

# 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) **228 S WASHINGTON STREET STE 115**  
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  /  /  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  /  /  07 01 2016 through  /  /  09 30 2016

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 **Miller, Julia, , ,**

Signature of Treasurer **Miller, Julia, , ,** [Electronically Filed] Date  /  /  10 14 2016

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**

FEC Form 3X (Rev. 05/2016)

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="2016"/>		88204.96
(b) Cash on Hand at Beginning of Reporting Period.....	129880.23	
(c) Total Receipts (from Line 19) .....	58000.00	215105.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	187880.23	303309.96
7. Total Disbursements (from Line 31).....	68310.38	183740.11
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	119569.85	119569.85
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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).....	10000.00	85000.00
(ii) Unitemized .....	0.00	105.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	10000.00	85105.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	48000.00	130000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	58000.00	215105.00
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	0.00
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)).....▶	58000.00	215105.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	58000.00	215105.00

**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 .....	50610.38	126040.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	50610.38	126040.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17700.00	57700.00
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)) ..	68310.38	183740.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	68310.38	183740.11

**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) .....	58000.00	215105.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	58000.00	215105.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	50610.38	126040.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	50610.38	126040.11

**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 28
	<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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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. 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  
 07 / 18 / 2016  
**Transaction ID : SA11AI.4770**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**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  
 07 / 18 / 2016  
**Transaction ID : SA11AI.4776**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. 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 ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : SA11AI.4790**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<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 7 OF 28
<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. Gordon, Russell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4728 Barnseigh Drive  
 City Akron State OH Zip Code 44333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RPM International Inc Occupation (for Individual) Vice President Corporate Planning  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 06 / 2016  
**Transaction ID : SA11AI.4780**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Livingston, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35755 Detroit Rd Apt 2508  
 City Avon State OH Zip Code 44011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Huntington National Bank Occupation (for Individual) EVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 06 / 2016  
**Transaction ID : SA11AI.4782**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. Moore, Edward, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 363 Pinewood Dr.  
 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) Attorney  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 06 / 2016  
**Transaction ID : SA11AI.4784**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 28
	<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. Murphy, Keith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 516 11th Street SE  
 City Washington State DC Zip Code 20003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Viacom Inc Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2016  
**Transaction ID : SA11AI.4792**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**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 09 / 14 / 2016  
**Transaction ID : SA11AI.4788**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Tyron, Warren, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 216 9th Street SE  
 City Washington State DC Zip Code 20003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Capitol Counsel Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 27 / 2016  
**Transaction ID : SA11AI.4791**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 9 OF 28  
(check only one)

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

Mailing Address 6302 Dunaway Ct

City McLean	State VA	Zip Code 22101
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Blank Rome Government Relation	Occupation (for Individual) Principal
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		14		2016

**Transaction ID : SA11AI.4786**

Amount of Each Receipt this Period  

1000.00
---------

 Memo Item

**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)
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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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 Memo Item

**C.** 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  

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 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	10000.00

**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 10 OF 28
<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. ABBOTT LABORATORIES EMPLOYEE POLITICAL ACTION COMMITTEE**

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

Mailing Address 100 ABBOTT PARK RD.  
D312 AP6D-2

City ABBOTT PARK	State IL	Zip Code 60064
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FEC ID number of contributing federal political committee. **C** C00040279

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
09		30		2016

**Transaction ID : SA11C.4799**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. AMERICAN HOTEL AND LODGING ASSOCIATION POLITICAL ACTION COMMITTEE ('HOTELPAC')**

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

Mailing Address 1250 I STREET, NW #1100

City WASHINGTON	State DC	Zip Code 20005
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FEC ID number of contributing federal political committee. **C** C00001198

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
09		14		2016

**Transaction ID : SA11C.4793**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. ATLAS AIR WORLDWIDE HOLDINGS, INC. POLITICAL ACTION COMMITTEE**

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

Mailing Address 2000 WESTCHESTER AVENUE

City PURCHASE	State NY	Zip Code 10577
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FEC ID number of contributing federal political committee. **C** C00478099

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
09		30		2016

**Transaction ID : SA11C.4797**

Amount of Each Receipt this Period  
2500.00

Memo Item

<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: (check only one)	PAGE 11 OF 28
<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. BLOOMIN' BRANDS, INC. POLITICAL ACTION COMMITTEE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2202 N. WESTSHORE BLVD.  
 5TH FLOOR  
 City TAMPA State FL Zip Code 33607  
 FEC ID number of contributing federal political committee. **C** C00253153  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **09 / 30 / 2016**  
**Transaction ID : SA11C.4801**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**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 ▼ 2000.00

Date of Receipt **08 / 15 / 2016**  
**Transaction ID : SA11C.4773**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**C. COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 2500.00

