

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines.   
**THOROUGHbred PAC**

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER**  **CITY** **STATE** **ZIP CODE**  
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  in the State of   
(d) 30-Day **POST-Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on  in the State of

5. Covering Period  07 / 01 / 2015 through  12 / 31 / 2015

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

Type or Print Name of Treasurer Patricia Doty Bradshaw

Signature of Treasurer Patricia Doty Bradshaw [Electronically Filed] Date  01 / 29 / 2016

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**THOROUGHBRED 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"/>		254161.63
(b) Cash on Hand at Beginning of Reporting Period.....	167816.51	
(c) Total Receipts (from Line 19) .....	48000.00	71600.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	215816.51	325761.63
7. Total Disbursements (from Line 31).....	32821.62	142766.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	182994.89	182994.89
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
**THOROUGHbred 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).....	4500.00	8100.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4500.00	8100.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	43500.00	63500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	48000.00	71600.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	48000.00	71600.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	48000.00	71600.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	28821.62	49016.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	28821.62	49016.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	85750.00
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 .....	4000.00	8000.00
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)) ..	32821.62	142766.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32821.62	142766.74

**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) .....	48000.00	71600.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	48000.00	71600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	28821.62	49016.74
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	28821.62	49016.74

**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 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
**THOROUGHbred PAC**

Full Name (Last, First, Middle Initial) <b>A. Justin Fareed</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Mailing Address 801 BUENA VISTA		<b>Transaction ID : SA11AI.6062</b>
City SANTA BARBARA	State CA	Zip Code 93108
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Proband Sports Industries, Inc	Occupation Owner	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Linda Fareed</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Mailing Address 741 Glenvia Street Suite 101		<b>Transaction ID : SA11AI.6061</b>
City Glendale	State CA	Zip Code 91206
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer PFK Partners	Occupation Partner	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. Desi Keck</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 26 / 2015
Mailing Address 741 Glenvia Street, Suite 101		<b>Transaction ID : SA11AI.6060</b>
City Glendale	State CA	Zip Code 91206
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer PFK Partners	Occupation Partner	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4500.00

**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 7 OF 19
<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)  
**THOROUGHbred PAC**

Full Name (Last, First, Middle Initial) <b>A. ALTRIA GROUP, INC. POLITICAL ACTION COMMITTEE (ALTRIAPAC)</b>		Date of Receipt
Mailing Address 101 CONSTITUTION AVE NW SUITE 400W		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : SA11C.6072</b>
WASHINGTON	DC	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C00089136"/>	<input type="text" value="5000.00"/>
Name of Employer	Occupation	contribution
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. AMERISOURCEBERGEN CORPORATION POLITICAL ACTION COMMITTEE (ABC PAC)</b>		Date of Receipt
Mailing Address 1300 Morris Drive Suite 100		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : SA11C.6071</b>
Chesterbrook	PA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C00400929"/>	<input type="text" value="3000.00"/>
Name of Employer	Occupation	contribution
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. CB&amp;I PAC</b>		Date of Receipt
Mailing Address 1050 K Street, NW Suite 620		<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : SA11C.6064</b>
Washington	DC	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C00104885"/>	<input type="text" value="1500.00"/>
Name of Employer	Occupation	contribution
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="9500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 19
<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)  
**THOROUGHbred PAC**

**A. CB&I PAC**  
Full Name (Last, First, Middle Initial)

Mailing Address 1050 K Street, NW  
Suite 620

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00104885

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
08 / 18 / 2015  
**Transaction ID : SA11C.6065**

Amount of Each Receipt this Period  
1500.00  
contribution

**B. CB&I PAC**  
Full Name (Last, First, Middle Initial)

Mailing Address 1050 K Street, NW  
Suite 620

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00104885

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
10 / 01 / 2015  
**Transaction ID : SA11C.6069**

Amount of Each Receipt this Period  
2000.00  
contribution

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

Mailing Address 200 E. Basse Road

City San Antonio State TX Zip Code 78209

FEC ID number of contributing federal political committee. **C** C00279216

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
08 / 26 / 2015  
**Transaction ID : SA11C.6066**

Amount of Each Receipt this Period  
1000.00  
contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4500.00
<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 9 OF 19
<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)  
**THOROUGHbred PAC**

Full Name (Last, First, Middle Initial)  
**A. CSX CORPORATION GOOD GOVERNMENT FUND**

Mailing Address 1331 PENNSYLVANIA AVE, NW, STE 560

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

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

**Transaction ID : SA11C.6075**

Amount of Each Receipt this Period  

5000.00
---------

contribution

Full Name (Last, First, Middle Initial)  
**B. EXELON CORPORATION POLITICAL ACTION COMMITTEE (EXELON PAC)**

