

# 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

YOPAC

ADDRESS (number and street) 5631 ABERDEEN RD

Check if different than previously reported. (ACC) FAIRWAY KS 66205

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

C C00497305

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  Primary (12P)  General (12G)  Runoff (12R)
- PRE-Election Report for the:  Convention (12C)  Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day  General (30G)  Runoff (30R)  Special (30S)
- POST-Election Report for the:

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 07 / 01 / 2015 through [MM] / [DD] / [YYYY] 12 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer J.THOMAS MEIER

Signature of Treasurer J.THOMAS MEIER [Electronically Filed] Date 01 / 27 / 2016

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

Office Use Only									
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FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

YOPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="39532.01"/>	<input type="text" value="39532.01"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="36395.10"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="121425.00"/>	<input type="text" value="125933.00"/>
(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="157820.10"/>	<input type="text" value="165465.01"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="61303.23"/>	<input type="text" value="68948.14"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="96516.87"/>	<input type="text" value="96516.87"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**YOPAC**

Report Covering the Period: From: M M / D D / Y Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y Y 12 / 31 / 2015

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	51000.00	51000.00
(ii) Unitemized .....	225.00	225.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	51225.00	51225.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	70200.00	70200.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	121425.00	121425.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	4508.00
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))..... ▶	121425.00	125933.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	121425.00	125933.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	29453.23	35798.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	29453.23	35798.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19500.00	21500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	12350.00	11650.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	61303.23	68948.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61303.23	68948.14

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	121425.00	121425.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	121425.00	121425.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	29453.23	35798.14
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	29453.23	35798.14

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

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

FOR LINE NUMBER: PAGE 6 OF 44  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  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)  
**YOPAC**

Full Name (Last, First, Middle Initial)  
**A. Jill Hamaker**

Mailing Address 2273 Research Blvd  
Suite 400

City State Zip Code  
Rockville MD 20850

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

Name of Employer Occupation  
Emergent Biosolutions Senior Director

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  
12 / 11 / 2015  
**Transaction ID : SA11AI.5346**

Amount of Each Receipt this Period  
1000.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Gary Lundy**

Mailing Address 507 W Crestview Ave

City State Zip Code  
Pittsburg KS 66762

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

Name of Employer Occupation  
WATCO Exec VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 30 / 2015  
**Transaction ID : SA11AI.5349**

Amount of Each Receipt this Period  
5000.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Susan Lundy**

Mailing Address 507 W Crestview Ave

City State Zip Code  
Pittsburg KS 66762

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 30 / 2015  
**Transaction ID : SA11AI.5350**

Amount of Each Receipt this Period  
5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 11000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**YOPAC**

Full Name (Last, First, Middle Initial)  
**A. Fraydun Manocherian**

Mailing Address 145 E 50th Street

City State Zip Code  
New York NY 10022

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

Name of Employer Occupation  
Pan Am Equities Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
07 / 28 / 2015  
**Transaction ID : SA11AI.5290**

Amount of Each Receipt this Period  
5000.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Greg Manocherian**

Mailing Address 52 S. Bedford Road

City State Zip Code  
Pound Ridge NY 10576

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

Name of Employer Occupation  
Self Employed Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
07 / 28 / 2015  
**Transaction ID : SA11AI.5292**

Amount of Each Receipt this Period  
5000.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Jed Manocherian**

Mailing Address 18 East 5th Street

City State Zip Code  
New York NY 10022

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

Name of Employer Occupation  
Woodbranch Investors Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
10 / 13 / 2015  
**Transaction ID : SA11AI.5332**

Amount of Each Receipt this Period  
5000.00

Contribution

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

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

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

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

FOR LINE NUMBER: PAGE 8 OF 44  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**YOPAC**

**A. Jonathan Manocherian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 East 50th St  
 City New York State NY Zip Code 10022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Student Occupation Student  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **12 / 11 / 2015**  
**Transaction ID : SA11AI.5339**  
 Amount of Each Receipt this Period **5000.00**  
 Contribution

**B. Joshua Manocherian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 145 W 67th Apt 47E  
 City New York State NY Zip Code 10023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Student Occupation Student  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **10 / 13 / 2015**  
**Transaction ID : SA11AI.5329**  
 Amount of Each Receipt this Period **5000.00**  
 Contribution

**C. Michael Meagher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3931 Williamsburg Rd  
 City Dallas State TX Zip Code 75220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Real Estate  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **12 / 11 / 2015**  
**Transaction ID : SA11AI.5341**  
 Amount of Each Receipt this Period **5000.00**  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **15000.00**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**YOPAC**

