

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
OORAH! POLITICAL ACTION COMMITTEE

ADDRESS (number and street) **PO BOX 1053**
 Check if different than previously reported. (ACC) **BLOOMINGTON IN 47402**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00551853 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 **11** / **08** / **2016** in the State of

5. Covering Period **10** / **01** / **2016** through **11** / **28** / **2016**

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 **WUSLICH, JEFF, , ,**

Signature of Treasurer **WUSLICH, JEFF, , ,** [Electronically Filed] Date **12** / **08** / **2016**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

OORAH! POLITICAL ACTION COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text"/>	<input type="text" value="36066.36"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="244841.19"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="63103.32"/>	<input type="text" value="360918.35"/>
(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="307944.51"/>	<input type="text" value="396984.71"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="19525.00"/>	<input type="text" value="108565.20"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="288419.51"/>	<input type="text" value="288419.51"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

OORAH! POLITICAL ACTION COMMITTEE

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).....	5000.00	35000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5000.00	35000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	15500.00	35500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	20500.00	70500.00
12. Transfers From Affiliated/Other Party Committees.....	42603.32	290418.35
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)).....▶	63103.32	360918.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	63103.32	360918.35

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	2525.00	7011.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2525.00	7011.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17000.00	98804.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	2750.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	19525.00	108565.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19525.00	108565.20

DETAILED SUMMARY PAGE
of Disbursements

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)	20500.00	70500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20500.00	70500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2525.00	7011.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2525.00	7011.20

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

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

FOR LINE NUMBER: PAGE 6 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
OORAH! POLITICAL ACTION COMMITTEE

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BRALY, DOUGLAS, A., MR.,

Mailing Address **832 ALVERNA DRIVE**

City **INDIANAPOLIS** State **IN** Zip Code **46260-4955**

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

Name of Employer (for Individual) **COLDWELL BANKER** Occupation (for Individual) **ACCOUNTANT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 03 / 2016

Transaction ID : SA11A.37033

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
<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)
OORAH! POLITICAL ACTION COMMITTEE

A. AMERICAN HOTEL AND LODGING ASSOCIATION PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 NEW YORK AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20005-3917

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 26 / 2016
Transaction ID : SA11C.34947

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

B. DAVITA HEALTHCARE PARTNERS INC PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 HAWAII STREET

City EL SEGUNDO State CA Zip Code 90245-4814

FEC ID number of contributing federal political committee. **C** C00340943

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 14 / 2016
Transaction ID : SA11C.32594

Amount of Each Receipt this Period
3000.00

Memo Item
CONTRIBUTION

C. RAYTHEON COMPANY PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1100 WILSON BOULEVARD
SUITE 1500

City ARLINGTON State VA Zip Code 22209-3900

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 18 / 2016
Transaction ID : SA11C.33144

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
OORAH! POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. THE CATERPILLAR INC. EMPLOYEE PAC

Mailing Address 100 NE ADAMS

City PEORIA State IL Zip Code 61629-0001

FEC ID number of contributing federal political committee. **C** C00148031

Name of Employer (for Individual) Occupation (for Individual)

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
10 / 31 / 2016

Transaction ID : SA11C.36058

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B.

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C.

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	15500.00

**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 9 OF 18
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
OORAH! POLITICAL ACTION COMMITTEE

A. YOUNG VICTORY COMMITTEE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1053

City BLOOMINGTON	State IN	Zip Code 47402-1053
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FEC ID number of contributing federal political committee. **C** C00621581

Name of Employer (for Individual)	Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290418.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2016

Transaction ID : SA12.32323

Amount of Each Receipt this Period
4727.15

Memo Item
TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

B. CHARTRAND, GARY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 139 PONTE VEDRA BLVD

City PONTE VEDRA BEACH	State FL	Zip Code 32082-1313
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ACOSTA SALES & MARKETING	Occupation (for Individual) EXECUTIVE
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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		10		2016

Transaction ID : SA.32159.3.1610

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER

TRANSFER FROM YOUNG VICTORY COMMITTEE

C. YOUNG VICTORY COMMITTEE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1053

City BLOOMINGTON	State IN	Zip Code 47402-1053
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FEC ID number of contributing federal political committee. **C** C00621581

Name of Employer (for Individual)	Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
290418.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2016

