Period

[ ] 125.00 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**B. Alaska Airlines**

Mailing Address PO Box 68900

City  
Seattle

State  
WA

Zip Code  
98168

Purpose of Disbursement  
PAC Airfare Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4979.3**  
Amount of Each Disbursement this Period

[ ] 63.00 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C. Alaska Airlines**

Mailing Address PO Box 68900

City  
Seattle

State  
WA

Zip Code  
98168

Purpose of Disbursement  
PAC Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	1	7

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4979.**  
Amount of Each Disbursement this Period

[ ] 270.70 [ ]

Memo Item

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

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

[ ] 0.00 [ ]

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**True North PAC**

**A. Alaska Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68900

City Seattle State WA Zip Code 98168

Purpose of Disbursement PAC Airfare

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.4979.!**

Amount of Each Disbursement this Period: 519.20

Memo Item

**B. Charlie Palmer Steak**

Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Ave. NW

City Washington State DC Zip Code 20001

Purpose of Disbursement PAC Food & Beverage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 12 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.4979.7**

Amount of Each Disbursement this Period: 450.00

Memo Item

**C. BB&T - Visa**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 580340

City Charlotte State NC Zip Code 28258

Purpose of Disbursement Credit Card Payment: See Memos

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 14 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.4980**

Amount of Each Disbursement this Period: 4763.99

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4763.99

**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"/> 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)  
**True North PAC**

Full Name (Last, First, Middle Initial) <b>A. Amtrak</b>		Date of Disbursement MM / DD / YYYY 01 / 27 / 2017	
Mailing Address 60 Massachusetts Ave., NE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4980.1</b> Amount of Each Disbursement this Period [REDACTED] 448.00	
City Washington	State DC	Zip Code 20002	Category/ Type [REDACTED]
Purpose of Disbursement PAC Transportation		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Amtrak</b>		Date of Disbursement MM / DD / YYYY 01 / 27 / 2017	
Mailing Address 60 Massachusetts Ave., NE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4980.1</b> Amount of Each Disbursement this Period [REDACTED] 448.00	
City Washington	State DC	Zip Code 20002	Category/ Type [REDACTED]
Purpose of Disbursement PAC Transportation		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement MM / DD / YYYY 01 / 29 / 2017	
Mailing Address 4255 Amon Carter Blvd.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4980.1</b> Amount of Each Disbursement this Period [REDACTED] 1450.40	
City Fort Worth	State TX	Zip Code 76155	Category/ Type [REDACTED]
Purpose of Disbursement PAC Airfare		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**True North PAC**

**A. Mandalay Bay Hotel**

Full Name (Last, First, Middle Initial)

Mailing Address 3950 S. Las Vegas Blvd.

City Las Vegas State NV Zip Code 89119

Purpose of Disbursement PAC Lodging

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4980.4

Amount of Each Disbursement this Period: 286.88

Memo Item

**B. Virgin America**

Full Name (Last, First, Middle Initial)

Mailing Address 555 Airport Blvd.

City Burlingame State CA Zip Code 94010

Purpose of Disbursement PAC Airfare

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 03 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4980.4

Amount of Each Disbursement this Period: 1290.80

Memo Item

**C. American Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address 4255 Amon Carter Blvd.

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement PAC Airfare

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 05 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4980.4

Amount of Each Disbursement this Period: 736.20

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

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NAME OF COMMITTEE (In Full)  
**True North PAC**

Full Name (Last, First, Middle Initial)  
**A. Alaska Airlines**

Mailing Address PO Box 68900

City Seattle State WA Zip Code 98168

Purpose of Disbursement PAC Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 05 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4980.f

Amount of Each Disbursement this Period: 740.80

Memo Item

Full Name (Last, First, Middle Initial)  
**B. American Airlines**

Mailing Address 4255 Amon Carter Blvd.

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement Vendor Credit: Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 05 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4980.7

Amount of Each Disbursement this Period: - 1450.40

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Southwest Airlines**

Mailing Address PO Box 36611

City Dallas State TX Zip Code 75235

Purpose of Disbursement PAC Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 06 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4980.