Full Name (Last, First, Middle Initial)  
**A. Andrew Sabin**

Mailing Address 300 Pantigo Place

City East Hampton State NY Zip Code 11937

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

Name of Employer Sabin Metal Occupation President

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  
 07 / 28 / 2015  
**Transaction ID : SA11AI.5294**

Amount of Each Receipt this Period  
5000.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Richard Webb**

Mailing Address 315 West 3rd

City Pittsburg State KS Zip Code 66762

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

Name of Employer Watco Companies Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2015  
**Transaction ID : SA11AI.5296**

Amount of Each Receipt this Period  
2500.00

Contribution

Full Name (Last, First, Middle Initial)  
**c. Stacey Webb**

Mailing Address 315 West 3rd

City Pittsburg State KS Zip Code 66762

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2015  
**Transaction ID : SA11AI.5297**

Amount of Each Receipt this Period  
2500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	51000.00

**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 44
<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)  
**YOPAC**

**A. ABBOTT LABORATORIES EMPLOYEE POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 ABBOTT PARK RD.  
 D312 AP6D-2  
 City ABBOTT PARK State IL Zip Code 60064  
 FEC ID number of contributing federal political committee. **C** C00040279  
 Name of Employer Occupation  
 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  
 10 / 13 / 2015  
**Transaction ID : SA11C.5304**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution

**B. AIR LINE PILOTS ASSOCIATION PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1625 MASSACHUSETTS AVE. NW  
 City WASHINGTON State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C** C00035451  
 Name of Employer Occupation  
 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  
 10 / 13 / 2015  
**Transaction ID : SA11C.5320**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution

**C. AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 401 N. LINDBERGH BLVD  
 City ST. LOUIS State MO Zip Code 63141  
 FEC ID number of contributing federal political committee. **C** C00293910  
 Name of Employer Occupation  
 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  
 10 / 13 / 2015  
**Transaction ID : SA11C.5301**  
 Amount of Each Receipt this Period  
 5000.00  
 Contribution

<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 11 OF 44
<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)  
**YOPAC**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 13 / 2015 <b>Transaction ID : SA11C.5310</b>
Mailing Address 1891 PRESTON WHITE DRIVE City RESTON State VA Zip Code 20191		Amount of Each Receipt this Period 2500.00 Contribution
FEC ID number of contributing federal political committee. <b>C</b> C00343459		
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PAC)</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 22 / 2015 <b>Transaction ID : SA11C.5348</b>
Mailing Address 1201 15TH STREET NW SUITE 400 City WASHINGTON State DC Zip Code 20005		Amount of Each Receipt this Period 5000.00 Contribution
FEC ID number of contributing federal political committee. <b>C</b> C00358663		
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2015 <b>Transaction ID : SA11C.5298</b>
Mailing Address 1061 AMERICAN LN City PARK RIDGE State IL Zip Code 60173		Amount of Each Receipt this Period 5000.00 Contribution
FEC ID number of contributing federal political committee. <b>C</b> C00255752		
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	12500.00

**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 12 OF 44
<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)  
**YOPAC**

Full Name (Last, First, Middle Initial) <b>A. BANK OF AMERICA CORPORATION FEDERAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 22 / 2015 <b>Transaction ID : SA11C.5359</b>
Mailing Address 1455 PENNSYLVANIA AVE, SUITE 950 DC8-455-09-01		Amount of Each Receipt this Period 2500.00
City WASHINGTON State DC Zip Code 20004	FEC ID number of contributing federal political committee. <b>C C00364778</b>	Contribution
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00

Full Name (Last, First, Middle Initial) <b>B. BIPARTISAN VOLUNTARY PUBLIC AFFAIRS COMMITTEE OF THE PNC FINANCIAL SERVICES GROUP, INC.</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 13 / 2015 <b>Transaction ID : SA11C.5315</b>
Mailing Address 249 FIFTH AVENUE, 21ST FLOOR		Amount of Each Receipt this Period 1000.00
City PITTSBURGH State PA Zip Code 15222	FEC ID number of contributing federal political committee. <b>C C00035519</b>	Contribution
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

Full Name (Last, First, Middle Initial) <b>C. BRYAN CAVE LLP POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 13 / 2015 <b>Transaction ID : SA11C.5313</b>
Mailing Address 1155 F STREET NW SUITE 700		Amount of Each Receipt this Period 5000.00
City WASHINGTON State DC Zip Code 20004	FEC ID number of contributing federal political committee. <b>C C00332643</b>	Contribution
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 13 OF 44  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**YOPAC**

