



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**FREE STATE PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="71769.04"/>	<input type="text" value="71769.04"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="71769.04"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="166617.56"/>	<input type="text" value="166617.56"/>
(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="238386.60"/>	<input type="text" value="238386.60"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="143081.80"/>	<input type="text" value="143081.80"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="95304.80"/>	<input type="text" value="95304.80"/>
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

**FREE STATE PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	58250.00	58250.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	58250.00	58250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	103367.56	103367.56
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	161617.56	161617.56
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.....	5000.00	5000.00
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))..... ▶	166617.56	166617.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	166617.56	166617.56

**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 .....	107581.80	107581.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	107581.80	107581.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35500.00	35500.00
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 .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	143081.80	143081.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	143081.80	143081.80

**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) .....	161617.56	161617.56
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	161617.56	161617.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	107581.80	107581.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	107581.80	107581.80

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**FREE STATE PAC**

**A. Dana Anderson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 Fall Creek Rd.  
City Lawrence State KS Zip Code 66049  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Macerich Company Occupation Real Estate Investments  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **5000.00**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : SA11AI.7400**  
Amount of Each Receipt this Period **5000.00**  
Political Contribution

**B. Sue Anderson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 Fall Creek Rd.  
City Lawrence State KS Zip Code 66049  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Homemaker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **5000.00**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : SA11AI.7398**  
Amount of Each Receipt this Period **5000.00**  
Political Contribution

**C. Barona Band of Mission Indians**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1095 Barona Rd.  
City Lakeside State CA Zip Code 92040  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **5000.00**

Date of Receipt **03 / 24 / 2015**  
**Transaction ID : SA11AI.7343**  
Amount of Each Receipt this Period **5000.00**  
Political 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 7 OF 60
	<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)  
**FREE STATE PAC**

**A. Gila River Indian Community**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 2160  
 City Sacaton State AZ Zip Code 85147  
 FEC ID number of contributing federal political committee. **C**  
 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  
 05 / 06 / 2015  
**Transaction ID : SA11AI.7352**  
 Amount of Each Receipt this Period  
 5000.00  
 Political Contribution

**B. Jed 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 Occupation  
 Woodland Investments Real Estate  
 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  
 05 / 06 / 2015  
**Transaction ID : SA11AI.7366**  
 Amount of Each Receipt this Period  
 5000.00  
 Political Contribution

**C. Jonathan Manocherian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 145 W. 67th.  
 City New York State NY Zip Code 10023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 none Student  
 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  
 05 / 06 / 2015  
**Transaction ID : SA11AI.7371**  
 Amount of Each Receipt this Period  
 5000.00  
 Political Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<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 8 OF 60  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREE STATE PAC**

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

Mailing Address 18 East 50th. St.

City State Zip Code  
New York NY 10022

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

Name of Employer Occupation  
none Student

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  
 05 / 06 / 2015  
**Transaction ID : SA11Al.7369**

Amount of Each Receipt this Period  
5000.00

Political Contribution

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

Mailing Address 18 East 50th

City State Zip Code  
New York NY 10022

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

Name of Employer Occupation  
none none

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  
 05 / 06 / 2015  
**Transaction ID : SA11Al.7367**

Amount of Each Receipt this Period  
5000.00

Political Contribution

Full Name (Last, First, Middle Initial)  
**C. Poarch Band of Creek Indians**

Mailing Address 5811 Jack Springs Rd.

City State Zip Code  
Atmore AL 36502

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

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  
 03 / 09 / 2015  
**Transaction ID : SA11Al.7331**

Amount of Each Receipt this Period  
5000.00

Political 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 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FREE STATE PAC**

**A. Seneca Nation of Indians**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 231  
 City Salamanca State NY Zip Code 14779  
 FEC ID number of contributing federal political committee. **C**  
 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  
 05 / 06 / 2015  
**Transaction ID : SA11AI.7354**  
 Amount of Each Receipt this Period  
 5000.00  
 Political Contribution

**B. Shakopee Mdewalamtpm Sioux**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2330 Sioux Trail NW  
 City Prior Lake State MO Zip Code 55372  
 FEC ID number of contributing federal political committee. **C**  
 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  
 04 / 15 / 2015  
**Transaction ID : SA11AI.7347**  
 Amount of Each Receipt this Period  
 5000.00  
 Political Contribution

**C. Jeff Speaks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 149 Cherokee Park  
 City Lexington State KY Zip Code 40503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Government Affairs  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : SA11AI.7332**  
 Amount of Each Receipt this Period  
 500.00  
 Political Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10500.00
<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 10 OF 60  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREE STATE PAC**

**A. The Chickasaw Nation**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2020 Lonnie Abbott Blvd.  
 City State Zip Code  
 Ada OK 74820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 23 / 2015  
**Transaction ID : SA11AI.7350**  
 Amount of Each Receipt this Period  
 2500.00  
 Political Contribution

**B. Ryan Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3501 Native Dancer  
 City State Zip Code  
 Austin TX 78746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Akin Gump LLP Consultant  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2015  
**Transaction ID : SA11AI.7359**  
 Amount of Each Receipt this Period  
 250.00  
 Political Contribution

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	58250.00

**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 11 OF 60
<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)  
**FREE STATE PAC**

**A.** Full Name (Last, First, Middle Initial)  
ACTION COMMITTEE FOR RURAL ELECTRIFICATION/MISSOURI COOPERATIVES (FKA MISSOURI ACRE)