Amount of Each Disbursement this Period: 671.94

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

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NAME OF COMMITTEE (In Full)  
**True North PAC**

Full Name (Last, First, Middle Initial)

**A. BB&T - Visa**

Mailing Address PO Box 580340

City  
Charlotte

State  
NC

Zip Code  
28258

Purpose of Disbursement  
Credit Card Payment: See Memos

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	6			2	0	1	7		

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.5017**  
Amount of Each Disbursement this Period  
[ ] 2082.30 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**B. Alaska Airlines**

Mailing Address PO Box 68900

City  
Seattle

State  
WA

Zip Code  
98168

Purpose of Disbursement  
PAC Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.5017.C**  
Amount of Each Disbursement this Period  
[ ] 2067.30 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C. Alaska Airlines**

Mailing Address PO Box 68900

City  
Seattle

State  
WA

Zip Code  
98168

Purpose of Disbursement  
PAC Airfare Expense

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.5017.**  
Amount of Each Disbursement this Period  
[ ] 15.00 [ ]

Memo Item

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

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

2	0	8	2	.	3	0
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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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**True North PAC**

**A. BB&T - Visa**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 580340

City Charlotte State NC Zip Code 28258

Purpose of Disbursement  
Credit Card Payment: See Memos

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 24 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.5089**

Amount of Each Disbursement this Period: 950.91

Memo Item

**B. Tulio Ristorante**

Full Name (Last, First, Middle Initial)

Mailing Address 1100 5th Ave.

City Seattle State WA Zip Code 98101

Purpose of Disbursement  
PAC Food & Beverage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 27 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.5089.c**

Amount of Each Disbursement this Period: 284.27

Memo Item

**C. Alaska Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68900

City Seattle State WA Zip Code 98168

Purpose of Disbursement  
PAC Airfare Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 07 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.5089.**

Amount of Each Disbursement this Period: 27.00

Memo Item

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

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

950.91



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**True North PAC**

Full Name (Last, First, Middle Initial)  
**A. Four Seasons Hotel Houston**

Mailing Address 1300 Lamar St.

City Houston State TX Zip Code 77010

Purpose of Disbursement PAC Food & Beverage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 07 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.5089.3**

Amount of Each Disbursement this Period: 117.63

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Four Seasons Hotel Houston**

Mailing Address 1300 Lamar St.

City Houston State TX Zip Code 77010

Purpose of Disbursement PAC Food & Beverage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 07 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.5089.3**

Amount of Each Disbursement this Period: 117.64

Memo Item

Full Name (Last, First, Middle Initial)  
**C. JetBlue Airways**

Mailing Address 27-01 Queens Plaza N.

City Long Island City State NY Zip Code 11101

Purpose of Disbursement PAC Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 10 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.5089.**

Amount of Each Disbursement this Period: 356.19

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

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NAME OF COMMITTEE (In Full)  
**True North PAC**

Full Name (Last, First, Middle Initial)  
**A. Safari Club International Alaska Chapter**

Date of Disbursement  
MM / DD / YYYY  
02 / 23 / 2017

Mailing Address P.O. Box 770511

City Eagle River State AK Zip Code 99577

Purpose of Disbursement  
PAC Membership Dues

Candidate Name

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

State: District:

FEC Identification Number  
C  
Transaction ID : SB21B.5099.3  
Amount of Each Disbursement this Period  
600.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Alaska's Capital Inn**

Date of Disbursement  
MM / DD / YYYY  
02 / 28 / 2017

Mailing Address 113 5th Street

City Juneau State AK Zip Code 99801

Purpose of Disbursement  
PAC Event Expense: Room Rental

Candidate Name

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

State: District:

FEC Identification Number  
C  
Transaction ID : SB21B.5099.3  
Amount of Each Disbursement this Period  
1836.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. American Airlines**

Date of Disbursement  
MM / DD / YYYY  
03 / 10 / 2017

Mailing Address 4255 Amon Carter Blvd.

