

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.
Free Markets PAC Inc

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day **POST-Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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

Signature of Treasurer Caleb Crosby [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Free Markets PAC Inc

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="8701.48"/>	<input type="text" value="8701.48"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="8701.48"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="25551.78"/>	<input type="text" value="25551.78"/>
(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="34253.26"/>	<input type="text" value="34253.26"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="27492.43"/>	<input type="text" value="27492.43"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="6760.83"/>	<input type="text" value="6760.83"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Free Markets PAC Inc

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	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 Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	25276.78	25276.78
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).....	275.00	275.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	25551.78	25551.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	25551.78	25551.78

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	3992.43	3992.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3992.43	3992.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23500.00	23500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	27492.43	27492.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27492.43	27492.43

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3992.43	3992.43
37. Offsets to Operating Expenditures (from Line 15, page 3).....	275.00	275.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3717.43	3717.43

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 21
<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

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)
Free Markets PAC Inc

A. PITTENGER VICTORY FUND
Full Name (Last, First, Middle Initial)
Mailing Address 824 S MILLEDGE AVE, STE 101

City ATHENS	State GA	Zip Code 30605-1332
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FEC ID number of contributing federal political committee. **C** C00549477

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25276.78

Date of Receipt
03 / 30 / 2015
Transaction ID : SA12.10727

Amount of Each Receipt this Period
3317.09

CONTRIBUTION

SEE ATTRIBUTION BELOW

B. MR. MIKE F. GRACE
Full Name (Last, First, Middle Initial)
Mailing Address 4010 BERESFORD ROAD

City CHARLOTTE	State NC	Zip Code 28211-3808
-------------------	-------------	------------------------

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

Name of Employer CUMMINS ATLANTIC	Occupation PRESIDENT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00

Date of Receipt
03 / 12 / 2015
Transaction ID : SA12.10728

Amount of Each Receipt this Period
600.00

CONTRIBUTION

[MEMO ITEM]

C. MR. MICHAEL A. VADINI
Full Name (Last, First, Middle Initial)
Mailing Address 1230 W MOREHEAD ST
SUITE 304

City CHARLOTTE	State NC	Zip Code 28208-5206
-------------------	-------------	------------------------

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

Name of Employer TITAN TECHNOLOGY PARTNERS	Occupation CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
03 / 27 / 2015
Transaction ID : SA12.10729

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....▶	3317.09
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
<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)
Free Markets PAC Inc

A. PITTENGER VICTORY FUND
 Full Name (Last, First, Middle Initial)
 Mailing Address 824 S MILLEDGE AVE, STE 101
 City State Zip Code
 ATHENS GA 30605-1332
 FEC ID number of contributing federal political committee. **C** C00549477
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 25276.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2015
Transaction ID : SA12.10754
 Amount of Each Receipt this Period
 17637.45
 CONTRIBUTION
 SEE ATTRIBUTION BELOW

B. MR. CHARLES A. HOWARD II
 Full Name (Last, First, Middle Initial)
 Mailing Address 1521 E 3RD STREET
 City State Zip Code
 CHARLOTTE NC 28204-3231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AUTOBELL CAR WASH, INC. 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
 04 / 28 / 2015
Transaction ID : SA12.10758
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION
[MEMO ITEM]

C. MR. MICHAEL A. KAHN
 Full Name (Last, First, Middle Initial)
 Mailing Address 8406 EAGLE GLEN
 City State Zip Code
 CHARLOTTE NC 28210-5951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 EMPIRE DISTRIBUTORS CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2015
Transaction ID : SA12.10756
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....▶	17637.45
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
<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)
Free Markets PAC Inc

A. MRS. WENDY KAHN
Full Name (Last, First, Middle Initial)
Mailing Address 13833 CAROWINDS BOULEVARD

City CHARLOTTE	State NC	Zip Code 28273-4736
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FEC ID number of contributing federal political committee. **C**

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

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
04 / 28 / 2015
Transaction ID : SA12.10757

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

[MEMO ITEM]

B. MR. RONALD G. SHERRILL
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 19083

City CHARLOTTE	State NC	Zip Code 28219-9083
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FEC ID number of contributing federal political committee. **C**

Name of Employer STEEL FAB INC.	Occupation CEO
------------------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 22 / 2015
Transaction ID : SA12.10755

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

[MEMO ITEM]

C. PITTENGER VICTORY FUND
Full Name (Last, First, Middle Initial)
Mailing Address 824 S MILLEDGE AVE, STE 101

City ATHENS	State GA	Zip Code 30605-1332
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FEC ID number of contributing federal political committee. **C C00549477**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25276.78

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2015
Transaction ID : SA12.10831

Amount of Each Receipt this Period
4322.24

CONTRIBUTION

SEE ATTRIBUTION BELOW

SUBTOTAL of Receipts This Page (optional).....	4322.24
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 9 OF 21
<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)
Free Markets PAC Inc

A. Full Name (Last, First, Middle Initial)
MR. DONALD O. THOMPSON JR

Mailing Address 8393 PROVIDENCE ROAD

City CHARLOTTE State NC Zip Code 28277-9753

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

Name of Employer Occupation
MAXWELL GROUP, INC. PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

Transaction ID : SA12.10832

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	25276.78

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 21
<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
<input checked="" type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Free Markets PAC Inc

A. FSP PARK SENECA

Full Name (Last, First, Middle Initial)
Mailing Address 1515 MOCKINGBIRD LANE, STE 100

City CHARLOTTE	State NC	Zip Code 28209-3249
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	27	/	2015

Transaction ID : SA15.1497

Amount of Each Receipt this Period

275.00

VENDOR REFUND - ORIG. DISBURS. 12/17/13

B.