Full Name (Last, First, Middle Initial)  
**A. CIGAR-PAC**

Mailing Address 818 CONNECTICUT AVENUE, NW  
SUITE 200

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00121350

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : SA11C.5173**

Amount of Each Receipt this Period  
200.00

In-kind: Event Supplies

Full Name (Last, First, Middle Initial)  
**B. CITIGROUP INC. POLITICAL ACTION COMMITTEE - FEDERAL (CITIGROUP PAC-FEDERAL)**

Mailing Address 1101 PENNSYLVANIA AVENUE NW #1000

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00008474

Name of Employer Occupation

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  
 10 / 13 / 2015  
**Transaction ID : SA11C.5352**

Amount of Each Receipt this Period  
5000.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. CONSUMER TECHNOLOGY ASSOCIATION PAC**

Mailing Address 1919 SOUTH EADS STREET

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00375048

Name of Employer Occupation

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  
 10 / 13 / 2015  
**Transaction ID : SA11C.5324**

Amount of Each Receipt this Period  
1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 44
<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)  
**YOPAC**

Full Name (Last, First, Middle Initial)  
**A. EYE OF THE TIGER POLITICAL ACTION COMMITTEE**

Mailing Address **PO BOX 2485**

City **SPRINGFIELD** State **VA** Zip Code **22152**

FEC ID number of contributing federal political committee. **C C00467431**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **10 / 13 / 2015**

**Transaction ID : SA11C.5318**

Amount of Each Receipt this Period **5000.00**

Contribution

Full Name (Last, First, Middle Initial)  
**B. GENERAL MOTORS COMPANY POLITICAL ACTION COMMITTEE (GM PAC)**

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 Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt **09 / 29 / 2015**

**Transaction ID : SA11C.5299**

Amount of Each Receipt this Period **2500.00**

Contribution

Full Name (Last, First, Middle Initial)  
**C. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

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 Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **12 / 11 / 2015**

**Transaction ID : SA11C.5345**

Amount of Each Receipt this Period **5000.00**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **12500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 44
<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)  
**YOPAC**

Full Name (Last, First, Middle Initial) <b>A. KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)</b>		Date of Receipt
Mailing Address 600 14TH STREET, NW SUITE 800		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City WASHINGTON State DC Zip Code 20005		<b>Transaction ID : SA11C.5302</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00236489"/>		Amount of Each Receipt this Period
Name of Employer Occupation		<input type="text" value="4000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution
Aggregate Year-to-Date ▼		<input type="text" value="4000.00"/>

Full Name (Last, First, Middle Initial) <b>B. KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)</b>		Date of Receipt
Mailing Address 600 14TH STREET, NW SUITE 800		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City WASHINGTON State DC Zip Code 20005		<b>Transaction ID : SA11C.5303</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00236489"/>		Amount of Each Receipt this Period
Name of Employer Occupation		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution
Aggregate Year-to-Date ▼		<input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) <b>C. NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC</b>		Date of Receipt
Mailing Address 1325 MASSACHUSETTS AVE., NW		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City WASHINGTON State DC Zip Code 20005		<b>Transaction ID : SA11C.5322</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00238725"/>		Amount of Each Receipt this Period
Name of Employer Occupation		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution
Aggregate Year-to-Date ▼		<input type="text" value="1000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="6000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 16 OF 44  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**YOPAC**

Full Name (Last, First, Middle Initial)  
**A. PRICEWATERHOUSECOOPERS POLITICAL ACTION COMMITTEE I**

Mailing Address 600 13TH STREET, NW  
SUITE 1000

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00107235**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11C.5354**

Amount of Each Receipt this Period  
2500.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. QUICKEN LOANS INC PAC**

Mailing Address 101 S. WASHINGTON SQ.  
SUITE 620

City LANSING State MI Zip Code 48933

FEC ID number of contributing federal political committee. **C C00388827**

Name of Employer Occupation

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  
 10 / 13 / 2015  
**Transaction ID : SA11C.5305**

Amount of Each Receipt this Period  
1000.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. RAYTHEON COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 1100 WILSON BLVD  
SUITE 1500

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C C00097568**

Name of Employer Occupation

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  
 11 / 30 / 2015  
**Transaction ID : SA11C.5337**

Amount of Each Receipt this Period  
1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4500.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 44
<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)  
**YOPAC**

Full Name (Last, First, Middle Initial)  
**A. THE GOLDMAN SACHS GROUP, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 101 CONSTITUTION AVENUE, NW  
SUITE 1000 EAST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00350744

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2015

**Transaction ID : SA11C.5356**

Amount of Each Receipt this Period  
2500.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. THE HOME DEPOT INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1155 F STREET, NW  
SUITE 400