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement  
PAC Airfare

Candidate Name

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

State: District:

FEC Identification Number  
C  
Transaction ID : SB21B.5099.3  
Amount of Each Disbursement this Period  
312.40

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

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NAME OF COMMITTEE (In Full)  
**True North PAC**

Full Name (Last, First, Middle Initial)  
**A. JetBlue Airways**

Mailing Address **27-01 Queens Plaza N.**

City **Long Island City** State **NY** Zip Code **11101**

Purpose of Disbursement  
**PAC Airfare**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **03 / 12 / 2017**

FEC Identification Number: **C**

**Transaction ID : SB21B.5099.!**

Amount of Each Disbursement this Period: **311.19**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Alaska Airlines**

Mailing Address **PO Box 68900**

City **Seattle** State **WA** Zip Code **98168**

Purpose of Disbursement  
**PAC Airfare**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **03 / 14 / 2017**

FEC Identification Number: **C**

**Transaction ID : SB21B.5099.€**

Amount of Each Disbursement this Period: **107.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Sea View Hotel**

Mailing Address **9909 Collins Ave**

City **Miami Beach** State **FL** Zip Code **33154**

Purpose of Disbursement  
**PAC Food & Beverage**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **03 / 14 / 2017**

FEC Identification Number: **C**

**Transaction ID : SB21B.5099.**

Amount of Each Disbursement this Period: **260.85**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ **0.00**

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

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NAME OF COMMITTEE (In Full)  
**True North PAC**

Full Name (Last, First, Middle Initial) <b>A. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 03 / 16 / 2017
Mailing Address PO Box 36611		FEC Identification Number C <b>Transaction ID : SB21B.5099.</b> Amount of Each Disbursement this Period 251.94
City Dallas	State TX	
Zip Code 75235	Purpose of Disbursement PAC Airfare	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. The Hay Adams</b>		Date of Disbursement MM / DD / YYYY 03 / 19 / 2017
Mailing Address 800 16th St., NW		FEC Identification Number C <b>Transaction ID : SB21B.5099.1</b> Amount of Each Disbursement this Period 236.00
City Washington	State DC	
Zip Code 20006	Purpose of Disbursement PAC Food & Beverage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. BB&amp;T - Visa</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2017
Mailing Address PO Box 580340		FEC Identification Number C <b>Transaction ID : SB21B.5123</b> Amount of Each Disbursement this Period 1587.55
City Charlotte	State NC	
Zip Code 28258	Purpose of Disbursement Credit Card Payment: See Memos	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1587.55
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**True North PAC**

Full Name (Last, First, Middle Initial) <b>A. Cardiff Limousine &amp; Transportation</b>			Date of Disbursement MM / DD / YYYY 03 / 14 / 2017	
Mailing Address 75-255 Sheryl Ave.			FEC Identification Number C [ ] <b>Transaction ID : SB21B.5123.</b> Amount of Each Disbursement this Period [ ] 217.20	
City Palm Desert	State CA	Zip Code 92211	Category/Type [ ]	
Purpose of Disbursement PAC Event Expense: Transportation		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input checked="" type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>B. Cardiff Limousine &amp; Transportation</b>			Date of Disbursement MM / DD / YYYY 03 / 14 / 2017	
Mailing Address 75-255 Sheryl Ave.			FEC Identification Number C [ ] <b>Transaction ID : SB21B.5123.2</b> Amount of Each Disbursement this Period [ ] 187.20	
City Palm Desert	State CA	Zip Code 92211	Category/Type [ ]	
Purpose of Disbursement PAC Event Expense: Transportation		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input checked="" type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>C. Boston Convention &amp; Exhibition Center</b>			Date of Disbursement MM / DD / YYYY 03 / 19 / 2017	
Mailing Address 415 Summer St.			FEC Identification Number C [ ] <b>Transaction ID : SB21B.5123.</b> Amount of Each Disbursement this Period [ ] 509.40	
City Boston	State MA	Zip Code 02210	Category/Type [ ]	
Purpose of Disbursement PAC Event Expense: Food & Beverage		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input checked="" type="checkbox"/> Memo Item			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 0.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**True North PAC**

Full Name (Last, First, Middle Initial)

**A. Boston Convention & Exhibition Center**

Mailing Address 415 Summer St.

