

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**
ANN PAC

ADDRESS (number and street) **P.O. Box 3535**
 Check if different than previously reported. (ACC) **Ballwin MO 63022**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00531764 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 **McSwain, Patrick, , ,**

Signature of Treasurer **McSwain, Patrick, , ,** [Electronically Filed] Date / /

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

ANN PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value="33383.96"/>	<input type="text" value="33383.96"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="48512.04"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1000.00"/>	<input type="text" value="34000.00"/>
(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="49512.04"/>	<input type="text" value="67383.96"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13817.16"/>	<input type="text" value="31689.08"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="35694.88"/>	<input type="text" value="35694.88"/>
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

Write or Type Committee Name

ANN PAC

Report Covering the Period: From: 04 / 01 / 2017 To: 04 / 30 / 2017

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	11500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	11500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	22500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1000.00	34000.00
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)).....▶	1000.00	34000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1000.00	34000.00

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	7617.16	20489.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7617.16	20489.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6200.00	11200.00
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)) ..	13817.16	31689.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13817.16	31689.08

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	1000.00	34000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1000.00	34000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7617.16	20489.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7617.16	20489.08

**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 15
<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

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)
ANN PAC

A. AMEREN FEDERAL POLITICAL ACTION COMMITTEE (AMERENFED PAC)
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1331 PENNSYLVANIA AVE., NW
 SUITE 550S
 City WASHINGTON State DC Zip Code 20004-1710
 FEC ID number of contributing federal political committee. **C** C00206136
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : SA11C.7785
 Amount of Each Receipt this Period
 1000.00
 Memo Item
CONTRIBUTION

B.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

**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)
ANN PAC

A. CAPITAL ENHANCEMENT, INC.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 150 LONG RD
STE 50

M M M	/	D D D	/	Y Y Y Y Y
04		07		2017

City
CHESTERFIELD

State
MO

Zip Code
63005-1239

FEC Identification Number

Purpose of Disbursement
ADMINISTRATIVE CONSULTING

C

Transaction ID : **SB21B.I5610**
Amount of Each Disbursement this Period

Candidate Name

Category/
Type

500.00

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

B. CAPITAL ENHANCEMENT, INC.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 150 LONG RD
STE 50

M M M	/	D D D	/	Y Y Y Y Y
04		07		2017

City
CHESTERFIELD

State
MO

Zip Code
63005-1239

FEC Identification Number

Purpose of Disbursement
FUNDRAISING FEE

C

Transaction ID : **SB21B.I5611**
Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

C. COMMERCE BANK CREDIT CARDS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 808009

M M M	/	D D D	/	Y Y Y Y Y
04		07		2017

City
KANSAS CITY

State
MO

Zip Code
64180-8009

FEC Identification Number

Purpose of Disbursement
CREDIT CARD PAYMENT

C

Transaction ID : **SB21B.I5612**
Amount of Each Disbursement this Period

Candidate Name

Category/
Type

4564.55

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

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

6064.55

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 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)
ANN PAC

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES			Date of Disbursement MM / DD / YYYY 02 / 23 / 2017	
Mailing Address 4333 AMON CARTER BLVD				
City FORT WORTH	State TX	Zip Code 76155-2605	FEC Identification Number C	
Purpose of Disbursement TRAVEL			Transaction ID : SB21B.I5616	
Candidate Name			Amount of Each Disbursement this Period 124.90	
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. AMTRAK			Date of Disbursement MM / DD / YYYY 03 / 13 / 2017	
Mailing Address 50 MASSACHUSETTS AVE NE				
City WASHINGTON	State DC	Zip Code 20002-4214	FEC Identification Number C	
Purpose of Disbursement TRAVEL			Transaction ID : SB21B.I5619	
Candidate Name			Amount of Each Disbursement this Period 226.00	
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) C. DELTA AIRLINES			Date of Disbursement MM / DD / YYYY 02 / 22 / 2017	
Mailing Address 1030 DELTA BLVD				
City ATLANTA	State GA	Zip Code 30354-1989	FEC Identification Number C	
Purpose of Disbursement TRAVEL			Transaction ID : SB21B.I5614	
Candidate Name			Amount of Each Disbursement this Period 588.55	
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			