Mailing Address 2722 EAST MCCARTY

City	State	Zip Code
JEFFERSON CITY	MO	65101

FEC ID number of contributing federal political committee. **C** C00008169

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
06	/	08	/	2015

**Transaction ID : SA11C.7393**

Amount of Each Receipt this Period  
5000.00

Political Contribution

**B.** Full Name (Last, First, Middle Initial)  
AKIN GUMP STRAUSS HAUER & FELD LLP CIVIC ACTION COMMITTEE (AKA AGSH&F CIVIC ACTION COMMITT

Mailing Address 1333 NEW HAMPSHIRE AVE., NW

City	State	Zip Code
WASHINGTON	DC	20036

FEC ID number of contributing federal political committee. **C** C00104901

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
02	/	23	/	2015

**Transaction ID : SA11C.7327**

Amount of Each Receipt this Period  
2000.00

Political Contribution

**C.** Full Name (Last, First, Middle Initial)  
AKIN GUMP STRAUSS HAUER & FELD LLP CIVIC ACTION COMMITTEE (AKA AGSH&F CIVIC ACTION COMMITT

Mailing Address 1333 NEW HAMPSHIRE AVE., NW

City	State	Zip Code
WASHINGTON	DC	20036

FEC ID number of contributing federal political committee. **C** C00104901

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2015

**Transaction ID : SA11C.7358**

Amount of Each Receipt this Period  
750.00

Political Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 60
<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)  
**FREE STATE PAC**

**A.** Full Name (Last, First, Middle Initial)  
AKIN GUMP STRAUSS HAUER & FELD LLP CIVIC ACTION COMMITTEE (AKA AGSH&F CIVIC ACTION COMMITTEE)

Mailing Address 1333 NEW HAMPSHIRE AVE., NW

City WASHINGTON	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00104901

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

**Transaction ID : SA11C.7386**

Amount of Each Receipt this Period  
750.00

Political Contribution

**B.** Full Name (Last, First, Middle Initial)  
AKIN GUMP STRAUSS HAUER & FELD LLP CIVIC ACTION COMMITTEE (AKA AGSH&F CIVIC ACTION COMMITTEE)

Mailing Address 1333 NEW HAMPSHIRE AVE., NW

City WASHINGTON	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00104901

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
06	/	30	/	2015

**Transaction ID : SA11C.7404**

Amount of Each Receipt this Period  
1500.00

Political Contribution

**C.** Full Name (Last, First, Middle Initial)  
**ALTRIA GROUP, INC. POLITICAL ACTION COMMITTEE (ALTRIAPAC)**

Mailing Address 101 CONSTITUTION AVE NW  
SUITE 400W

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00089136

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
05	/	06	/	2015

**Transaction ID : SA11C.7374**

Amount of Each Receipt this Period  
5000.00

Political Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 60
<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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)  
**A. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)**

Mailing Address 1120 CONNECTICUT AVENUE NW  
SUITE 600

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2015

**Transaction ID : SA11C.7408**

Amount of Each Receipt this Period  
5000.00

Political Contribution

Full Name (Last, First, Middle Initial)  
**B. AMERICAN HOSPITAL ASSOCIATION**

Mailing Address 325 SEVENTH STREET NW  
SUITE 700

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C30001788

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2015

**Transaction ID : SA11C.7356**

Amount of Each Receipt this Period  
5000.00

Political Contribution

Full Name (Last, First, Middle Initial)  
**C. AMERICAN HOTEL AND LODGING ASSOCIATION POLITICAL ACTION COMMITTEE ('HOTELPAC')**

Mailing Address 1201 NEW YORK AVENUE, NW  
SIXTH FLOOR

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00001198

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2015

**Transaction ID : SA11C.7346**

Amount of Each Receipt this Period  
1000.00

Political Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 60
<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)  
**FREE STATE PAC**

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN PHYSICAL THERAPY ASSOCIATION PHYSICAL THERAPY POLITICAL ACTION COMMITTEE (PT-PAC)

Mailing Address 1111 NORTH FAIRFAX ST.

City ALEXANDRIA	State VA	Zip Code 22314
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00012880

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
06	/	08	/	2015

**Transaction ID : SA11C.7385**

Amount of Each Receipt this Period  
5000.00

Political Contribution

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

Mailing Address 601 13TH STREET, NW  
12TH FLOOR

City WASHINGTON	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00251876

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

**Transaction ID : SA11C.7387**

Amount of Each Receipt this Period  
3000.00

Political Contribution

**C.** Full Name (Last, First, Middle Initial)  
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 208 S. AKARD STREET  
SUITE 2701

City DALLAS	State TX	Zip Code 75202
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00109017

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
05	/	06	/	2015

**Transaction ID : SA11C.7373**

Amount of Each Receipt this Period  
5000.00

Political Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	13000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 60
<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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)  
**A. AUTOMOTIVE FREE INTERNATIONAL TRADE PAC**

Mailing Address 1625 PRINCE STREET  
SUITE 225

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00250399

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2015

**Transaction ID : SA11C.7337**

Amount of Each Receipt this Period  
5000.00

Political Contribution

Full Name (Last, First, Middle Initial)  
**B. BNSF RAILWAY COMPANY RAILPAC (BNSF RAILPAC)**

Mailing Address P.O. BOX 961039

City FORT WORTH State TX Zip Code 76161

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2015

**Transaction ID : SA11C.7405**

Amount of Each Receipt this Period  
2500.00

Political Contribution

Full Name (Last, First, Middle Initial)  
**C. CALIFORNIA RICE INDUSTRY ASSOCIATION FUND (CALIFORNIA RICE FUND)**