City Boston State MA Zip Code 02210

Purpose of Disbursement  
PAC Event Expense: Food & Beverage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.5123.  
Amount of Each Disbursement this Period  
668.75

Memo Item

Full Name (Last, First, Middle Initial)

**B. BB&T - Visa**

Mailing Address PO Box 580340

City Charlotte State NC Zip Code 28258

Purpose of Disbursement  
Credit Card Payment: See Memos

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.5187  
Amount of Each Disbursement this Period  
1817.70

Memo Item

Full Name (Last, First, Middle Initial)

**C. Alaska Airlines**

Mailing Address PO Box 68900

City Seattle State WA Zip Code 98168

Purpose of Disbursement  
PAC Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 09 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.5187.  
Amount of Each Disbursement this Period  
174.70

Memo Item

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

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

1817.70

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**True North PAC**

Full Name (Last, First, Middle Initial)

**A. Alaska Airlines**

Mailing Address PO Box 68900

City  
Seattle

State  
WA

Zip Code  
98168

Purpose of Disbursement  
PAC Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	1	7

FEC Identification Number

**C**   
**Transaction ID : SB21B.5187.7**  
Amount of Each Disbursement this Period  
 689.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. Alaska Airlines**

Mailing Address PO Box 68900

City  
Seattle

State  
WA

Zip Code  
98168

Purpose of Disbursement  
PAC Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C**   
**Transaction ID : SB21B.5187.2**  
Amount of Each Disbursement this Period  
 953.80

Memo Item

Full Name (Last, First, Middle Initial)

**C. Black Rock Group LLC**

Mailing Address 66 Canal Center Plaza  
Ste 555

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
PAC Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	1	7

FEC Identification Number

**C**   
**Transaction ID : SB21B.5239**  
Amount of Each Disbursement this Period  
 15000.00

Memo Item

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

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

1	5	0	0	0	0	0	0	0	0
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1	5	0	0	0	0	0	0	0	0
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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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**True North PAC**

**A. Holtzman Vogel Josefiak PLLC**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 45 North Hill Drive  
Ste 100

M M M	/	D D D	/	Y Y Y Y Y
05		10		2017

City Warrenton State VA Zip Code 20186

FEC Identification Number

Purpose of Disbursement  
PAC Legal Services

C
---

**Transaction ID : SB21B.5206**  
Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1987.50
---------

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

Memo Item

**B. Hotel Alyeska**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1000 Arlberg Road

M M M	/	D D D	/	Y Y Y Y Y
04		12		2017

City Girdwood State AK Zip Code 99587

FEC Identification Number

Purpose of Disbursement  
PAC Event Expense: Event Deposit

C
---

**Transaction ID : SB21B.5175**  
Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1250.00
---------

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

Memo Item

**C. Huckaby Davis Lisker**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 228 S Washington Street  
Ste 115

M M M	/	D D D	/	Y Y Y Y Y
03		01		2017

City Alexandria State VA Zip Code 22314

FEC Identification Number

Purpose of Disbursement  
PAC Accounting/Compliance Services

C
---

**Transaction ID : SB21B.4968**  
Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

2258.69
---------

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

Memo Item

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

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

5496.19
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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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**True North PAC**

Full Name (Last, First, Middle Initial) <b>A. Jones Day</b>		Date of Disbursement MM / DD / YYYY 05 / 01 / 2017
Mailing Address PO Box 7805 Ben Franklin Station		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.5183</b> Amount of Each Disbursement this Period 2137.50
City Washington	State DC	
Zip Code 20044	Purpose of Disbursement PAC Legal Services	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jones Day</b>		Date of Disbursement MM / DD / YYYY 06 / 07 / 2017
Mailing Address PO Box 7805 Ben Franklin Station		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.5238</b> Amount of Each Disbursement this Period 275.00
City Washington	State DC	
Zip Code 20044	Purpose of Disbursement PAC Legal Services	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Koch &amp; Hoos, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 28 / 2017
Mailing Address 901 N. Washington St. Suite 700		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.5136</b> Amount of Each Disbursement this Period 625.00
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement PAC Accounting/Compliance Services	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

3037.50

**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"/> 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)  
**True North PAC**

Full Name (Last, First, Middle Initial) <b>A. Koch &amp; Hoos, LLC</b>		Date of Disbursement MM / DD / YYYY 05 / 01 / 2017
Mailing Address 901 N. Washington St. Suite 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5182</b> Amount of Each Disbursement this Period [REDACTED] 1311.33
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement PAC Accounting/Compliance Services		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Koch &amp; Hoos, LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 07 / 2017
Mailing Address 901 N. Washington St. Suite 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5237</b> Amount of Each Disbursement this Period [REDACTED] 1270.29
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement PAC Accounting/Compliance Services		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Koch &amp; Hoos, LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2017
Mailing Address 901 N. Washington St. Suite 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5265</b> Amount of Each Disbursement this Period [REDACTED] 1250.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement PAC Accounting/Compliance Services		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