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00284885

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2015

**Transaction ID : SA11C.5307**

Amount of Each Receipt this Period  
2000.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. THERMO FISHER SCIENTIFIC INC. PAC**

Mailing Address 81 WYMAN STREET  
PO BOX 9046

City WALTHAM State MA Zip Code 02454

FEC ID number of contributing federal political committee. **C** C00292318

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2015

**Transaction ID : SA11C.5317**

Amount of Each Receipt this Period  
2500.00

Contribution

<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 18 OF 44
<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)  
**YOPAC**

Full Name (Last, First, Middle Initial)  
**A. UNITED PARCEL SERVICE INC. PAC**

Mailing Address 55 GLENLAKE PARKWAY NE

City ATLANTA State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11C.5319**

Amount of Each Receipt this Period  
5000.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. WERNER ENTERPRISES INC POLITICAL ACTION COMMITTEE**

Mailing Address 14507 FRONTIER ROAD

City OMAHA State NE Zip Code 68138

FEC ID number of contributing federal political committee. **C** C00236034

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11C.5326**

Amount of Each Receipt this Period  
1000.00

Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	70200.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOPAC**

Full Name (Last, First, Middle Initial)

**A. ABH Consulting**

Mailing Address 3410 Alabama Ave

City Alexandria State VA Zip Code 22305

Purpose of Disbursement  
Fundraising Expense: Shipping/Transportation/Balloons/Event Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2015

**Transaction ID : SB21B.5167**

Amount of Each Disbursement this Period

816.34

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Agua 301**

Mailing Address 301 Water St, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
PAC Food & Beverage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2015

**Transaction ID : SB21B.5185**

Amount of Each Disbursement this Period

847.44

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Ashby Law PLLC**

Mailing Address 919 Prince Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
PAC Legal Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2015

**Transaction ID : SB21B.5195**

Amount of Each Disbursement this Period

137.50

Category/  
Type

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

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

1801.28

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOPAC**

Full Name (Last, First, Middle Initial)

**A. Beuchert's Saloon**

Mailing Address 623 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
PAC Event Expense: Food & Beverage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 29 / 2015

**Transaction ID : SB21B.5136**

Amount of Each Disbursement this Period

1388.30

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Cairo Wine & Liquor**

Mailing Address 1618 17th St NW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
PAC Event Expense: Beverages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 14 / 2015

**Transaction ID : SB21B.5140**

Amount of Each Disbursement this Period

1386.17

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Chris Coulson**

Mailing Address 6610 Indian Ln

City Mission Hills State KS Zip Code 66208

Purpose of Disbursement  
Reimbursement: Shirts/Food & Beverage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2015

**Transaction ID : SB21B.5180**

Amount of Each Disbursement this Period

1735.78

Category/  
Type

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

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

4510.25

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOPAC**

Full Name (Last, First, Middle Initial)

**A. District Taco LLC**

Mailing Address 1919 M St NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
PAC Event Expense: Food & Beverage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2015

**Transaction ID : SB21B.5139**

Amount of Each Disbursement this Period

1496.88

Full Name (Last, First, Middle Initial)

**B. Federal City Caterers, Inc.**

Mailing Address 1119 12th St, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
PAC Event Expense: Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2015

**Transaction ID : SB21B.5162**

Amount of Each Disbursement this Period

1427.61

Full Name (Last, First, Middle Initial)

**C. Frager's Just Ask Rental**

Mailing Address 1323 E St, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
PAC Event Expense: Propane/Heater Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 03 / 2015

**Transaction ID : SB21B.5190**

Amount of Each Disbursement this Period

296.10

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

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

3220.59

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOPAC**

Full Name (Last, First, Middle Initial)

**A. GOP Shoppe**

Mailing Address 899 Airport Park Rd

City State Zip Code  
Glen Burnie MD 21061

Purpose of Disbursement  
PAC Shirts/Koozies/Balloons/Packs

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 17 / 2015

Transaction ID : **SB21B.5184**

Amount of Each Disbursement this Period

1674.09

Full Name (Last, First, Middle Initial)

**B. Kristina Granados**

Mailing Address 18619 Wilderness Way

City State Zip Code  
Hagerstown MD 21740

Purpose of Disbursement  
PAC Event Expense: Entertainment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 08 / 2015

Transaction ID : **SB21B.5202**

Amount of Each Disbursement this Period

475.00

Full Name (Last, First, Middle Initial)

**C. Intuit**

Mailing Address 2700 Coast Ave

City State Zip Code  
Mountain View CA 94043

Purpose of Disbursement  
PAC Merchant Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2015