Mailing Address 1231 I STREET, SUITE 205

City SACRAMENTO State CA Zip Code 95814

FEC ID number of contributing federal political committee. **C** C00362624

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1867.56

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2015

**Transaction ID : SA11C.7334**

Amount of Each Receipt this Period  
1867.56

Political Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9367.56
<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 16 OF 60
<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)  
**FREE STATE PAC**

**A.** Full Name (Last, First, Middle Initial)  
COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL

Mailing Address 1701 JFK BLVD, 49TH FLOOR

City PHILADELPHIA	State PA	Zip Code 19103
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer	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
06	/	08	/	2015

**Transaction ID : SA11C.7379**

Amount of Each Receipt this Period  
5000.00

Political Contribution

**B.** Full Name (Last, First, Middle Initial)  
CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION

Mailing Address 601 PENNSYLVANIA AVENUE, NW  
SOUTH BUILDING, SUITE 600

City WASHINGTON	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00007880

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
06	/	25	/	2015

**Transaction ID : SA11C.7396**

Amount of Each Receipt this Period  
5000.00

Political Contribution

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

Mailing Address 1299 PENNSYLVANIA AVE NW  
SUITE 900

City WASHINGTON	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00024869

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
06	/	30	/	2015

**Transaction ID : SA11C.7407**

Amount of Each Receipt this Period  
2500.00

Political Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12500.00
<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 17 OF 60
<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)  
**FREE STATE PAC**

**A. GENERAL MOTORS COMPANY POLITICAL ACTION COMMITTEE (GM PAC)**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2015  
**Transaction ID : SA11C.7330**  
 Amount of Each Receipt this Period  
 5000.00  
 Political Contribution

**B. INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1615 L STREET, NW  
 SUITE 900  
 City WASHINGTON State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C** C00032698  
 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  
 06 / 08 / 2015  
**Transaction ID : SA11C.7380**  
 Amount of Each Receipt this Period  
 1000.00  
 Political Contribution

**C. INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1615 L STREET, NW  
 SUITE 900  
 City WASHINGTON State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C** C00032698  
 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  
 06 / 08 / 2015  
**Transaction ID : SA11C.7392**  
 Amount of Each Receipt this Period  
 1000.00  
 Political 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 60
<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)  
**FREE STATE PAC**

**A. ITC HOLDINGS CORP. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 TOWNSEND STREET  
 SUITE 900  
 City LANSING State MI Zip Code 48933  
 FEC ID number of contributing federal political committee. **C** C00388462  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 08 / 2015  
**Transaction ID : SA11C.7390**  
 Amount of Each Receipt this Period  
 1500.00  
 Political Contribution

**B. KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 14TH STREET, NW  
 SUITE 800  
 City WASHINGTON State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C** C00236489  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 08 / 2015  
**Transaction ID : SA11C.7384**  
 Amount of Each Receipt this Period  
 1500.00  
 Political Contribution

**C. NATIONAL ASSOCIATION OF BROADCASTERS POLITICAL ACTION COMMITTEE (NABPAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1771 N STREET NW  
 City WASHINGTON State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C** C00009985  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 4000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 08 / 2015  
**Transaction ID : SA11C.7378**  
 Amount of Each Receipt this Period  
 4000.00  
 Political 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 19 OF 60
<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)  
**FREE STATE PAC**

**A. NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 NORTH MICHIGAN AVENUE  
 City CHICAGO State IL Zip Code 60611  
 FEC ID number of contributing federal political committee. **C** C00030718  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : SA11C.7406**  
 Amount of Each Receipt this Period 2500.00  
 Political Contribution

**B. NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1101 KING STREET SUITE 600  
 City ALEXANDRIA State VA Zip Code 22314  
 FEC ID number of contributing federal political committee. **C** C00144766  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 08 / 2015  
**Transaction ID : SA11C.7381**  
 Amount of Each Receipt this Period 5000.00  
 Political Contribution

**C. NATIONAL MULTI HOUSING COUNCIL POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1850 M STREET, NW SUITE 540  
 City WASHINGTON State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C** C00130773  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : SA11C.7345**  
 Amount of Each Receipt this Period 5000.00  
 Political Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12500.00
<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 20 OF 60
<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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)  
**A. NATIONAL RETAIL FEDERATION RETAILPAC**

Mailing Address 1101 NEW YORK AVENUE, NW  
SUITE 1200

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00040329

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
05 / 06 / 2015  
**Transaction ID : SA11C.7375**

Amount of Each Receipt this Period  
5000.00

JPolitical Contribution

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

Mailing Address 39 OLD RIDGEBURY ROAD  
PO BOX 2958

City DANBURY State CT Zip Code 06813

FEC ID number of contributing federal political committee. **C** C00283440

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11C.7402**

Amount of Each Receipt this Period  
1000.00

Political Contribution

Full Name (Last, First, Middle Initial)  
**C. TEXTRON INC. POLITICAL ACTION COMMITTEE**

Mailing Address 40 WESTMINSTER STREET

City PROVIDENCE State RI Zip Code 02903

FEC ID number of contributing federal political committee. **C** C00123612

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
06 / 08 / 2015  
**Transaction ID : SA11C.7382**

Amount of Each Receipt this Period  
2500.00

Political Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 60
<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)  
**FREE STATE PAC**

**A. THERMO FISHER SCIENTIFIC INC. PAC**  
 Full Name (Last, First, Middle Initial)  
 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  
 03 / 23 / 2015  
**Transaction ID : SA11C.7338**  
 Amount of Each Receipt this Period  
 2500.00  
 Political Contribution