Date of Receipt **09 / 30 / 2016**  
**Transaction ID : SA11C.4803**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6500.00
<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 28
<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. DYNCORP INTERNATIONAL LLC POLITICAL ACTION COMMITTEE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1700 OLD MEADOW ROAD  
 City MCLEAN State VA Zip Code 22102  
 FEC ID number of contributing federal political committee. **C** C00409979  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **09 / 02 / 2016**  
**Transaction ID : SA11C.4778**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. 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 **09 / 30 / 2016**  
**Transaction ID : SA11C.4804**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. 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 **09 / 22 / 2016**  
**Transaction ID : SA11C.4796**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

<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 13 OF 28
<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. FEDERAL EXPRESS POLITICAL ACTION COMMITTEE (FEDEXPAC)**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 942 SOUTH SHADY GROVE ROAD

City MEMPHIS	State TN	Zip Code 38120
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00068692

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  
 09 / 14 / 2016  
**Transaction ID : SA11C.4795**

Amount of Each Receipt this Period  
3000.00

Memo Item

**B. FIFTH THIRD BANCORP POLITICAL ACTION COMMITTEE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 545 E. TOWN ST

City COLUMBUS	State OH	Zip Code 43215
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00290502

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  
 09 / 30 / 2016  
**Transaction ID : SA11C.4798**

Amount of Each Receipt this Period  
1000.00

Memo Item

**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 ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2016  
**Transaction ID : SA11C.4777**

Amount of Each Receipt this Period  
2500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6500.00
<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 14 OF 28
<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. GENERAL MOTORS COMPANY POLITICAL ACTION COMMITTEE (GM PAC)**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 MASSACHUSETTS AVENUE, NW  
 SUITE 400  
 City WASHINGTON State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C** C00076810  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11C.4807**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. 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 ▼ 5000.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11C.4805**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 600 14TH STREET, NW  
 SUITE 800  
 City WASHINGTON State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C** C00236489  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11C.4806**  
 Amount of Each Receipt this Period 4000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	14000.00
<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 15 OF 28
<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. TESORO PETROLEUM CORPORATION POLITICAL ACTION COMMITTEE**

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

Mailing Address 19100 RIDGEWOOD PARKWAY

City SAN ANTONIO	State TX	Zip Code 78259
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00358366

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	/	D D	/	Y Y Y Y
08		09		2016

**Transaction ID : SA11C.4772**

Amount of Each Receipt this Period  
2500.00

Memo Item

**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
-----	---	-----	---	---------

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	48000.00

**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**

Full Name (Last, First, Middle Initial)

**A. BAC Transportation**

Mailing Address 151 W 100th Ave

City Anchorage State AK Zip Code 99517

Purpose of Disbursement  
Travel

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 Y  
08 / 03 / 2016

FEC Identification Number

C  
Transaction ID : **SB21B.4809**  
Amount of Each Disbursement this Period  
1950.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 1100 N King St.

City Wilmington State DE Zip Code 19884

Purpose of Disbursement  
Credit Card Payment-Travel-No Vendors Require Itemization

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 Y  
09 / 19 / 2016

FEC Identification Number

C  
Transaction ID : **SB21B.4811**  
Amount of Each Disbursement this Period  
95.74

Memo Item

Full Name (Last, First, Middle Initial)

**C. BB&T**

Mailing Address 614 H St. NW

City Washington State DC Zip Code 20001

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

M M / D D / Y Y Y Y Y  
07 / 18 / 2016

FEC Identification Number

C  
Transaction ID : **SB21B.4812**  
Amount of Each Disbursement this Period  
3217.86

Memo Item

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

5263.60

**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. Mindful Catering**

Mailing Address 212 7th Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Event Catering

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 Y Y  
07 / 18 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.4812.1  
Amount of Each Disbursement this Period  
2675.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Simplicity Catering**

Mailing Address 6402 Arlington Blvd #B150

City Falls Church State VA Zip Code 22042

Purpose of Disbursement  
Event Catering

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 Y Y  
07 / 18 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.4812.2  
Amount of Each Disbursement this Period  
392.66

Memo Item

Full Name (Last, First, Middle Initial)

**C. BB&T**

Mailing Address 614 H St. NW

City Washington State DC Zip Code 20001

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

M M / D D / Y Y Y Y Y Y  
08 / 03 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.4813  
Amount of Each Disbursement this Period  
1073.83