Transaction ID : **SB21B.5183**

Amount of Each Disbursement this Period

19.95

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

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

2169.04

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOPAC**

Full Name (Last, First, Middle Initial)

**A. Intuit**

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
PAC Merchant Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2015

**Transaction ID : SB21B.5189**

Amount of Each Disbursement this Period

19.95

Full Name (Last, First, Middle Initial)

**B. JLD Events LLC**

Mailing Address 10687 S. Langley Street

City Olathe State KS Zip Code 66061

Purpose of Disbursement  
PAC Fundraising Consulting/Trophy Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2015

**Transaction ID : SB21B.5147**

Amount of Each Disbursement this Period

844.42

Full Name (Last, First, Middle Initial)

**C. Koch & Hoos, LLC**

Mailing Address 901 N Washington St, Suite 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
PAC Accounting/Compliance Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 09 / 2015

**Transaction ID : SB21B.5194**

Amount of Each Disbursement this Period

437.59

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

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

1301.96

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOPAC**

Full Name (Last, First, Middle Initial)

**A. Landini Brothers**

Mailing Address 115 King St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
PAC Food & Beverage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21B.5182**

Amount of Each Disbursement this Period

272.57

Full Name (Last, First, Middle Initial)

**B. Mission Hills Country Club**

Mailing Address 5400 Mission Dr

City Mission Hills State KS Zip Code 66208

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

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2015

Transaction ID : **SB21B.5176**

Amount of Each Disbursement this Period

7295.30

Full Name (Last, First, Middle Initial)

**C. Dave Natonski**

Mailing Address 3609 Norris Pl

City Alexandria State VA Zip Code 22305

Purpose of Disbursement  
Reimbursement: PAC Towels

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2015

Transaction ID : **SB21B.5171**

Amount of Each Disbursement this Period

660.00

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

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

8227.87



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOPAC**

Full Name (Last, First, Middle Initial)

**A. US House of Representatives Gift Shop**

Mailing Address Longworth Bldg

City Washington State DC Zip Code 20515

Purpose of Disbursement  
PAC Event Expense: Towels

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2015

Transaction ID : **SB21B.5171.0**

Amount of Each Disbursement this Period

660.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Pacifico Cantino**

Mailing Address 514 8th St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
PAC Event Expense: Food & Beverage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2015

Transaction ID : **SB21B.5148**

Amount of Each Disbursement this Period

764.60

Full Name (Last, First, Middle Initial)

**C. The Tactical Girl**

Mailing Address 706 Inwood Dr

City Southlake State TX Zip Code 76092

Purpose of Disbursement  
PAC Event Expense: Shirts/Balls

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2015

Transaction ID : **SB21B.5165**

Amount of Each Disbursement this Period

4556.84

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

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

5321.44

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOPAC**

Full Name (Last, First, Middle Initial)

**A. The Tactical Girl**

Mailing Address 706 Inwood Dr

City Southlake State TX Zip Code 76092

Purpose of Disbursement  
PAC Ornaments

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2015

**Transaction ID : SB21B.5192**

Amount of Each Disbursement this Period

712.50

Full Name (Last, First, Middle Initial)

**B. Well Dunn Catering**

Mailing Address 513 Morse St NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
PAC Event Expense: Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2015

**Transaction ID : SB21B.5186**

Amount of Each Disbursement this Period

1300.00

Full Name (Last, First, Middle Initial)

**C. Well Dunn Catering**

Mailing Address 513 Morse St NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
PAC Event Expense: Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 14 / 2015

**Transaction ID : SB21B.5193**

Amount of Each Disbursement this Period

350.00

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

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

2362.50

28914.93

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOPAC**

Full Name (Last, First, Middle Initial)

**A. CARLOS CURBELO CONGRESS**

Mailing Address 8724 SW 72ND ST

City MIAMI State FL Zip Code 33173

Purpose of Disbursement  
Contribution

Candidate Name  
**CARLOS CURBELO**

Office Sought:  House  
 Senate  
 President  
State: FL District: 26

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2015

Transaction ID : **SB23.5204**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. ELISE FOR CONGRESS**

Mailing Address PO BOX 338

City WILLSBORO State NY Zip Code 12996

Purpose of Disbursement  
Contribution

Candidate Name  
**ELISE M STEFANIK**

Office Sought:  House  
 Senate  
 President  
State: NY District: 21

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2015

Transaction ID : **SB23.5256**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF FRANK GUINTA**