**B. UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE (UNITED ASSOCIATION OF JOURNEYMEN AND APP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address THREE PARK PLACE  
 City ANNAPOLIS State MD Zip Code 21401  
 FEC ID number of contributing federal political committee. **C** C00012476  
 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  
 02 / 23 / 2015  
**Transaction ID : SA11C.7328**  
 Amount of Each Receipt this Period  
 5000.00  
 Political Contribution

**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 M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	103367.56

**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 22 OF 60
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FREE STATE PAC**

**A. DANIEL R COATS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5946 N NEW JERSEY STREET

City INDIANAPOLIS State IN Zip Code 46220

FEC ID number of contributing federal political committee. **C** S0IN00053

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

**Transaction ID : SA16.7388**

Amount of Each Receipt this Period  
 5000.00

Campaign Refund

**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

**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

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

**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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address P.O. Box 619616

City DFW Airport State TX Zip Code 75261

Purpose of Disbursement  
Airline Travel

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7430**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address P.O. Box 619616

City DFW Airport State TX Zip Code 75261

Purpose of Disbursement  
Airline Travel

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7596**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Art and Soul Resturant**

Mailing Address 415 New Jersey Ave.NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Food and Beverage Fundraising event

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7443**

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 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Brennen Britton**

Mailing Address 2730 Brittany Terrace

City Manhattan State KS Zip Code 66502

Purpose of Disbursement  
cell phone costs

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2015

Transaction ID : **SB21B.7482**

Amount of Each Disbursement this Period

312.73

Full Name (Last, First, Middle Initial)

**B. Brennen Britton**

Mailing Address 2730 Brittany Terrace

City Manhattan State KS Zip Code 66502

Purpose of Disbursement  
Cell Phone Charges

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2015

Transaction ID : **SB21B.7544**

Amount of Each Disbursement this Period

232.20

Full Name (Last, First, Middle Initial)

**C. Brennen Britton**

Mailing Address 2730 Brittany Terrace

City Manhattan State KS Zip Code 66502

Purpose of Disbursement  
Travel Expenses

002

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2015

Transaction ID : **SB21B.7579**

Amount of Each Disbursement this Period

292.65

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

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

837.58



**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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Southwest Airlines**

Mailing Address P.O. Box 36647

City State Zip Code  
Dallas TX 75235

Purpose of Disbursement  
Airline Travel

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7579.0**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Brownback Colyer Inaugural 2015**

Mailing Address P.O. Box 3739

City State Zip Code  
Topeka KS 66604

Purpose of Disbursement  
Event Tickets

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7431**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Capital Hill Club**

Mailing Address 300 1st Street SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
Food and Beverage

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7571**

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 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Capital Hill Club**

Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Food

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7593**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Capital Hill Club**

Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Food

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7610**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Mark Colwell**

Mailing Address 1160 1st. St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Travel Expenses

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7520**

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 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Southwest Airlines**

Mailing Address P.O. Box 36647

City State Zip Code  
Dallas TX 75235

Purpose of Disbursement  
Airline Travel

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7520.0**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Hertz**

Mailing Address P.O. Box 26120

City State Zip Code  
Oklahoma City OK 67543

Purpose of Disbursement  
Car Rental

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7520.1**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Delta Airlines**

Mailing Address 1030 Delta Blvd

City State Zip Code  
Atlanta GA 30320

Purpose of Disbursement  
Airline Travel

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7491**

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 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of McConnell**

Mailing Address 350 West Douglas

City State Zip Code  
Wichita KS 67202

Purpose of Disbursement  
Membership Dues

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7456**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Frontier Airlines**

Mailing Address 7001 Tower Rd.

City State Zip Code  
Denver CO 80249

Purpose of Disbursement  
Airline Travel

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7448**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Cindy Green**

Mailing Address 8523 Hauser Ct.

City State Zip Code  
Lenexa KS 66215

Purpose of Disbursement  
Event Tickets

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7418**

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 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Cindy Green**

Mailing Address 8523 Hauser Ct.

City Lenexa State KS Zip Code 66215

Purpose of Disbursement  
Event Ticket

007

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2015

Transaction ID : SB21B.7543

Amount of Each Disbursement this Period

12.00

Full Name (Last, First, Middle Initial)

**B. Hays Chamber of Commerce**

Mailing Address 2700 Vine

City Hays State KS Zip Code 67601

Purpose of Disbursement  
Membership dues

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 19 / 2015

Transaction ID : SB21B.7415

Amount of Each Disbursement this Period

490.00

Full Name (Last, First, Middle Initial)

**C. Hays Kiwanis**

Mailing Address P.O. Box 344

City Hays State KS Zip Code 67601

Purpose of Disbursement  
Event Tickets

007

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2015

Transaction ID : SB21B.7542

Amount of Each Disbursement this Period

67.95

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

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

569.95

**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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)  
**A. Pam Henderson**

Date of Disbursement: MM / DD / YYYY  
05 / 31 / 2015

Mailing Address P.O. Box 1372

City: Pittsburg State: KS Zip Code: 66762

Purpose of Disbursement: Membership Dues  
Candidate Name: \_\_\_\_\_  
Category/Type: 007

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

Transaction ID : **SB21B.7588**

Amount of Each Disbursement this Period: 328.00

Full Name (Last, First, Middle Initial)  
**B. Pittsburg Chamber of Commerce**

Date of Disbursement: MM / DD / YYYY  
05 / 30 / 2015

Mailing Address 117 West 4th. ST.