Transaction ID : SA12.34103

Amount of Each Receipt this Period
18536.85

Memo Item
TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

SUBTOTAL of Receipts This Page (optional).....	23264.00
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 10 OF 18
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
OORAH! POLITICAL ACTION COMMITTEE

A. ELMORE, DAVID, GANT, , III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2915 S OLCOTT BOULEVARD

City BLOOMINGTON	State IN	Zip Code 47401-2403
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BELLWETHER FOREST PRODUCTS, LLC	Occupation (for Individual) BUSINESS EXECUTIVE
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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
10	/	14	/	2016

Transaction ID : SA.32479.3.1611

Amount of Each Receipt this Period
4000.00

Memo Item
TRANSFER
TRANSFER FROM YOUNG VICTORY COMMITTEE

B. HOBBS, FRANK, W., MR., IV
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address INFO REQUESTED

City INFO REQUESTED	State XX	Zip Code 99999
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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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	/	17	/	2016

Transaction ID : SA.32779.3.1611

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER
TRANSFER FROM YOUNG VICTORY COMMITTEE

C. PARIN, MICHAEL, L., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2156 WILLOW LAKE DRIVE

City MISHAWAKA	State IN	Zip Code 46545-8918
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DAMPING TECHNOLOGIES, INC.	Occupation (for Individual) EXECUTIVE
---	--

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
09	/	22	/	2016

Transaction ID : SA.32597.3.1611

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER
TRANSFER FROM YOUNG VICTORY COMMITTEE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 11 OF 18
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
OORAH! POLITICAL ACTION COMMITTEE

A. PEROT, HENRY, R., MR., JR.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 269014

City PLANO	State TX	Zip Code 75026-9014
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HILLWOOD	Occupation (for Individual) CHAIRMAN
---	---

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	/	19	/	2016

Transaction ID : SA.33014.3.1611

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER
TRANSFER FROM YOUNG VICTORY COMMITTEE

B. YOUNG VICTORY COMMITTEE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1053

City BLOOMINGTON	State IN	Zip Code 47402-1053
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FEC ID number of contributing federal political committee. **C** C00621581

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290418.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2016

Transaction ID : SA12.35020

Amount of Each Receipt this Period
12017.33

Memo Item
TRANSFER
TRANSFER OF JOINT FUNDRAISING PROCEEDS

C. ARNHOLT, CYNTHIA, H., MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5516 LONAS DRIVE SUITE 260

City KNOXVILLE	State TN	Zip Code 37909-3243
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BES
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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	/	20	/	2016

Transaction ID : SA.33823.3.1612

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER
TRANSFER FROM YOUNG VICTORY COMMITTEE

SUBTOTAL of Receipts This Page (optional).....	12017.33
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 12 OF 18
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
OORAH! POLITICAL ACTION COMMITTEE

A. ARNHOLT, DAVID, F., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5516 LONAS DRIVE SUITE 260

City KNOXVILLE	State TN	Zip Code 37909-3243
-------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

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		20		2016

Transaction ID : SA.33830.3.1612

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER
TRANSFER FROM YOUNG VICTORY COMMITTEE

B. MORGAN, JOHN, SCOTT, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 90 W MORGAN STREET

City AUSTIN	State IN	Zip Code 47102-1741
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MORGAN FOODS INC	Occupation (for Individual) FOOD MANUFACTURING
---	---

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		20		2016

Transaction ID : SA.33809.3.1612

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER
TRANSFER FROM YOUNG VICTORY COMMITTEE

C. ROSE, MICHELLE, M., MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10550 HUSSEY LANE

City CARMEL	State IN	Zip Code 46032-7921
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HOMEMAKER	Occupation (for Individual) HOMEMAKER
--	--

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		20		2016

Transaction ID : SA.33141.3.1612

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER
TRANSFER FROM YOUNG VICTORY COMMITTEE

SUBTOTAL of Receipts This Page (optional).....	0.00
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 13 OF 18
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
OORAH! POLITICAL ACTION COMMITTEE

A. SURACK, CHUCK, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5809 LEESBURG RD

City FORT WAYNE	State IN	Zip Code 46818-9117
--------------------	-------------	------------------------

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

Name of Employer (for Individual) SWEETWATER	Occupation (for Individual) SELF-EMPLOYED
---	--