Mailing Address P.O. BOX 877

City MANCHESTER State NH Zip Code 03105

Purpose of Disbursement  
Contribution

Candidate Name  
**FRANK GUINTA**

Office Sought:  House  
 Senate  
 President  
State: NH District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 06 / 2015

Transaction ID : **SB23.5135**

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOPAC**

Full Name (Last, First, Middle Initial)

**A. LYNN JENKINS FOR CONGRESS**

Mailing Address PO BOX 1441

City TOPEKA State KS Zip Code 66601

Purpose of Disbursement  
Contribution

Candidate Name  
**LYNN JENKINS**

Office Sought:  House  
 Senate  
 President  
State: KS District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2015

**Transaction ID : SB23.5155**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. MOOLENAAR FOR CONGRESS**

Mailing Address 5915 EASTMAN AVENUE  
SUITE 100

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement  
Contribution

Candidate Name  
**JOHN MOOLENAAR**

Office Sought:  House  
 Senate  
 President  
State: MI District: 04

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 08 / 2015

**Transaction ID : SB23.5196**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. MORAN FOR KANSAS**

Mailing Address PO BOX 1151

City HAYS State KS Zip Code 67601

Purpose of Disbursement  
Contribution

Candidate Name  
**JERRY MORAN**

Office Sought:  House  
 Senate  
 President  
State: KS District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 29 / 2015

**Transaction ID : SB23.5253**

Amount of Each Disbursement this Period

5000.00

Category/  
Type

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

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

7000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOPAC**

Full Name (Last, First, Middle Initial)

**A. POLIQUIN FOR CONGRESS**

Mailing Address PO BOX 50

City OAKLAND State ME Zip Code 04963

Purpose of Disbursement  
Contribution

Candidate Name  
**BRUCE L POLIQUIN**

Office Sought:  House  
 Senate  
 President  
State: ME District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 25 / 2015

Transaction ID : **SB23.5146**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. POLIQUIN FOR CONGRESS**

Mailing Address PO BOX 50

City OAKLAND State ME Zip Code 04963

Purpose of Disbursement  
Contribution

Candidate Name  
**BRUCE L POLIQUIN**

Office Sought:  House  
 Senate  
 President  
State: ME District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2015

Transaction ID : **SB23.5150**

Amount of Each Disbursement this Period

2000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. POLIQUIN FOR CONGRESS**

Mailing Address PO BOX 50

City OAKLAND State ME Zip Code 04963

Purpose of Disbursement  
Contribution

Candidate Name  
**BRUCE L POLIQUIN**

Office Sought:  House  
 Senate  
 President  
State: ME District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2015

Transaction ID : **SB23.5363**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

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

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

4000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOPAC**

Full Name (Last, First, Middle Initial)

**A. RENEE ELLMERS FOR CONGRESS COMMITTEE**

Date of Disbursement

Mailing Address PO BOX 99567

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

City State Zip Code  
RALEIGH NC 27624

**Transaction ID : SB23.5158**

Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**RENEE JACISIN ELLMERS**

Category/  
Type

2000.00
---------

Office Sought:  House  
 Senate  
 President  
State: NC District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. RYAN COSTELLO FOR CONGRESS**

Date of Disbursement

Mailing Address PO BOX 3154

M M M	/	D D D	/	Y Y Y Y Y
09		29		2015

City State Zip Code  
WEST CHESTER PA 19381

**Transaction ID : SB23.5152**

Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**RYAN A. COSTELLO**

Category/  
Type

1000.00
---------

Office Sought:  House  
 Senate  
 President  
State: PA District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. SANDY ADAMS FOR CONGRESS**

Date of Disbursement

Mailing Address P. O. BOX 1566

M M M	/	D D D	/	Y Y Y Y Y
09		23		2015

City State Zip Code  
ORLANDO FL 32802

**Transaction ID : SB23.5161**

Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**SANDY ADAMS**

Category/  
Type

1000.00
---------

Office Sought:  House  
 Senate  
 President  
State: FL District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

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

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

4000.00
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19500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOPAC**

Full Name (Last, First, Middle Initial) <b>A. Baumgardner For KS State Senate</b>		Date of Disbursement MM / DD / YYYY 12 / 22 / 2015
Mailing Address 29467 Masters Court		<b>Transaction ID : SB29.5248</b>
City Louisburg	State KS	
Zip Code 66053	Purpose of Disbursement Non-Federal Contribution	Amount of Each Disbursement this Period 250.00
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:		

Full Name (Last, First, Middle Initial) <b>B. Bill Sutton For State Rep</b>		Date of Disbursement MM / DD / YYYY 12 / 22 / 2015
Mailing Address 301 W Westhoff Pl		<b>Transaction ID : SB29.5276</b>
City Gardner	State KS	
Zip Code 66030	Purpose of Disbursement Non-Federal Contribution	Amount of Each Disbursement this Period 250.00
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:		