Full Name (Last, First, Middle Initial)

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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SUBTOTAL of Receipts This Page (optional).....▶	275.00
TOTAL This Period (last page this line number only).....▶	275.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Free Markets PAC Inc

Full Name (Last, First, Middle Initial)

A. CAMERON M. HARRIS BUILDING LLC

Mailing Address 6400 FAIRVIEW ROAD

City CHARLOTTE State NC Zip Code 28210-3237

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2015

Transaction ID : SB21B.I1479

Amount of Each Disbursement this Period

150.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. CAMERON M. HARRIS BUILDING LLC

Mailing Address 6400 FAIRVIEW ROAD

City CHARLOTTE State NC Zip Code 28210-3237

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2015

Transaction ID : SB21B.I1483

Amount of Each Disbursement this Period

150.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. CAMERON M. HARRIS BUILDING LLC

Mailing Address 6400 FAIRVIEW ROAD

City CHARLOTTE State NC Zip Code 28210-3237

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2015

Transaction ID : SB21B.I1488

Amount of Each Disbursement this Period

150.00

Category/
Type

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

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

450.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Free Markets PAC Inc

Full Name (Last, First, Middle Initial)

A. CAMERON M. HARRIS BUILDING LLC

Mailing Address 6400 FAIRVIEW ROAD

City CHARLOTTE State NC Zip Code 28210-3237

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 22 / 2015

Transaction ID : SB21B.I1489

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. CAMERON M. HARRIS BUILDING LLC

Mailing Address 6400 FAIRVIEW ROAD

City CHARLOTTE State NC Zip Code 28210-3237

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 25 / 2015

Transaction ID : SB21B.I1598

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

C. CAMERON M. HARRIS BUILDING LLC

Mailing Address 6400 FAIRVIEW ROAD

City CHARLOTTE State NC Zip Code 28210-3237

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Transaction ID : SB21B.I1645

Amount of Each Disbursement this Period

150.00

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

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

450.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Free Markets PAC Inc

A. CFC CONSULTING INC

Full Name (Last, First, Middle Initial)

Mailing Address 3724 DUNBARTON DRIVE

City MOUNTAIN BROOK State AL Zip Code 35223-2706

Purpose of Disbursement BOOKKEEPING / COMPLIANCE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
01 / 22 / 2015

Transaction ID : **SB21B.I1480**

Amount of Each Disbursement this Period: 375.00

Category/Type

B. CFC CONSULTING INC

Full Name (Last, First, Middle Initial)

Mailing Address 3724 DUNBARTON DRIVE

City MOUNTAIN BROOK State AL Zip Code 35223-2706

Purpose of Disbursement BOOKKEEPING / COMPLIANCE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 11 / 2015

Transaction ID : **SB21B.I1484**

Amount of Each Disbursement this Period: 268.75

Category/Type

C. CFC CONSULTING INC

Full Name (Last, First, Middle Initial)

Mailing Address 3724 DUNBARTON DRIVE

City MOUNTAIN BROOK State AL Zip Code 35223-2706

Purpose of Disbursement BOOKKEEPING / COMPLIANCE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 06 / 2015

Transaction ID : **SB21B.I1490**

Amount of Each Disbursement this Period: 125.00

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 768.75

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Free Markets PAC Inc

Full Name (Last, First, Middle Initial)

A. CFC CONSULTING INC

Mailing Address 3724 DUNBARTON DRIVE

City MOUNTAIN BROOK State AL Zip Code 35223-2706

Purpose of Disbursement
BOOKKEEPING / COMPLIANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2015

Transaction ID : SB21B.I1491

Amount of Each Disbursement this Period

325.00

Full Name (Last, First, Middle Initial)

B. CFC CONSULTING INC

Mailing Address 3724 DUNBARTON DRIVE

City MOUNTAIN BROOK State AL Zip Code 35223-2706

Purpose of Disbursement
BOOKKEEPING / COMPLIANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2015

Transaction ID : SB21B.I1599

Amount of Each Disbursement this Period

162.50

Full Name (Last, First, Middle Initial)

C. CFC CONSULTING INC

Mailing Address 3724 DUNBARTON DRIVE

City MOUNTAIN BROOK State AL Zip Code 35223-2706

Purpose of Disbursement
BOOKKEEPING / COMPLIANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2015

Transaction ID : SB21B.I1646

Amount of Each Disbursement this Period

250.00

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

737.50

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

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NAME OF COMMITTEE (In Full)
Free Markets PAC Inc

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : SB21B.I1485

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 11 / 2015

Transaction ID : SB21B.I1492

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2015

Transaction ID : SB21B.I1493

Amount of Each Disbursement this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Free Markets PAC Inc

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I1600

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I1647

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. QUO VADIS, INC.