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	/	18	/	2016

Transaction ID : SA.34998.3.1612

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER
TRANSFER FROM YOUNG VICTORY COMMITTEE

B. SURACK, LISA, , MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5809 LEESBURG RD

City FORT WAYNE	State IN	Zip Code 46818-9117
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2016

Transaction ID : SA.34997.3.1612

Amount of Each Receipt this Period
2700.00

Memo Item
TRANSFER
TRANSFER FROM YOUNG VICTORY COMMITTEE

C. YOUNG VICTORY COMMITTEE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1053

City BLOOMINGTON	State IN	Zip Code 47402-1053
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00621581

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
290418.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2016

Transaction ID : SA12.36797

Amount of Each Receipt this Period
7321.99

Memo Item
TRANSFER
TRANSFER OF JOINT FUNDRAISING PROCEEDS

SUBTOTAL of Receipts This Page (optional).....▶	7321.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 18
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
OORAH! POLITICAL ACTION COMMITTEE

A. BARTHOLOMEW, KELLY, , MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2553 SMOKE ROAD

City VALPARAISO	State IN	Zip Code 46385-9087
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PORTER HEALTH SYSTEMS	Occupation (for Individual) REGISTERED NURSE
--	---

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
09	/	30	/	2016

Transaction ID : SA.36421.3.1613

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER

PARTNERSHIP ATTRIB: MCMILLAN PARTNERSHIP LLC

B. MULLENGER, BARBARA, R., MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 VIERA DR.

City PALM BEACH GARDENS	State FL	Zip Code 33418-1741
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2016

Transaction ID : SA.36055.3.1613

Amount of Each Receipt this Period
4800.00

Memo Item
TRANSFER

TRANSFER FROM YOUNG VICTORY COMMITTEE

C. MCMILLAN PARTNERSHIP LLC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3701 INNOVATION WAY

City VALPARAISO	State IN	Zip Code 46383-9327
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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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
09	/	30	/	2016

Transaction ID : SA.31628.3.1613

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER

SEE PARTNERSHIP ATTRIB

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	42603.32

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
OORAH! POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA ENTRY SVC

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.I6733
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA ENTRY SVC

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.I6734
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA ENTRY SVC

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.I6735
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"/> 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)
OORAH! POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. OLD NATIONAL BANK		Date of Disbursement MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 1 MAIN STREET		FEC Identification Number C	
City EVANSVILLE	State IN	Zip Code 47708-1464	Transaction ID : SB21B.I6736
Purpose of Disbursement BANK FEE		Category/ Type	Amount of Each Disbursement this Period 25.00
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	25.00
TOTAL This Period (last page this line number only).....▶	2525.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)
OORAH! POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. DEB FISCHER FOR US SENATE INC		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address 717 N WOOD STREET		FEC Identification Number C00498907 Transaction ID : SB23.I6725 Amount of Each Disbursement this Period 5000.00
City VALENTINE	State NE	Zip Code 69201
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/Type
Candidate Name FISCHER, DEBRA, S, ,		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NE	District:	

Full Name (Last, First, Middle Initial) B. DENHAM FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 941 EAST MONTE VISTA		FEC Identification Number C00473272 Transaction ID : SB23.I6696 Amount of Each Disbursement this Period 2000.00
City TURLOCK	State CA	Zip Code 95381
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/Type
Candidate Name DENHAM, JEFF, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 10	

Full Name (Last, First, Middle Initial) C. FRIENDS OF TODD YOUNG, INC.		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address PO BOX 1053		FEC Identification Number C00459255 Transaction ID : SB23.I6477 Amount of Each Disbursement this Period 5000.00
City BLOOMINGTON	State IN	Zip Code 47402
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/Type
Candidate Name YOUNG, TODD, CHRISTOPHER, ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN	District:	

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

12000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
OORAH! POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JOHN KENNEDY FOR US		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address PO BOX 80418		FEC Identification Number C 00608398 Transaction ID : SB23.I6724
City BATON ROUGE	State LA	Zip Code 70898
Purpose of Disbursement POLITICAL CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name KENNEDY, JOHN , NEELY, ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF	<input type="checkbox"/> Memo Item
State: LA	District:	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	17000.00