City: Pittsburg State: KS Zip Code: 66762

Purpose of Disbursement: Membership Dues  
Candidate Name: \_\_\_\_\_  
Category/Type: 007

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

Transaction ID : **SB21B.7588.0**

Amount of Each Disbursement this Period: 328.00

[MEMO ITEM]

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

Date of Disbursement: MM / DD / YYYY  
04 / 30 / 2015

Mailing Address 901 Vermont

City: Lawrence State: KS Zip Code: 66044

Purpose of Disbursement: Bank Fees  
Candidate Name: \_\_\_\_\_  
Category/Type: 001

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

Transaction ID : **SB21B.7570**

Amount of Each Disbursement this Period: 50.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 378.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Intrust Bank**

Mailing Address 901 Vermont

City Lawrence State KS Zip Code 66044

Purpose of Disbursement  
Bank Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7592**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Intrust Bank**

Mailing Address 901 Vermont

City Lawrence State KS Zip Code 66044

Purpose of Disbursement  
Bank Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7609**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. J.P. Morgan Credit**

Mailing Address P.O. Box 4473

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement  
Travel Expenses

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7452**

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 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. U.S. Airways**

Mailing Address 4000 E. Sky Harbor

City Phoenix State AZ Zip Code 85281

Purpose of Disbursement  
Airline Travel

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7452.0**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Kansans for Life PAC**

Mailing Address P.O. Box 783285

City Wichita State KS Zip Code 67278

Purpose of Disbursement  
Event Tickets

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7413**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Kansans for Life PAC**

Mailing Address P.O. Box 783285

City Wichita State KS Zip Code 67278

Purpose of Disbursement  
Event Tickets

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7421**

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 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Kansans for Life PAC**

Mailing Address P.O. Box 783285

City State Zip Code  
Wichita KS 67278

Purpose of Disbursement  
Event Ticket

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B.7458**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Kansas Native Sons & Daughters**

Mailing Address P.O. Box 546

City State Zip Code  
Topeka KS 66601

Purpose of Disbursement  
Event Sponsor

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B.7422**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Kansas Republican Party**

Mailing Address P.O. Box 4157

City State Zip Code  
Topeka KS 66604

Purpose of Disbursement  
Event Tickets

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B.7440**

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 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Kansas State College Republicans**

Mailing Address 330 N. Delaware Ave

City Manhattan State KS Zip Code 66506

Purpose of Disbursement Event Sponsor

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 19 / 2015

**Transaction ID : SB21B.7419**

Amount of Each Disbursement this Period: 250.00

Category/Type: 007

Full Name (Last, First, Middle Initial)

**B. Kansas State Fair**

Mailing Address 2000 N. Poplar

City Hutchinson State KS Zip Code 67502

Purpose of Disbursement Event space Registration

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 01 / 2015

**Transaction ID : SB21B.7455**

Amount of Each Disbursement this Period: 1125.00

Category/Type: 007

Full Name (Last, First, Middle Initial)

**C. Leavenworth Republican County Party**

Mailing Address P,O, Box 524

City Leavenworth State KS Zip Code 66048

Purpose of Disbursement Event Tickets

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 28 / 2015

**Transaction ID : SB21B.7500**

Amount of Each Disbursement this Period: 135.00

Category/Type: 007

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1510.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Jerry Moran**

Mailing Address 2758 Thunderbird Lane

City Hays State KS Zip Code 67601

Purpose of Disbursement  
Travel Expenses

002

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	9			2	0	1	5		

Transaction ID : **SB21B.7424**

Amount of Each Disbursement this Period

6	1	4	.	0	9
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Marriott**

Mailing Address 2020 Convention Center

City Atlanta State GA Zip Code 30337

Purpose of Disbursement  
Hotel

002

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	9			2	0	1	5		

Transaction ID : **SB21B.7424.0**

Amount of Each Disbursement this Period

4	1	5	.	4	2
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Jerry Moran**

Mailing Address 2758 Thunderbird Lane

City Hays State KS Zip Code 67601

Purpose of Disbursement  
Meals

002

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	9			2	0	1	5		

Transaction ID : **SB21B.7424.3**

Amount of Each Disbursement this Period

7	5	.	6	7
---	---	---	---	---

[MEMO ITEM]

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

6	1	4	.	0	9
---	---	---	---	---	---

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

6	1	4	.	0	9
---	---	---	---	---	---

**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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Jerry Moran**

Mailing Address 2758 Thunderbird Lane

City Hays State KS Zip Code 67601

Purpose of Disbursement  
Travel Expenses

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7471**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Marriott**

Mailing Address 2020 Convention Center

City Atlanta State GA Zip Code 30337

Purpose of Disbursement  
Hotel

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7471.0**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address P.O. Box 619616

City DFW Airport State TX Zip Code 75261

Purpose of Disbursement  
Airline Travel

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7471.1**

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 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Jerry Moran**

Mailing Address 2758 Thunderbird Lane

City Hays State KS Zip Code 67601

Purpose of Disbursement  
Misc. Travel expenses

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7471.2**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Jerry Moran**

Mailing Address 2758 Thunderbird Lane

City Hays State KS Zip Code 67601

Purpose of Disbursement  
Travel Expenses

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7512**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Jerry Moran**

Mailing Address 2758 Thunderbird Lane

City Hays State KS Zip Code 67601

Purpose of Disbursement  
Travel Expenses Food

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7525**

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 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Jerry Moran**

Mailing Address 2758 Thunderbird Lane

City Hays State KS Zip Code 67601

Purpose of Disbursement  
Airline Travel

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7539**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address P.O. Box 619616

City DFW Airport State TX Zip Code 75261

Purpose of Disbursement  
Airline Travel

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7539.0**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Jerry Moran**

Mailing Address 2758 Thunderbird Lane

City Hays State KS Zip Code 67601

Purpose of Disbursement  
Travel Expenses

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7550**

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 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Renaissance Hotels**

Mailing Address 10400 Ferwood Rd.