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANN PAC

Full Name (Last, First, Middle Initial) A. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 02 / 23 / 2017
Mailing Address 1030 DELTA BLVD		FEC Identification Number C [REDACTED]
City ATLANTA	State GA	Zip Code 30354-1989
Purpose of Disbursement REFUND	Category/Type [REDACTED]	
Candidate Name	Transaction ID : SB21B.I5615	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period [REDACTED] -588.55
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 03 / 09 / 2017
Mailing Address 2702 LOVE FIELD DR		FEC Identification Number C [REDACTED]
City DALLAS	State TX	Zip Code 75235-1908
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Transaction ID : SB21B.I5617	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period [REDACTED] 390.94
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 03 / 13 / 2017
Mailing Address 2702 LOVE FIELD DR		FEC Identification Number C [REDACTED]
City DALLAS	State TX	Zip Code 75235-1908
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Transaction ID : SB21B.I5618	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period [REDACTED] 461.88
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL 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)
ANN PAC

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES			Date of Disbursement MM / DD / YYYY 03 / 13 / 2017	
Mailing Address 2702 LOVE FIELD DR				
City DALLAS	State TX	Zip Code 75235-1908	FEC Identification Number C	
Purpose of Disbursement TRAVEL			Transaction ID : SB21B.I5620	
Candidate Name			Amount of Each Disbursement this Period 18.00	
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. SOUTHWEST AIRLINES			Date of Disbursement MM / DD / YYYY 03 / 13 / 2017	
Mailing Address 2702 LOVE FIELD DR				
City DALLAS	State TX	Zip Code 75235-1908	FEC Identification Number C	
Purpose of Disbursement TRAVEL			Transaction ID : SB21B.I5621	
Candidate Name			Amount of Each Disbursement this Period 431.95	
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) C. SOUTHWEST AIRLINES			Date of Disbursement MM / DD / YYYY 03 / 13 / 2017	
Mailing Address 2702 LOVE FIELD DR				
City DALLAS	State TX	Zip Code 75235-1908	FEC Identification Number C	
Purpose of Disbursement TRAVEL			Transaction ID : SB21B.I5622	
Candidate Name			Amount of Each Disbursement this Period 331.94	
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			

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANN PAC

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES			Date of Disbursement MM / DD / YYYY 03 / 13 / 2017	
Mailing Address 2702 LOVE FIELD DR			FEC Identification Number C [] Transaction ID : SB21B.I5623 Amount of Each Disbursement this Period [] 239.20	
City DALLAS	State TX	Zip Code 75235-1908	Category/Type []	
Purpose of Disbursement TRAVEL			Memo Item <input checked="" type="checkbox"/>	
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: []			

Full Name (Last, First, Middle Initial) B. THE RITZ-CARLTON			Date of Disbursement MM / DD / YYYY 02 / 23 / 2017	
Mailing Address 455 GRAND BAY DR			FEC Identification Number C [] Transaction ID : SB21B.I5613 Amount of Each Disbursement this Period [] 2339.74	
City KEY BISCAYNE	State FL	Zip Code 33149	Category/Type []	
Purpose of Disbursement FACILITY RENTAL/CATERING			Memo Item <input checked="" type="checkbox"/>	
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: []			

Full Name (Last, First, Middle Initial) C. GULA GRAHAM GROUP			Date of Disbursement MM / DD / YYYY 04 / 20 / 2017	
Mailing Address 499 S CAPITOL ST SW STE 420			FEC Identification Number C [] Transaction ID : SB21B.I5627 Amount of Each Disbursement this Period [] 1549.61	
City WASHINGTON	State DC	Zip Code 20003-4027	Category/Type []	
Purpose of Disbursement REIMBURSEMENT			Memo Item <input type="checkbox"/>	
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: []			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1549.61
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)
ANN PAC