[REDACTED] 3831.62

**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"/> 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)  
**True North PAC**

**A. La Quinta Resort**

Full Name (Last, First, Middle Initial)

Mailing Address 49499 Eisenhower Drive

City La Quinta State CA Zip Code 92253

Purpose of Disbursement  
PAC Event Expense: Lodging/Food & Beverage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 01 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.4967**

Amount of Each Disbursement this Period: 6054.01

Memo Item

**B. La Quinta Resort**

Full Name (Last, First, Middle Initial)

Mailing Address 49499 Eisenhower Drive

City La Quinta State CA Zip Code 92253

Purpose of Disbursement  
PAC Event Expense: Lodging/Food & Beverage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 21 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.5050**

Amount of Each Disbursement this Period: 7227.70

Memo Item

**C. MKJ, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 5905 Gloster Rd

City Bethesda State MD Zip Code 20816

Purpose of Disbursement  
PAC Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 14 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.4969**

Amount of Each Disbursement this Period: 8000.00

Memo Item

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

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

21281.71

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**True North PAC**

Full Name (Last, First, Middle Initial)  
**A. MKJ, Inc.**

Mailing Address 5905 Gloster Rd

City Bethesda State MD Zip Code 20816

Purpose of Disbursement  
PAC Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 05 / 01 / 2017

FEC Identification Number: **C**

Transaction ID : **SB21B.5185**

Amount of Each Disbursement this Period: 4000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. MKJ, Inc.**

Mailing Address 5905 Gloster Rd

City Bethesda State MD Zip Code 20816

Purpose of Disbursement  
PAC Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 07 / 2017

FEC Identification Number: **C**

Transaction ID : **SB21B.5236**

Amount of Each Disbursement this Period: 8000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Saltwater Safari Company**

Mailing Address PO Box 1689

City Seward State AK Zip Code 99664

Purpose of Disbursement  
PAC Event Expense: Fishing Charter

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 06 / 2017

FEC Identification Number: **C**

Transaction ID : **SB21B.5169**

Amount of Each Disbursement this Period: 6048.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 18048.00

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

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NAME OF COMMITTEE (In Full)  
**True North PAC**

Full Name (Last, First, Middle Initial) <b>A. Sullivan, Frank, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 13 / 2017
Mailing Address 27320 Lake Rd.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5301</b> Amount of Each Disbursement this Period [ ] 243.60
City Bay Village	State OH	Zip Code 44140
Purpose of Disbursement In-kind: Direct Mail		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. The Rizzo Dukes Group</b>		Date of Disbursement MM / DD / YYYY 01 / 13 / 2017
Mailing Address 1316 Alexandria Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4974</b> Amount of Each Disbursement this Period [ ] 5375.00
City Alexandria	State VA	Zip Code 22308
Purpose of Disbursement PAC Fundraising Consulting		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. The Rizzo Dukes Group</b>		Date of Disbursement MM / DD / YYYY 02 / 14 / 2017
Mailing Address 1316 Alexandria Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4970</b> Amount of Each Disbursement this Period [ ] 1488.85
City Alexandria	State VA	Zip Code 22308
Purpose of Disbursement Expense Reimbursement: Airfare		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

[ ] 7107.45

**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"/> 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)  
**True North PAC**

Full Name (Last, First, Middle Initial) <b>A. The Rizzo Dukes Group</b>		Date of Disbursement MM / DD / YYYY 02 / 14 / 2017	
Mailing Address 1316 Alexandria Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4973</b> Amount of Each Disbursement this Period 2950.00	
City Alexandria	State VA	Zip Code 22308	Category/ Type [ ]
Purpose of Disbursement PAC Fundraising Consulting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. The Rizzo Dukes Group</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2017	
Mailing Address 1316 Alexandria Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5076</b> Amount of Each Disbursement this Period 200.26	
City Alexandria	State VA	Zip Code 22308	Category/ Type [ ]
Purpose of Disbursement Expense Reimbursement: Food & Beverage/Nametags/Transportation		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. The Rizzo Dukes Group</b>		Date of Disbursement MM / DD / YYYY 05 / 01 / 2017	
Mailing Address 1316 Alexandria Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5181</b> Amount of Each Disbursement this Period 2625.00	
City Alexandria	State VA	Zip Code 22308	Category/ Type [ ]
Purpose of Disbursement PAC Fundraising Consulting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5775.26
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**True North PAC**