City North Bethesda State MD Zip Code 20817

Purpose of Disbursement Hotel

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 15 / 2015

Transaction ID : **SB21B.7550.0**

Amount of Each Disbursement this Period: 723.46

**[MEMO ITEM]**

Category/Type: 002

Full Name (Last, First, Middle Initial)

**B. Marriott**

Mailing Address 2020 Convention Center

City Atlanta State GA Zip Code 30337

Purpose of Disbursement Hotel

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 15 / 2015

Transaction ID : **SB21B.7550.1**

Amount of Each Disbursement this Period: 528.18

**[MEMO ITEM]**

Category/Type: 002

Full Name (Last, First, Middle Initial)

**C. Jerry Moran**

Mailing Address 2758 Thunderbird Lane

City Hays State KS Zip Code 67601

Purpose of Disbursement Misc. Travel Expenses

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 15 / 2015

Transaction ID : **SB21B.7550.3**

Amount of Each Disbursement this Period: 112.93

**[MEMO ITEM]**

Category/Type: 002

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)  
**A. Jerry Moran**

Date of Disbursement: MM / DD / YYYY  
04 / 28 / 2015

Mailing Address 2758 Thunderbird Lane

City Hays State KS Zip Code 67601

Purpose of Disbursement Travel Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21B.7556**

Amount of Each Disbursement this Period  
322.31

Category/Type: 002

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

Date of Disbursement: MM / DD / YYYY  
04 / 28 / 2015

Mailing Address P.O. Box 26120

City Oklahoma City State OK Zip Code 67543

Purpose of Disbursement Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21B.7556.0**

Amount of Each Disbursement this Period  
242.36

Category/Type: 002

[MEMO ITEM]

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

Date of Disbursement: MM / DD / YYYY  
04 / 28 / 2015

Mailing Address 2758 Thunderbird Lane

City Hays State KS Zip Code 67601

Purpose of Disbursement Food

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21B.7556.1**

Amount of Each Disbursement this Period  
79.95

Category/Type: 002

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 322.31

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



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Jerry Moran**

Mailing Address 2758 Thunderbird Lane

City Hays State KS Zip Code 67601

Purpose of Disbursement  
Travel Expenses

002

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2015

**Transaction ID : SB21B.7586**

Amount of Each Disbursement this Period

88.00

Full Name (Last, First, Middle Initial)

**B. NATIONAL REPUBLICAN SENATORIAL COMMITTEE**

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2015

**Transaction ID : SB21B.7582**

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**C. Northwestern Printers, Inc**

Mailing Address 114 West 9th. Street

City Hays State KS Zip Code 67601

Purpose of Disbursement  
Printing

006

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2015

**Transaction ID : SB21B.7490**

Amount of Each Disbursement this Period

2756.10

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

12844.10

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Todd Todd Novascone**

Mailing Address 425 4th. Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Travel Expenses

002

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2015

Transaction ID : SB21B.7465

Amount of Each Disbursement this Period

591.68

Full Name (Last, First, Middle Initial)

**B. Embassy Suties**

Mailing Address 220 West 43rd St

City Kansas City State MO Zip Code 64111

Purpose of Disbursement  
Hotel

002

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2015

Transaction ID : SB21B.7465.0

Amount of Each Disbursement this Period

235.65

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Todd Todd Novascone**

Mailing Address 425 4th. Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Misc. Travel Expenses Food & Taxis

002

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2015

Transaction ID : SB21B.7465.2

Amount of Each Disbursement this Period

76.12

[MEMO ITEM]

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

591.68

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Todd Todd Novascone**

Mailing Address 425 4th. Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Travel Expenses Taxis and food

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7524**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Todd Todd Novascone**

Mailing Address 425 4th. Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Taxis

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7598**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Olathe Chamber of Commerce**

Mailing Address 128001 West 106th Street

City Olathe State KS Zip Code 66061

Purpose of Disbursement  
Event Tickets

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7527**

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 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Patton**

Mailing Address 5320 NE Kendallwood Dr.

City Topeka State KS Zip Code 66617

Purpose of Disbursement  
Cell Phone Charges

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2015

Transaction ID : **SB21B.7583**

Amount of Each Disbursement this Period

134.34

Full Name (Last, First, Middle Initial)

**B. Resturant Associates**

Mailing Address 2nd. & D Streets NE

City Washington State DC Zip Code 20515

Purpose of Disbursement  
Event food

007

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 21 / 2015

Transaction ID : **SB21B.7488**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Resturant Associates**

Mailing Address 2nd. & D Streets NE

City Washington State DC Zip Code 20515

Purpose of Disbursement  
Event Catering

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2015

Transaction ID : **SB21B.7537**

Amount of Each Disbursement this Period

75.00

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

2709.34

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Resturant Associates**

Mailing Address 2nd. & D Streets NE

City Washington State DC Zip Code 20515

Purpose of Disbursement  
Event Catering

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7581**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Salamander Resort & SPA**

Mailing Address 500 N. Pendleton St.