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 03 / 03 / 2017
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [] Transaction ID : SB21B.I5628 Amount of Each Disbursement this Period [] 482.20
City FORT WORTH	State TX	Zip Code 76155-2605
Purpose of Disbursement TRAVEL		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 03 / 03 / 2017
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [] Transaction ID : SB21B.I5629 Amount of Each Disbursement this Period [] 100.85
City FORT WORTH	State TX	Zip Code 76155-2605
Purpose of Disbursement TRAVEL		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. VENETIAN/PALAZZO HOTEL		Date of Disbursement MM / DD / YYYY 03 / 03 / 2017
Mailing Address 3325 S LAS VEGAS BLVD		FEC Identification Number C [] Transaction ID : SB21B.I5630 Amount of Each Disbursement this Period [] 966.56
City LAS VEGAS	State NV	Zip Code 89109-1414
Purpose of Disbursement CATERING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANN PAC

Full Name (Last, First, Middle Initial)
A. COMMERCE BANKSHARES, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2017

Mailing Address 14317 MANCHESTER RD

FEC Identification Number

C

Transaction ID : SB21B.I5632

Amount of Each Disbursement this Period

3.00

City BALLWIN	State MO	Zip Code 63011-4048
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Purpose of Disbursement
BANK FEE

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Memo Item

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

Amount of Each Disbursement this Period

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

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify)

Memo Item

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

Amount of Each Disbursement this Period

--

City	State	Zip Code
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Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Memo Item

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

3.00

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

7617.16

**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)
ANN PAC

Full Name (Last, First, Middle Initial) A. BILLY LONG FOR CONGRESS		Date of Disbursement MM / DD / YYYY 04 / 18 / 2017
Mailing Address 3923 E GLEN ABBEY DRIVE		FEC Identification Number C00460063 Transaction ID : SB23.I5624
City SPRINGFIEL	State MO	Zip Code 65809-4076
Purpose of Disbursement CONTRIBUTION: PRIMARY 2018		Amount of Each Disbursement this Period 1000.00
Candidate Name LONG, BILLY, MR., ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District: 07	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. HANDEL FOR CONGRESS, INC.		Date of Disbursement MM / DD / YYYY 04 / 18 / 2017
Mailing Address 3085 ROXBURGH DRIVE		FEC Identification Number C00633362 Transaction ID : SB23.I5625
City ROSWELL	State GA	Zip Code 30076
Purpose of Disbursement CONTRIBUTION: SPECIAL 2017		Amount of Each Disbursement this Period 2500.00
Candidate Name HANDEL, KAREN, CHRISTINE, ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: GA	District: 06	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. HANDEL FOR CONGRESS, INC.		Date of Disbursement MM / DD / YYYY 04 / 19 / 2017
Mailing Address 3085 ROXBURGH DRIVE		FEC Identification Number C00633362 Transaction ID : SB23.I5626
City ROSWELL	State GA	Zip Code 30076
Purpose of Disbursement CONTRIBUTION: RUN-OFF 2017		Amount of Each Disbursement this Period 2500.00
Candidate Name HANDEL, KAREN, CHRISTINE, ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: GA	District: 06	
<input type="checkbox"/> Memo Item		

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

6000.00

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)
ANN PAC

Full Name (Last, First, Middle Initial) A. MAVERICK PAC USA		Date of Disbursement M M / D D / Y Y Y Y Y Y 04 / 20 / 2017	
Mailing Address C/O RED CURVE SOLUTIONS 138 CONANT STREET			
City BEVERLY	State MA	Zip Code 01915	
Purpose of Disbursement EVENT FEE		FEC Identification Number C 000427435 Transaction ID : SB23.I5631 Amount of Each Disbursement this Period 200.00	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		FEC Identification Number C	
Candidate Name		Amount of Each Disbursement this Period	
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) C.		Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		FEC Identification Number C	
Candidate Name		Amount of Each Disbursement this Period	
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).....▶	200.00
TOTAL This Period (last page this line number only).....▶	6200.00