Full Name (Last, First, Middle Initial) <b>C. Bollier for State Representative</b>		Date of Disbursement MM / DD / YYYY 12 / 22 / 2015
Mailing Address 6910 Overhill Dr		<b>Transaction ID : SB29.5240</b>
City Mission Hills	State KS	
Zip Code 66208	Purpose of Disbursement Non-Federal Contribution	Amount of Each Disbursement this Period 250.00
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOPAC**

Full Name (Last, First, Middle Initial)

### A. Bowers For Kansas Senate

Mailing Address 1326 N. 150th Rd.

City Concor State KS Zip Code 66901

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : SB29.5212

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

### B. Bruchman for State Representative

Mailing Address 5016 W 108th Terr, #522

City Overland Park State KS Zip Code 66211

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : SB29.5229

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

### C. Campbell For State Rep

Mailing Address 15803 Avalon

City Olathe State KS Zip Code 66062

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : SB29.5241

Amount of Each Disbursement this Period

250.00
--------

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

750.00
--------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOPAC**

Full Name (Last, First, Middle Initial)

**A. Clayton For State Representative**

Mailing Address 9825 Woodson

City Overland Park State KS Zip Code 66207

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : SB29.5275

Amount of Each Disbursement this Period

250.00
--------

**B. Dove For KS State Rep**

Full Name (Last, First, Middle Initial)

Mailing Address 14715 Timber Ln

City Bonner Springs State KS Zip Code 66012

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : SB29.5286

Amount of Each Disbursement this Period

250.00
--------

**C. Erin Davis For Kansas**

Full Name (Last, First, Middle Initial)

Mailing Address 12018 S Clinton St

City Olathe State KS Zip Code 66061

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		25		2015

Transaction ID : SB29.5188

Amount of Each Disbursement this Period

250.00
--------

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

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

750.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOPAC**

Full Name (Last, First, Middle Initial)  
**A. Gallagher For Kansas**

Date of Disbursement:  /  /

Mailing Address 7804 Monrovia St

City Lenexa State KS Zip Code 66216

Purpose of Disbursement Non-Federal Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB29.5208**

Amount of Each Disbursement this Period:

Full Name (Last, First, Middle Initial)  
**B. Greg Smith For Kansas State Senator**

Date of Disbursement:  /  /

Mailing Address PO Box 4157

City Overland Park State KS Zip Code 66204

Purpose of Disbursement Non-Federal Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB29.5269**

Amount of Each Disbursement this Period:

Full Name (Last, First, Middle Initial)  
**C. Grosserode For State Representative**

Date of Disbursement:  /  /

Mailing Address 12601 W 99th St

City Lenexa State KS Zip Code 66215

Purpose of Disbursement Non-Federal Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB29.5274**

Amount of Each Disbursement this Period:

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOPAC**

Full Name (Last, First, Middle Initial)

### A. Hildabrand for State Representative

Mailing Address 16820 W67th St  
#407

City Shawnee State KS Zip Code 66217

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : SB29.5257

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

### B. Jeff King for State Senate

Mailing Address 1212 N Second St

City Independence State KS Zip Code 67301

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : SB29.5260

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

### C. Jeff Longbine For State Senate

Mailing Address 2801 Lakeridge Rd

City Emporia State KS Zip Code 66801

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : SB29.5236

Amount of Each Disbursement this Period

250.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

750.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOPAC**

Full Name (Last, First, Middle Initial)

**A. Jeff Melcher For Senate**

Mailing Address 10300 W 103rd St, Suite 300

City Overland Park State KS Zip Code 66214

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.5245**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Jene Vickrey For KS State Representative**

Mailing Address 502 S Countryside Dr

City Louisburg State KS Zip Code 66053

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.5209**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Jim Denning for Kansas Senate**

Mailing Address 8416 W 115th St

City Overland Park State KS Zip Code 66210

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.5262**

Amount of Each Disbursement this Period

Category/  
Type

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOPAC**

Full Name (Last, First, Middle Initial)

**A. Julia Lynn for State Senate**

Mailing Address 18837 W 115th Terr

City Olathe State KS Zip Code 66061

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2015

Transaction ID : **SB29.5211**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Kansans for KleeB**

Mailing Address 14206 Eby

City Overland Park State KS Zip Code 66221

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2015

Transaction ID : **SB29.5220**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Kansas Republican Senatorial Committee (KRSC)**