Mailing Address 101 CONSTITUTION AVENUE NW  
SUITE 400 EAST

City	State	Zip Code
WASHINGTON	DC	20001

FEC ID number of contributing federal political committee. **C** C00141218

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
07	/	09	/	2015

**Transaction ID : SA11C.6063**

Amount of Each Receipt this Period  

1000.00
---------

contribution

Full Name (Last, First, Middle Initial)  
**C. FEDERAL EXPRESS POLITICAL ACTION COMMITTEE**

Mailing Address 942 South Shady Grove Road

City	State	Zip Code
Memphis	TN	38120

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

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
10	/	13	/	2015

**Transaction ID : SA11C.6076**

Amount of Each Receipt this Period  

3000.00
---------

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9000.00
<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 10 OF 19
<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)  
**THOROUGHbred PAC**

Full Name (Last, First, Middle Initial) <b>A. NATIONAL MULTI HOUSING COUNCIL POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015 <b>Transaction ID : SA11C.6074</b>
Mailing Address 1850 M STREET, NW SUITE 540		Amount of Each Receipt this Period 2000.00 contribution
City WASHINGTON	State DC	Zip Code 20036
FEC ID number of contributing federal political committee.	C C00130773	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. NUCLEAR ENERGY INSTITUTE FEDERAL POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015 <b>Transaction ID : SA11C.6082</b>
Mailing Address 1776 I STREET NW 4TH FLR		Amount of Each Receipt this Period 3000.00 contribution
City WASHINGTON	State DC	Zip Code 20006
FEC ID number of contributing federal political committee.	C C00239848	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C. PFIZER INC. PAC</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2015 <b>Transaction ID : SA11C.6068</b>
Mailing Address 235 East 42nd Street		Amount of Each Receipt this Period 2500.00 contribution
City New York	State NY	Zip Code 10017
FEC ID number of contributing federal political committee.	C C00016683	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 19
<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)  
**THOROUGHbred PAC**

Full Name (Last, First, Middle Initial)  
**A. PPL PEOPLE FOR GOOD GOVERNMENT**

Mailing Address **TWO NORTH NINTH STREET  
GENTW2**

City **ALLENTOWN** State **PA** Zip Code **18101**

FEC ID number of contributing federal political committee. **C C00228106**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

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

**Transaction ID : SA11C.6073**

Amount of Each Receipt this Period **2500.00**

contribution

Full Name (Last, First, Middle Initial)  
**B. TURKISH COALITION CALIFORNIA PAC (TC-CAL PAC)**

Mailing Address **525 E. SEASIDE WAY, #101-C**

City **LONG BEACH** State **CA** Zip Code **90802**

FEC ID number of contributing federal political committee. **C C00489898**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **10 / 01 / 2015**

**Transaction ID : SA11C.6070**

Amount of Each Receipt this Period **5000.00**

contribution

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

Mailing Address **55 GLENLAKE PARKWAY NE**

City **ATLANTA** State **GA** Zip Code **30328**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

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

**Transaction ID : SA11C.6080**

Amount of Each Receipt this Period **2500.00**

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>10000.00</b>
<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 19
<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)  
**THOROUGHbred PAC**

Full Name (Last, First, Middle Initial) <b>A. US ONCOLOGY INC GOOD GOVERNMENT COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2015
Mailing Address 16825 NORTHCHASE DRIVE SUITE 1300		<b>Transaction ID : SA11C.6067</b>
City HOUSTON	State TX	Zip Code 77060
FEC ID number of contributing federal political committee.	C C00339655	Amount of Each Receipt this Period 3000.00
Name of Employer	Occupation	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	43500.00

**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)  
**THOROUGHbred PAC**

Full Name (Last, First, Middle Initial)

**A. Taylor Booth**

Mailing Address 320 CONSTITUTION AVE NE  
APT 13

City Washington State DC Zip Code 20002

Purpose of Disbursement  
reimbursement - PAC travel expenses

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.6087**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Patricia Doty Bradshaw**

Mailing Address 61 Pinehurst Street

City Memphis State TN Zip Code 38117

Purpose of Disbursement  
Bookkeeping and PAC maintenance

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.6086**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Patricia Doty Bradshaw**

Mailing Address 61 Pinehurst Street

City Memphis State TN Zip Code 38117

Purpose of Disbursement  
Bookkeeping and PAC maintenance

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.6089**

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)  
**THOROUGHbred PAC**

Full Name (Last, First, Middle Initial)

**A. Platinum Plus for Business/Business Card**

Mailing Address PO Box 15469

City Wilmington State DE Zip Code 19850

Purpose of Disbursement credit card payments for July - October: see memo

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 05 / 2015

Transaction ID : **SB21B.6092**

Amount of Each Disbursement this Period: 20587.90

Category/Type: 001

Full Name (Last, First, Middle Initial)