City Middleburg State VA Zip Code 20117

Purpose of Disbursement  
Event room, food and beverage

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7565**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Salamander Resort & SPA**

Mailing Address 500 N. Pendleton St.

City Middleburg State VA Zip Code 20117

Purpose of Disbursement  
Event Food and Beverage

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7572**

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 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Senate Dining Room**

Mailing Address Senate Building

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Food

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7611**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Singularis Group**

Mailing Address P.O. Box 9265

City Shawnee Mission State KS Zip Code 66201

Purpose of Disbursement  
Printing and Postage

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7412**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Southwest Airlines**

Mailing Address P.O. Box 36647

City Dallas State TX Zip Code 75235

Purpose of Disbursement  
Airline Travel

**002**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7573**

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 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Trent Sterneck**

Mailing Address 1834 Calvert NW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Travel; Expenses

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2015

**Transaction ID : SB21B.7460**

Amount of Each Disbursement this Period

1219.16

Full Name (Last, First, Middle Initial)

**B. Frontier Airlines**

Mailing Address 7001 Tower Rd.

City Denver State CO Zip Code 80249

Purpose of Disbursement  
Airline Travel

**002**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2015

**Transaction ID : SB21B.7460.0**

Amount of Each Disbursement this Period

537.19

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Marriott**

Mailing Address 2020 Convention Center

City Atlanta State GA Zip Code 30337

Purpose of Disbursement  
Hotel

**002**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2015

**Transaction ID : SB21B.7460.1**

Amount of Each Disbursement this Period

459.80

**[MEMO ITEM]**

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

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

1219.16

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Trent Sterneck**

Mailing Address 1834 Calvert NW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Misc Travel Expenses

Category/  
Type

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	Y
0	2			0	5			2	0	1	5		

**Transaction ID : SB21B.7460.3**

Amount of Each Disbursement this Period

1	5	2	.	0	9
---	---	---	---	---	---

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Trent Sterneck**

Mailing Address 1834 Calvert NW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Travel Expenses

Category/  
Type

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	Y
0	4			1	0			2	0	1	5		

**Transaction ID : SB21B.7545**

Amount of Each Disbursement this Period

4	0	3	.	8	4
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Marriott**

Mailing Address 2020 Convention Center

City Atlanta State GA Zip Code 30337

Purpose of Disbursement  
Hotel

Category/  
Type

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	Y
0	4			1	0			2	0	1	5		

**Transaction ID : SB21B.7545.0**

Amount of Each Disbursement this Period

1	4	0	.	9	8	8
---	---	---	---	---	---	---

**[MEMO ITEM]**

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

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

4	0	3	.	8	4
---	---	---	---	---	---

4	0	3	.	8	4
---	---	---	---	---	---



**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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Southwest Airlines**

Mailing Address P.O. Box 36647

City State Zip Code  
Dallas TX 75235

Purpose of Disbursement  
Airline Travel

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.7545.1**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. U.S. Airways**

Mailing Address 4000 E. Sky Harbor

City State Zip Code  
Phoenix AZ 85281

Purpose of Disbursement  
Airline Travel

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.7545.2**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Hertz**

Mailing Address P.O. Box 26120

City State Zip Code  
Oklahoma City OK 67543

Purpose of Disbursement  
Car Rental

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.7545.3**

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 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)  
**A. Taylor Gourmet**

Date of Disbursement: MM / DD / YYYY  
02 / 28 / 2015

Mailing Address 485 K St NW

City Washington State DC Zip Code 20001

Purpose of Disbursement: Event Food  
Candidate Name: \_\_\_\_\_  
Category/Type: 003

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

Transaction ID : **SB21B.7502**

Amount of Each Disbursement this Period: 321.03

Full Name (Last, First, Middle Initial)  
**B. The Kam Company**

Date of Disbursement: MM / DD / YYYY  
02 / 21 / 2015

Mailing Address 2330W. 53rd Terrace

City Kansas City State MO Zip Code 64112

Purpose of Disbursement: Fundraising Consulting Fees  
Candidate Name: \_\_\_\_\_  
Category/Type: 003

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

Transaction ID : **SB21B.7486**

Amount of Each Disbursement this Period: 3223.32

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

Date of Disbursement: MM / DD / YYYY  
01 / 05 / 2015

Mailing Address 1413 West Virginia Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement: Fundraising Consulting Fees  
Candidate Name: \_\_\_\_\_  
Category/Type: 003

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

Transaction ID : **SB21B.7409**

Amount of Each Disbursement this Period: 3500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7044.35

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Tuesday Solutions**

Mailing Address 1413 West Virginia Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Fundraising Consulting Fees

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2015

Transaction ID : SB21B.7450

Amount of Each Disbursement this Period

3662.50

Full Name (Last, First, Middle Initial)

**B. Tuesday Solutions**

Mailing Address 1413 West Virginia Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Event Travel Expenses

002

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2015

Transaction ID : SB21B.7481

Amount of Each Disbursement this Period

562.28

Full Name (Last, First, Middle Initial)

**C. Tuesday Solutions**

Mailing Address 1413 West Virginia Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Fundraising Consulting Fees

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2015

Transaction ID : SB21B.7511

Amount of Each Disbursement this Period

3500.00

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

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

7724.78

**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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Tuesday Solutions**

Mailing Address 1413 West Virginia Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement Fundraising Consulting Fees

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 10 / 2015

Transaction ID : **SB21B.7538**

Amount of Each Disbursement this Period: 3912.01

Category/Type: 003

Full Name (Last, First, Middle Initial)