Memo Item

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

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

1073.83

**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. United Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2016	
Mailing Address 233 S. Wacker Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4813.1</b> Amount of Each Disbursement this Period [REDACTED] 663.10	
City Chicago	State IL	Zip Code 60606	Category/ Type [REDACTED]
Purpose of Disbursement Travel		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. Uber</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2016	
Mailing Address 182 Howard Street Suite 8		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4813.1</b> Amount of Each Disbursement this Period [REDACTED] 123.33	
City San Francisco	State CA	Zip Code 94105	Category/ Type [REDACTED]
Purpose of Disbursement Travel		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. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2016	
Mailing Address 614 H St. NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4814</b> Amount of Each Disbursement this Period [REDACTED] 175.10	
City Washington	State DC	Zip Code 20001	Category/ Type [REDACTED]
Purpose of Disbursement Credit Card Payment--See Memos		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).....▶	[REDACTED] 175.10
<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**

Full Name (Last, First, Middle Initial)

**A. Mindful Catering**

Mailing Address 212 7th Street SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Event Catering

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
0	8		0	3		2	0	1	6

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4814.**

Amount of Each Disbursement this Period

[ ] 170.10 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**B. BB&T**

Mailing Address 614 H St. NW

City  
Washington

State  
DC

Zip Code  
20001

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
0	8		0	8		2	0	1	6

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4815**

Amount of Each Disbursement this Period

[ ] 3869.00 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C. Hotel Alyeska**

Mailing Address 1000 Arlberg Road

City  
Girdwood

State  
AK

Zip Code  
99587

Purpose of Disbursement  
Travel/Event Catering

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
0	8		0	8		2	0	1	6

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4815.**

Amount of Each Disbursement this Period

[ ] 3864.00 [ ]

Memo Item

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

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

[ ] 3869.00 [ ]

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

**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. BB&T**

Full Name (Last, First, Middle Initial)

Mailing Address 614 H St. NW

City Washington State DC Zip Code 20001

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  
08 / 08 / 2016

FEC Identification Number  
**C**

**Transaction ID : SB21B.4818**

Amount of Each Disbursement this Period  
1170.65

Memo Item

**B. Courtyard by Marriott**

Full Name (Last, First, Middle Initial)

Mailing Address 3695 Orange Place

City Beachwood State OH Zip Code 44122

Purpose of Disbursement  
Travel/Event Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 08 / 2016

FEC Identification Number  
**C**

**Transaction ID : SB21B.4818.c**

Amount of Each Disbursement this Period  
1133.95

Memo Item

**C. BB&T**

Full Name (Last, First, Middle Initial)

Mailing Address 614 H St. NW

City Washington State DC Zip Code 20001

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  
08 / 11 / 2016

FEC Identification Number  
**C**

**Transaction ID : SB21B.4819**

Amount of Each Disbursement this Period  
3000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4170.65

**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. Hotel Alyeska**

Mailing Address 1000 Arlberg Road

City Girdwood State AK Zip Code 99587

Purpose of Disbursement  
Travel/Event Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 11 / 2016

FEC Identification Number

C

Transaction ID : SB21B.4819.1  
Amount of Each Disbursement this Period

1925.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Saltwater Safari Company**