Mailing Address PO Box 2663

City Topeka State KS Zip Code 66612

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2015

Transaction ID : **SB29.5283**

Amount of Each Disbursement this Period

300.00

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

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

800.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOPAC**

Full Name (Last, First, Middle Initial)

**A. Keith Esau For State Rep**

Mailing Address 11702 S Winchester St

City Olathe State KS Zip Code 66061

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2015

**Transaction ID : SB29.5218**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Love for Kansas**

Mailing Address PO Box 1

City Montezuma State KS Zip Code 67867

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2015

**Transaction ID : SB29.5261**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Lunn For Kansas**

Mailing Address 14512 Horton St

City Overland Park State KS Zip Code 66223

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2015

**Transaction ID : SB29.5221**

Amount of Each Disbursement this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOPAC**

Full Name (Last, First, Middle Initial)

**A. Macheers For State Representative**

Mailing Address 21704 W 57th Terrace

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		13		2015

City Shawnee State KS Zip Code 66218

Transaction ID : **SB29.5179**

Purpose of Disbursement  
Non-Federal Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

250.00
--------

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. McPherson For Kansas**

Mailing Address 11911 W 143rd Ter

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

City Olathe State KS Zip Code 66062

Transaction ID : **SB29.5234**

Purpose of Disbursement  
Non-Federal Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

250.00
--------

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Melissa Rooker For State Representative**

Mailing Address 4124 Brookridge Dr

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

City Fairway State KS Zip Code 66205

Transaction ID : **SB29.5206**

Purpose of Disbursement  
Non-Federal Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

250.00
--------

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

750.00
--------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOPAC**

Full Name (Last, First, Middle Initial)

**A. Michael O'Donnell For State Senate**

Mailing Address 1309 N High

City State Zip Code  
Wichita KS 67203

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
12 / 22 / 2015

**Transaction ID : SB29.5278**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mike Kiegerl For State Representative**

Mailing Address 2350 Golf Course Rd

City State Zip Code  
Olathe KS 66061

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
12 / 22 / 2015

**Transaction ID : SB29.5235**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mike Peterson For State Senate**

Mailing Address 2608 S Southeast Dr

City State Zip Code  
Wichita KS 67216

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
12 / 22 / 2015

**Transaction ID : SB29.5223**

Amount of Each Disbursement this Period

250.00

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

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

750.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOPAC**

Full Name (Last, First, Middle Initial)

**A. Olson For State Senate**

Mailing Address 15944 S Clairborne St

City Olathe State KS Zip Code 66062

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.5272**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Pilcher Cook Senate Campaign**

Mailing Address 13910 W 58th Place

City Shawnee State KS Zip Code 66216

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.5270**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Randy Powell For State Representative**

Mailing Address 14481 W 122nd St

City Olathe State KS Zip Code 66062

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.5217**

Amount of Each Disbursement this Period

Category/  
Type

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOPAC**

Full Name (Last, First, Middle Initial)

**A. Rubin For State Representative**

Mailing Address 13803 W 53rd St

City Shawnee State KS Zip Code 66216

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : **SB29.5226**

Amount of Each Disbursement this Period

250.00
--------

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Ryckman For State Rep**

Mailing Address 14234 W 158th St

City Olathe State KS Zip Code 66062

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		29		2015

Transaction ID : **SB29.5258**

Amount of Each Disbursement this Period

250.00
--------

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Susan Wagle For KS Senate**

Mailing Address 4 N Sagebrush St

City Wichita State KS Zip Code 67230

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2015

Transaction ID : **SB29.5243**

Amount of Each Disbursement this Period

250.00
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Category/  
Type

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

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

750.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOPAC**

Full Name (Last, First, Middle Initial)

**A. Terry Bruce For State Senate**

Mailing Address PO Box 726

City Hutchinson State KS Zip Code 67504

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 22 / 2015

**Transaction ID : SB29.5238**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Todd For Kansas**

Mailing Address 9731 W 115th Terr

City Overland Park State KS Zip Code 66210

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 22 / 2015

**Transaction ID : SB29.5227**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ty Masterson for Kansas**

Mailing Address PO Box 424

City Andover State KS Zip Code 67002

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 22 / 2015

**Transaction ID : SB29.5247**

Amount of Each Disbursement this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOPAC**

Full Name (Last, First, Middle Initial)

**A. Wolf For KS State Senate**

Mailing Address 8339 Roe Ave

City State Zip Code  
Prairie Village KS 66207

Purpose of Disbursement  
Non-Federal Contribution

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  
12 / 22 / 2015

**Transaction ID : SB29.5225**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

250.00

10050.00