**A. Thomas Graphics, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 9501 North IH-35

City Austin State TX Zip Code 78753

Purpose of Disbursement PAC Mailing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
06 / 07 / 2017

FEC Identification Number: C

Transaction ID : SB21B.5234

Amount of Each Disbursement this Period: 573.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 573.00

**TOTAL** This Period (last page this line number only)..... ▶ 117984.51



**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)  
**True North PAC**

Full Name (Last, First, Middle Initial) <b>A. CITIZENS FOR JOSH MANDEL INC</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2017
Mailing Address 9856 ARCHER LANE		FEC Identification Number C00494930 <b>Transaction ID : SB23.5262</b> Amount of Each Disbursement this Period 1000.00
City DUBLIN	State OH	Zip Code 43017
Purpose of Disbursement Contribution		Category/ Type
Candidate Name <b>MANDEL, JOSH, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH	District: 00	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. HATCH ELECTION COMMITTEE INC</b>		Date of Disbursement MM / DD / YYYY 03 / 08 / 2017
Mailing Address PO BOX 3986		FEC Identification Number C00104752 <b>Transaction ID : SB23.4966</b> Amount of Each Disbursement this Period 5000.00
City WASHINGTON	State DC	Zip Code 20027
Purpose of Disbursement Contribution		Category/ Type
Candidate Name <b>HATCH, ORRIN G, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: UT	District: 00	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. HELLER FOR SENATE</b>		Date of Disbursement MM / DD / YYYY 03 / 08 / 2017
Mailing Address PO BOX 371907		FEC Identification Number C00494229 <b>Transaction ID : SB23.4965</b> Amount of Each Disbursement this Period 5000.00
City LAS VEGAS	State NV	Zip Code 89137
Purpose of Disbursement Contribution		Category/ Type
Candidate Name <b>HELLER, DEAN, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV	District: 00	<input type="checkbox"/> Memo Item

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

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

11000.00

**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)  
**True North PAC**

**A. JEFF FLAKE FOR US SENATE INC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 12512

City TEMPE State AZ Zip Code 85284

Purpose of Disbursement Contribution

Candidate Name FLAKE, JEFF, , ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: AZ District: 00

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: C00347260  
**Transaction ID : SB23.4964**

Amount of Each Disbursement this Period: 5000.00

Memo Item

**B. STRANGE FOR SENATE**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 3670

City MONTGOMERY State AL Zip Code 36109

Purpose of Disbursement Contribution

Candidate Name STRANGE, LUTHER J III, , ,

Office Sought:  House  Senate  President

Disbursement For: 2017  Primary  General  Other (specify) Special-Primary

State: AL District: 00

Date of Disbursement: 06 / 27 / 2017

FEC Identification Number: C00629451  
**Transaction ID : SB23.5278**

Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. STRANGE FOR SENATE**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 3670

City MONTGOMERY State AL Zip Code 36109

Purpose of Disbursement Contribution

Candidate Name STRANGE, LUTHER J III, , ,

Office Sought:  House  Senate  President

Disbursement For: 2017  Primary  General  Other (specify) Special-Runoff

State: AL District: 00

Date of Disbursement: 06 / 27 / 2017

FEC Identification Number: C00629451  
**Transaction ID : SB23.5281**

Amount of Each Disbursement this Period: 5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 15000.00

**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)  
**True North PAC**

Full Name (Last, First, Middle Initial) <b>A. WICKER FOR SENATE</b>		Date of Disbursement MM / DD / YYYY 06 / 27 / 2017
Mailing Address PO BOX 64		FEC Identification Number <b>C</b> C00443218 <b>Transaction ID : SB23.5275</b> Amount of Each Disbursement this Period 5000.00
City JACKSON	State MS Zip Code 39205	
Purpose of Disbursement Contribution		Category/Type
Candidate Name <b>WICKER, ROGER F, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MS District: 00		

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	31000.00