**B. Tuesday Solutions**

Mailing Address 1413 West Virginia Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement Fundraising Consulting Fees

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 02 / 2015

Transaction ID : **SB21B.7578**

Amount of Each Disbursement this Period: 3500.00

Category/Type: 003

Full Name (Last, First, Middle Initial)

**C. Tuesday Solutions**

Mailing Address 1413 West Virginia Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement Fundraising Consulting Fees

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 08 / 2015

Transaction ID : **SB21B.7597**

Amount of Each Disbursement this Period: 3881.01

Category/Type: 003

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 11293.02

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. U.S. Airways**

Mailing Address 4000 E. Sky Harbor

City Phoenix State AZ Zip Code 85281

Purpose of Disbursement  
Airline Travel

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7429**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. U.S. Airways**

Mailing Address 4000 E. Sky Harbor

City Phoenix State AZ Zip Code 85281

Purpose of Disbursement  
Airline Travel

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7536**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. U.S. Airways**

Mailing Address 4000 E. Sky Harbor

City Phoenix State AZ Zip Code 85281

Purpose of Disbursement  
Airline Travel

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7574**

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 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. U.S. Airways**

Mailing Address 4000 E. Sky Harbor

City Phoenix State AZ Zip Code 85281

Purpose of Disbursement  
Airline Travel

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 30 / 2015

Transaction ID : SB21B.7590

Amount of Each Disbursement this Period

936.09

Full Name (Last, First, Middle Initial)

**B. United Airlines**

Mailing Address 900 Grand Plaza Dr.

City Houston State TX Zip Code 77067

Purpose of Disbursement  
Airline Travel

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2015

Transaction ID : SB21B.7438

Amount of Each Disbursement this Period

955.10

Full Name (Last, First, Middle Initial)

**C. Verizon Wireless**

Mailing Address 40 Massachusetts Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Cell phone Expenses

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2015

Transaction ID : SB21B.7494

Amount of Each Disbursement this Period

756.93

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

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

2648.12

**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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Verizon Wireless**

Mailing Address 40 Massachusetts Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement Cell phone expenses

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 31 / 2015

Transaction ID : **SB21B.7529**

Amount of Each Disbursement this Period: 210.61

Category/Type: 001

Full Name (Last, First, Middle Initial)

**B. Verizon Wireless**

Mailing Address 40 Massachusetts Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement Cell phone charges

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 30 / 2015

Transaction ID : **SB21B.7567**

Amount of Each Disbursement this Period: 228.44

Category/Type: 001

Full Name (Last, First, Middle Initial)

**C. Verizon Wireless**

Mailing Address 40 Massachusetts Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement Cell phone charges

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 30 / 2015

Transaction ID : **SB21B.7591**

Amount of Each Disbursement this Period: 257.68

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 696.73

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Verizon Wireless**

Mailing Address 40 Massachusetts Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Cell Phone charges

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SB21B.7608

Amount of Each Disbursement this Period

220.97
--------

Full Name (Last, First, Middle Initial)

**B. Wichita Downtown Rotary**

Mailing Address 100 N. Main

City Wichita State KS Zip Code 67202

Purpose of Disbursement  
Membership Dues

007

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	01	/	2015

Transaction ID : SB21B.7457

Amount of Each Disbursement this Period

754.00
--------

Full Name (Last, First, Middle Initial)

**C. Wichita Metro Chamber Of Commerce**

Mailing Address 350 W. Douglas

City Wichita State KS Zip Code 67202

Purpose of Disbursement  
Membership dues

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	01	/	2015

Transaction ID : SB21B.7454

Amount of Each Disbursement this Period

456.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1430.97
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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 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Winfrey & Company**

Mailing Address 228 South Washington Street  
Suite B-20

City State Zip Code  
Alexandra VA 22314

Purpose of Disbursement  
Fundraising Consulting Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7475**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

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 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. JOHN HOEVEN**

Mailing Address 1131 NORTH 4TH STREET

City BISMARCK State ND Zip Code 58501

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	5

Transaction ID : SB23.7607

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. JOHN HARDY ISAKSON**

Mailing Address POST OFFICE BOX 250116

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	5

Transaction ID : SB23.7518

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. LYNN JENKINS**

Mailing Address PO BOX 1441

City TOPEKA State KS Zip Code 66601

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	1	5

Transaction ID : SB23.7451

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	5	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Ron Johnson**

Mailing Address P.O. Box 1159

City Oshkosh State WI Zip Code 54903

Purpose of Disbursement  
Political Contribution

010

Candidate Name

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	5

Transaction ID : SB23.7600

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. Ron Johnson**

Mailing Address P.O. Box 1159

City Oshkosh State WI Zip Code 54903

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	5

Transaction ID : SB23.7602

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. MARK STEVEN KIRK**

Mailing Address 275 WHISTLER RD

City HIGHLAND PARK State IL Zip Code 60035

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	5

Transaction ID : SB23.7603

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	5	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

5	0	0	0	0	0	0	0	0	0
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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 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. MARK STEVEN KIRK**

Mailing Address 275 WHISTLER RD

City State Zip Code  
HIGHLAND PARK IL 60035

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 12 / 2015

Transaction ID : SB23.7606

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. STEVEN DANE RUSSELL**

Mailing Address 1313 SW 105TH PLACE

City State Zip Code  
OKLAHOMA CITY OK

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OK District: 05

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 15 / 2015

Transaction ID : SB23.7477

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Category/  
Type

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 Y

Amount of Each Disbursement this Period

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

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

5500.00

35500.00