Mailing Address 13733 TYNECASTLE LANE

City MATTHEWS State NC Zip Code 28105-4000

Purpose of Disbursement
IT SUPPORT SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I1481

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Free Markets PAC Inc

Full Name (Last, First, Middle Initial)
A. QUO VADIS, INC.

Date of Disbursement: MM / DD / YYYY
02 / 11 / 2015

Mailing Address 13733 TYNECASTLE LANE

City MATTHEWS State NC Zip Code 28105-4000

Purpose of Disbursement IT SUPPORT SERVICES

Candidate Name

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

State: District:

Transaction ID : **SB21B.I1486**

Amount of Each Disbursement this Period: 51.80

Full Name (Last, First, Middle Initial)
B. QUO VADIS, INC.

Date of Disbursement: MM / DD / YYYY
03 / 06 / 2015

Mailing Address 13733 TYNECASTLE LANE

City MATTHEWS State NC Zip Code 28105-4000

Purpose of Disbursement IT SUPPORT SERVICES

Candidate Name

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

State: District:

Transaction ID : **SB21B.I1494**

Amount of Each Disbursement this Period: 25.90

Full Name (Last, First, Middle Initial)
C. QUO VADIS, INC.

Date of Disbursement: MM / DD / YYYY
04 / 15 / 2015

Mailing Address 13733 TYNECASTLE LANE

City MATTHEWS State NC Zip Code 28105-4000

Purpose of Disbursement IT SUPPORT SERVICES

Candidate Name

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

State: District:

Transaction ID : **SB21B.I1495**

Amount of Each Disbursement this Period: 25.90

SUBTOTAL of Disbursements This Page (optional)..... ▶ 103.60

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

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NAME OF COMMITTEE (In Full)
Free Markets PAC Inc

Full Name (Last, First, Middle Initial)

A. QUO VADIS, INC.

Mailing Address 13733 TYNECASTLE LANE

City MATTHEWS State NC Zip Code 28105-4000

Purpose of Disbursement
IT SUPPORT SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2015

Transaction ID : SB21B.I1601

Amount of Each Disbursement this Period

25.90

Full Name (Last, First, Middle Initial)

B. QUO VADIS, INC.

Mailing Address 13733 TYNECASTLE LANE

City MATTHEWS State NC Zip Code 28105-4000

Purpose of Disbursement
IT SUPPORT SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : SB21B.I1648

Amount of Each Disbursement this Period

25.90

Full Name (Last, First, Middle Initial)

C. STATE OF DELAWARE

Mailing Address 401 FEDERAL STREET

City DOVER State DE Zip Code 19901

Purpose of Disbursement
FILING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2015

Transaction ID : SB21B.I1496

Amount of Each Disbursement this Period

151.88

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

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

203.68

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Free Markets PAC Inc

Full Name (Last, First, Middle Initial)

A. WELLS FARGO BANK NA

Mailing Address 4525 SHARON ROAD, FLOOR 1

City CHARLOTTE State NC Zip Code 28211-3521

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	09	/	2015

Transaction ID : SB21B.I1482

Amount of Each Disbursement this Period

3.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

3.00

3992.43

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Free Markets PAC Inc

Full Name (Last, First, Middle Initial)

A. TOM MACARTHUR FOR CONGRESS INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2015

Mailing Address 119 WASHINGTON STREET

Transaction ID : SB23.I1585

City State Zip Code
TOMS RIVER NJ 08753-7636

Amount of Each Disbursement this Period

-1750.00

Purpose of Disbursement
TO VOID CHECK DATED 09/05/14

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. NATIONAL REPUBLICAN CONG COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		03		2015

Mailing Address 320 1ST STREET SE

Transaction ID : SB23.I1649

City State Zip Code
WASHINGTON DC 20003

Amount of Each Disbursement this Period

15000.00

Purpose of Disbursement
CONTRIBUTION - GENERAL FUND

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. NATIONAL REPUBLICAN CONG COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		03		2015

Mailing Address 320 1ST STREET SE

Transaction ID : SB23.I1650

City State Zip Code
WASHINGTON DC 20003

Amount of Each Disbursement this Period

10000.00

Purpose of Disbursement
CONTRIBUTION - BUILDING FUND

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

23250.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Free Markets PAC Inc

Full Name (Last, First, Middle Initial)
A. NORTH CAROLINA REPUBLICAN PARTY

Date of Disbursement
MM / DD / YYYY
02 / 10 / 2015

Mailing Address 500 EAST MOREHEAD STREET, STE 104

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **SB23.I1487**

Amount of Each Disbursement this Period
250.00

Category/Type

Full Name (Last, First, Middle Initial)
B.

Date of Disbursement
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Amount of Each Disbursement this Period

Category/Type

Full Name (Last, First, Middle Initial)
C.

Date of Disbursement
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	23500.00