**B. Alaska Air**

Mailing Address multiple locations

City State Zip Code

Purpose of Disbursement air travel to PAC fundraising event

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 05 / 2015

Transaction ID : **SB21B.6092.0**

Amount of Each Disbursement this Period: 2131.20

Category/Type: 002

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Spago Beverly Hills**

Mailing Address 176 North Canon Drive

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement food/beverage for PAC fundraising event

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 05 / 2015

Transaction ID : **SB21B.6092.1**

Amount of Each Disbursement this Period: 7532.68

Category/Type: 003

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 20587.90

**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)  
**THOROUGHbred PAC**

Full Name (Last, First, Middle Initial)

**A. Mastro's Steakhouse**

Mailing Address 246 N Canon Dr

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement food/beverage for PAC fundraising event

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 05 / 2015

Transaction ID : **SB21B.6092.2**

Amount of Each Disbursement this Period: 1145.58

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. The Beverly Hills Hotel**

Mailing Address Sunset Blvd

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement venue expenses for PAC fundraising event

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 05 / 2015

Transaction ID : **SB21B.6092.3**

Amount of Each Disbursement this Period: 10000.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Hertz**

Mailing Address

City Los Angeles State CA Zip Code

Purpose of Disbursement rental car travel expense for PAC fundraising event

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 05 / 2015

Transaction ID : **SB21B.6092.4**

Amount of Each Disbursement this Period: 435.44

**[MEMO ITEM]**

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial)

**A. USAirways**

Mailing Address multiple locations

City State Zip Code

Purpose of Disbursement  
refund for previously bought plane ticket

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 05 / 2015

**Transaction ID : SB21B.6092.5**

Amount of Each Disbursement this Period

-657.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. The Gula Graham Group**

Mailing Address 700 12th Street, NW  
Suite 700

City State Zip Code  
Washington DC 20005

Purpose of Disbursement  
fundraising consulting fee and expenses

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

003  
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

**Transaction ID : SB21B.6084**

Amount of Each Disbursement this Period

598.99

Full Name (Last, First, Middle Initial)

**C. The Gula Graham Group**

Mailing Address 700 12th Street, NW  
Suite 700

City State Zip Code  
Washington DC 20005

Purpose of Disbursement  
fundraising consulting fee and expenses

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

003  
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2015

**Transaction ID : SB21B.6088**

Amount of Each Disbursement this Period

957.72

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

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

1556.71

**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)  
**THOROUGHbred PAC**

Full Name (Last, First, Middle Initial)

**A. ED WHITFIELD**

Mailing Address 108 ALUMNI AVENUE

City HOPKINSVILLE State KY Zip Code 42240

Purpose of Disbursement  
reimbursement PAC travel expenses

Candidate Name

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.6085**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**THOROUGHbred PAC**

**A. Allison Ball for State Treasurer**

Full Name (Last, First, Middle Initial)  
Allison Ball

Mailing Address 105 W 3rd St

City Frankfort State KY Zip Code 40601

Purpose of Disbursement non-federal contribution

Candidate Name Allison Ball

Office Sought:  House  Senate  President

Disbursement For: 2015  Primary  General  Other (specify) ▼

State: KY District:

Date of Disbursement 10 / 01 / 2015

Transaction ID : SB29.6097

Amount of Each Disbursement this Period 1000.00

Category/Type 011

**B. Matt Bevin for Kentucky**

Full Name (Last, First, Middle Initial)  
Matt Bevin

Mailing Address P.O. Box 436374

City Middletown State KY Zip Code 40253

Purpose of Disbursement non-federal contribution

Candidate Name Matt Bevin

Office Sought:  House  Senate  President

Disbursement For: 2015  Primary  General  Other (specify) ▼

State: KY District:

Date of Disbursement 10 / 01 / 2015

Transaction ID : SB29.6094

Amount of Each Disbursement this Period 1000.00

Category/Type 011

**C. Quarles for Agriculture Commissioner**

Full Name (Last, First, Middle Initial)  
Ryan Quarles

Mailing Address P.O. Box 1001

City Georgetown State KY Zip Code 40324

Purpose of Disbursement non-federal contribution

Candidate Name Ryan Quarles

Office Sought:  House  Senate  President

Disbursement For: 2015  Primary  General  Other (specify) ▼

State: KY District:

Date of Disbursement 10 / 01 / 2015

Transaction ID : SB29.6100

Amount of Each Disbursement this Period 1000.00

Category/Type 011

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**THOROUGHbred PAC**

Full Name (Last, First, Middle Initial)

**A. Westerfield for Attorney General**

Mailing Address P.O. BOX 340

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement  
non-federal contribution

011

Category/  
Type

Candidate Name

**Whitney Westerfield**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: KY District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 01 / 2015

**Transaction ID : SB29.6103**

Amount of Each Disbursement this Period

1000.00

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

1000.00

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

4000.00