

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

GOPAC Election Fund

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		10274.58
(b) Cash on Hand at Beginning of Reporting Period.....	21249.02	
(c) Total Receipts (from Line 19)	20640.00	365873.34
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	41889.02	376147.92
7. Total Disbursements (from Line 31).....	20241.81	354500.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	21647.21	21647.21
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
GOPAC Election Fund

Report Covering the Period: From: 08 / 01 / 2016 To: 08 / 31 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	200.00	14710.00
(ii) Unitemized	440.00	12095.74
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	640.00	26805.74
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5640.00	36805.74
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	15000.00	329067.60
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))..... ▶	20640.00	365873.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	20640.00	365873.34

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1741.81	11009.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1741.81	11009.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	20000.00
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).....	2600.00	2600.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	2600.00	2600.00
29. Other Disbursements	12400.00	320891.15
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)) ..	20241.81	354500.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20241.81	354500.71

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)	5640.00	36805.74
34. Total Contribution Refunds (from Line 28(d))	2600.00	2600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3040.00	34205.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1741.81	11009.56
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1741.81	11009.56

**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 12
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
GOPAC Election Fund

A. MR. NORMAN D. FULTON
Full Name (Last, First, Middle Initial)

Mailing Address 9983 CARROUSEL COURT

City State Zip Code
LOVELAND OH 45140-1854

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
08 / 09 / 2016
Transaction ID : SA11A.831481

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	200.00

**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 12
(check only one)

<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)
GOPAC Election Fund

A. MCGUIRE WOODS FEDERAL PAC FUND
Full Name (Last, First, Middle Initial)
Mailing Address 800 EAST CANAL STREET
City RICHMOND State VA Zip Code 23219
FEC ID number of contributing federal political committee. **C** C00225342
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 Y
08 / 24 / 2016
Transaction ID : SA2920
Amount of Each Receipt this Period
5000.00
 Memo Item
CONTRIBUTION

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

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 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

A. GOPAC

Full Name (Last, First, Middle Initial)
Mailing Address 2300 CLARENDON BLVD
STE 1305

City ARLINGTON State VA Zip Code 22201

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
328467.60

Date of Receipt
08 / 30 / 2016
Transaction ID : SA65223

Amount of Each Receipt this Period
15000.00

Memo Item
NON FEDERAL RECEIPT

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

**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)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. BB&T

Mailing Address 2200 WILSON BLVD
STE 100

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement
BANK CHARGES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB22

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
STE 400

City TYSON'S CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB566

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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 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)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. COMSTOCK FOR CONGRESS

Mailing Address PO BOX 831

City State Zip Code
MCLEAN VA 22101

Purpose of Disbursement
CONTRIBUTION

Candidate Name
BARBARA COMSTOCK

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: VA District: 10

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SB351978

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TENNEY FOR CONGRESS

Mailing Address PO BOX 128

City State Zip Code
CLINTON NY 13323

Purpose of Disbursement
CONTRIBUTION

Candidate Name
CLAUDIA TENNEY

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: NY District: 22

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SB99664

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

3500.00

3500.00

**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)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. CHAIRMAN'S PAC

Mailing Address 10 ALLEN ROAD
4TH FLOOR

City TOMS RIVER State NJ Zip Code 08753

Purpose of Disbursement
CONTRIBUTION - NON FEDERAL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 26 / 2016

Transaction ID : **SB9099**

Amount of Each Disbursement this Period

7200.00

Memo Item

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO ELECT GINNY HAINES

Mailing Address 680 HOOPER AVENUE
STE 201

City TOMS RIVER State NJ Zip Code 08753

Purpose of Disbursement
CONTRIBUTION - NON FEDERAL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 26 / 2016

Transaction ID : **SB68422**

Amount of Each Disbursement this Period

2600.00

Memo Item

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO RE-ELECT KELLY FOR FREEHOLDER

Mailing Address 680 HOOPER AVENUE
STE 201

City TOMS RIVER State NJ Zip Code 08753

Purpose of Disbursement
CONTRIBUTION - NON FEDERAL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 26 / 2016

Transaction ID : **SB8441**

Amount of Each Disbursement this Period

2600.00

Memo Item

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

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

12400.00

**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)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO RE-ELECT MASTRONARDY FOR SHERIFF

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2016

Mailing Address 680 HOOPER AVENUE
STE 201

Transaction ID : SB951624

City TOMS RIVER State NJ Zip Code 08753

Amount of Each Disbursement this Period

2600.00

Purpose of Disbursement
CONTRIBUTION - NON FEDERAL

Category/ Type

Candidate Name

Memo Item

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. JOHN BLANTON FOR STATE REPRESENTATIVE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2016

Mailing Address 1700 COON CREEK ROAD

Transaction ID : SB35768

City SALYERSVILLE State KY Zip Code 41465

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
CONTRIBUTION - NON FEDERAL

Category/ Type

Candidate Name

Memo Item

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

C. MARK HART FOR STATE REPRESENTATIVE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2016

Mailing Address 202 W. 4TH STREET

Transaction ID : SB291044

City FALMOUTH State KY Zip Code 41040

Amount of Each Disbursement this Period

-1000.00

Purpose of Disbursement
VOID CHECK

Category/ Type

Candidate Name

Memo Item

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:	

CHECK NOT REISSUED / ORIGINALLY REPORTED
ON M8 2016

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

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

2600.00

15000.00