Mailing Address 1210 4th Ave

City Seward State AK Zip Code 99664

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 11 / 2016

FEC Identification Number

C

Transaction ID : SB21B.4819.1  
Amount of Each Disbursement this Period

1019.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BB&T**

Mailing Address 614 H St. NW

City Washington State DC Zip Code 20001

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  
08 / 11 / 2016

FEC Identification Number

C

Transaction ID : SB21B.4820  
Amount of Each Disbursement this Period

3000.00

Memo Item

**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 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. Saltwater Safari Company</b>			Date of Disbursement MM / DD / YYYY 08 / 11 / 2016	
Mailing Address 1210 4th Ave			FEC Identification Number C	
City Seward	State AK	Zip Code 99664	Transaction ID : <b>SB21B.4820.1</b>	
Purpose of Disbursement Travel		Category/ Type	Amount of Each Disbursement this Period 3000.00	
Candidate Name			Memo Item <input checked="" type="checkbox"/>	
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. BB&amp;T</b>			Date of Disbursement MM / DD / YYYY 08 / 11 / 2016	
Mailing Address 614 H St. NW			FEC Identification Number C	
City Washington	State DC	Zip Code 20001	Transaction ID : <b>SB21B.4841</b>	
Purpose of Disbursement Credit Card Payment--See Memos		Category/ Type	Amount of Each Disbursement this Period 1893.15	
Candidate Name			Memo Item <input type="checkbox"/>	
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. Drury Plaza Hotel Cleveland Downtown</b>			Date of Disbursement MM / DD / YYYY 08 / 11 / 2016	
Mailing Address 1380 E 6th Street			FEC Identification Number C	
City Cleveland	State OH	Zip Code 44114	Transaction ID : <b>SB21B.4841.</b>	
Purpose of Disbursement Travel/Event Catering		Category/ Type	Amount of Each Disbursement this Period 1893.15	
Candidate Name			Memo Item <input checked="" type="checkbox"/>	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1893.15
<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. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 614 H St. NW		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4821</b> Amount of Each Disbursement this Period [ ] 7.50	
City Washington	State DC	Zip Code 20001	Category/ Type [ ]
Purpose of Disbursement Credit Card Payment-Travel-No Vendors Require Itemization		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. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2016	
Mailing Address 614 H St. NW		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4822</b> Amount of Each Disbursement this Period [ ] 229.22	
City Washington	State DC	Zip Code 20001	Category/ Type [ ]
Purpose of Disbursement Credit Card Payment-Travel-No Vendors Require Itemization		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. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2016	
Mailing Address 614 H St. NW		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4823</b> Amount of Each Disbursement this Period [ ] 194.80	
City Washington	State DC	Zip Code 20001	Category/ Type [ ]
Purpose of Disbursement Credit Card Payment--See Memos		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).....▶	[ ] 431.52
<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. Jack Sprat</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2016
Mailing Address 165 Olympic Mountain Loop		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4823.1</b> Amount of Each Disbursement this Period [REDACTED] 194.80
City Girdwood	State AK	Zip Code 99587
Purpose of Disbursement Catering		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Burgoyne, Megan, Morgan, ,</b>		Date of Disbursement MM / DD / YYYY 09 / 06 / 2016
Mailing Address 4000 Tunlaw Road, NW #919		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4829</b> Amount of Each Disbursement this Period [REDACTED] 138.53
City Washington	State DC	Zip Code 20007
Purpose of Disbursement Travel Expense Reimbursement-No Vendors Require Itemization		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. Jack Sprat</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2016
Mailing Address 165 Olympic Mountain Loop		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4828</b> Amount of Each Disbursement this Period [REDACTED] 3600.00
City Girdwood	State AK	Zip Code 99587
Purpose of Disbursement Event Space Rental/Catering		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] 3738.53

**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. Mijo's**

Full Name (Last, First, Middle Initial)

Mailing Address 131 W 6th Ave Apt 4

City Anchorage State AK Zip Code 99501

Purpose of Disbursement Event Space Rental/Catering

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 11 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4830

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Saltwater Safari Company**

Full Name (Last, First, Middle Initial)

Mailing Address 1210 4th Ave

City Seward State AK Zip Code 99664

Purpose of Disbursement Event Space Rental/Catering

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 08 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4833

Amount of Each Disbursement this Period: 5095.00

Memo Item

**C. The MK Group**

Full Name (Last, First, Middle Initial)

Mailing Address 5905 Gloster Road

City Bethesda State MD Zip Code 20816

Purpose of Disbursement Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 01 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4837

Amount of Each Disbursement this Period: 8000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 14095.00

**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. The MK Group**

Mailing Address 5905 Gloster Road

City Bethesda State MD Zip Code 20816

Purpose of Disbursement Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 06 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.4838**

Amount of Each Disbursement this Period: 4000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. The Rizzo Dukes Group**

Mailing Address 1316 Alexandria Ave

City Alexandria State VA Zip Code 22308

Purpose of Disbursement Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 01 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.4839**

Amount of Each Disbursement this Period: 8900.00

Memo Item

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) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	12900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	50610.38

**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. FRIENDS OF JOHN MCCAIN INC</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2016
Mailing Address 228 S WASHINGTON STREET SUITE 115		FEC Identification Number C S6AZ00019 <b>Transaction ID : SB23.4824</b>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 2700.00
Candidate Name <b>MCCAIN, JOHN S, , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: AZ	District: 00	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF PAT TOOMEY</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2016
Mailing Address 228 S. WASHINGTON ST., SUITE 115		FEC Identification Number C C00461046 <b>Transaction ID : SB23.4840</b>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 5000.00
Candidate Name <b>TOOMEY, PATRICK JOSEPH, , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 00	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF TODD YOUNG, INC.</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2016
Mailing Address PO BOX 1053		FEC Identification Number C C00459255 <b>Transaction ID : SB23.4825</b>
City BLOOMINGTON	State IN	Zip Code 47402
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 5000.00
Candidate Name <b>YOUNG, TODD CHRISTOPHER, , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IN	District: 00	

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

12700.00

**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)

**A. YOUNG VICTORY COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2016

Mailing Address PO BOX 1053

FEC Identification Number

**C** C00621581

City BLOOMINGTON State IN Zip Code 47402

Purpose of Disbursement  
Political Contribution

Category/  
Type

**Transaction ID : SB23.4835**

Amount of Each Disbursement this Period

5000.00

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Other

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

Mailing Address

FEC Identification Number

**C**

City State Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

FEC Identification Number

**C**

City State Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

Memo Item

State: District:

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

5000.00

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

17700.00