

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

STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

ADDRESS (number and street) One International Place, 44th Fl.
Bowditch & Dewey, LLP
Boston MA 02110

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00560003 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 07 / 01 / 2015 through 09 / 30 / 2015

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 Vincent DeVito

Signature of Treasurer Vincent DeVito [Electronically Filed] Date 01 / 26 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

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="59026.97"/>	<input type="text" value="59026.97"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="101239.93"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="67263.73"/>	<input type="text" value="130002.09"/>
(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="168503.66"/>	<input type="text" value="189029.06"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="29739.67"/>	<input type="text" value="50265.07"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="138763.99"/>	<input type="text" value="138763.99"/>
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)

Write or Type Committee Name

STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

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.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	4416.65
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	67263.73	125585.44
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))..... ▶	67263.73	130002.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	67263.73	130002.09

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	4139.67	12827.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4139.67	12827.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25600.00	37437.33
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)) ..	29739.67	50265.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29739.67	50265.07

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))	4139.67	12827.74
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	4416.65
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4139.67	8411.09

**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 14
<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

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)
STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

Full Name (Last, First, Middle Initial) A. Conservative Connector		Date of Receipt
Mailing Address 435 East Main Street #379		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City Greenwood	State IN	Zip Code 46143
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.4517
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="30000.00"/>
		Rental Income

Full Name (Last, First, Middle Initial) B. Conservative Connector		Date of Receipt
Mailing Address 435 East Main Street #379		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City Greenwood	State IN	Zip Code 46143
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.4519
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="15533.50"/>
		Rental Income

Full Name (Last, First, Middle Initial) C. Conservative Connector		Date of Receipt
Mailing Address 435 East Main Street #379		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City Greenwood	State IN	Zip Code 46143
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.4525
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="7622.84"/>
		Rental Income

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="53156.34"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 14
<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)
STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

A. Edonation 5 Account

Full Name (Last, First, Middle Initial)
Mailing Address 117 N. Saint Asaph Street

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2016
 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
 07 / 23 / 2015

Transaction ID : SA17.4518

Amount of Each Receipt this Period
1500.00

Rental Income

B. Granite Lists, LLC

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 262

City Dublin State NH Zip Code 03444

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5251.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015

Transaction ID : SA17.4520

Amount of Each Receipt this Period
5251.25

Rental list income

C. Granite Lists, LLC

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 262

City Dublin State NH Zip Code 03444

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6535.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015

Transaction ID : SA17.4521

Amount of Each Receipt this Period
1284.00

Rental list income

SUBTOTAL of Receipts This Page (optional).....▶	8035.25
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 14
<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)
STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

A. Granite Lists, LLC
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 262

City Dublin	State NH	Zip Code 03444
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FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10580.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2015

Transaction ID : SA17.4522

Amount of Each Receipt this Period
4045.57

Rental list income

B. Granite Lists, LLC
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 262

City Dublin	State NH	Zip Code 03444
----------------	-------------	-------------------

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

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
11574.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2015

Transaction ID : SA17.4523

Amount of Each Receipt this Period
993.54

Rental list income

C. Granite Lists, LLC
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 262

City Dublin	State NH	Zip Code 03444
----------------	-------------	-------------------

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

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12607.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2015

Transaction ID : SA17.4524

Amount of Each Receipt this Period
1033.03

Rental list income

SUBTOTAL of Receipts This Page (optional).....▶	6072.14
TOTAL This Period (last page this line number only).....▶	67263.73

**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)

STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

Full Name (Last, First, Middle Initial)

A. BOWDTICH & DEWEY

Mailing Address ONE INTERNATIONAL PLACE
44TH FLOOR

City BOSTON State MA Zip Code 02210

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2015

Transaction ID : SB21B.4526

Amount of Each Disbursement this Period

828.50

Category/
Type

Full Name (Last, First, Middle Initial)

B. BOWDTICH & DEWEY

Mailing Address ONE INTERNATIONAL PLACE
44TH FLOOR

City BOSTON State MA Zip Code 02210

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2015

Transaction ID : SB21B.4530

Amount of Each Disbursement this Period

1077.50

Category/
Type

Full Name (Last, First, Middle Initial)

C. SCOTT BROWN

Mailing Address PO BOX 600

City RYE State NH Zip Code 03870

Purpose of Disbursement
Reimbursement for event food, beverages, rental and travel costs

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2015

Transaction ID : SB21B.4536

Amount of Each Disbursement this Period

1233.71

Category/
Type

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

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

3139.71

**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"/> 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)

STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

Full Name (Last, First, Middle Initial)

A. CAPITAL ONE BANK

Mailing Address 33 OCEANVIEW AVE

City RYE State NH Zip Code 03870

Purpose of Disbursement
Reimbursement for event food, beerages, rental and travel costs

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
09	/	08	/	2015

Transaction ID : SB21B.4534

Amount of Each Disbursement this Period

807.80

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
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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
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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)..... ▶

807.80

3947.51

**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"/> 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)

STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

Full Name (Last, First, Middle Initial)

A. CARLY FOR PRESIDENT

Mailing Address 1020 N. FAIRFAX ST.
STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : SB23.4539

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Chris Christie for President, Inc.

Mailing Address PO BOX 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : SB23.4545

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF PAT TOOMEY

Mailing Address 1180 WELSH RD
SUITE 100

City NORTH WALES State PA Zip Code 19454

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : SB23.4542

Amount of Each Disbursement this Period

5000.00

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)

STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

Full Name (Last, First, Middle Initial)

A. HUCKABEE FOR PRESIDENT, INC.

Mailing Address 33 OCEANVIEW AVE

City RYE State NH Zip Code 03870

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : SB23.4540

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JASPER FOR NH COMMITTEE

Mailing Address PO BOX 600

City RYE State NH Zip Code 03870

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2015

Transaction ID : SB23.4535

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jeb 2016, Inc.

Mailing Address PO BOX 440669

City Miami State FL Zip Code 33144

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : SB23.4538

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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"/> 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

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)

STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

Full Name (Last, First, Middle Initial)

A. KASICH FOR AMERICA

Mailing Address PO BOX 600

City RYE State NH Zip Code 03870

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2015

Transaction ID : SB23.4531

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. NH REPUBLICAN PARTY FEDERAL

Mailing Address 33 OCEANVIEW AVE

City RYE State NH Zip Code 03870

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB23.4533

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. PATAKI FOR PRESIDENT, INC.

Mailing Address 132 E. 43RD ST.
#614

City NEW YORK State NY Zip Code 10017

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB23.4546

Amount of Each Disbursement this Period

1000.00

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

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

7000.00

**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"/> 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)

STRONG COUNTRY FOR TODAY AND TOMORROW (SCOTTPAC)

Full Name (Last, First, Middle Initial)

A. Portman for Senate Committee

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : SB23.4544

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. RON JOHNSON FOR SENATE

Mailing Address 328 HART SENATE OFFICE BUILDING

City WASHINGTON State DC Zip Code 20510

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB23.4532

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. TED GATSAS FOR MAYOR

Mailing Address PO BOX 600

City RYE State NH Zip Code 03870

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : SB23.4541

Amount of Each Disbursement this Period

1000.00

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

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

8500.00

25500.00