

# 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**  
**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

ADDRESS (number and street) **1305 Memorial Avenue**  
Check if different than previously reported. (ACC) **West Springfield MA 01089**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00163212** 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  /  /  2024 through  /  /  2024

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 **Chiecko, Gregory, , ,**

Signature of Treasurer **Chiecko, Gregory, , ,** Date  /  /  2024

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)

Write or Type Committee Name

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Report Covering the Period: From: 01 / 01 / 2024 To: 03 / 31 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		83296.71
(b) Cash on Hand at Beginning of Reporting Period.....	83296.71	
(c) Total Receipts (from Line 19) .....	40634.33	40634.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	123931.04	123931.04
7. Total Disbursements (from Line 31).....	26169.78	26169.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	97761.26	97761.26
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Report Covering the Period: From: 01 / 01 / 2024 To: 03 / 31 / 2024

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).....	37880.00	37880.00
(ii) Unitemized .....	150.00	150.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	38030.00	38030.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	38030.00	38030.00
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.).....	2604.33	2604.33
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)).....▶	40634.33	40634.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	40634.33	40634.33

**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 .....	410.76	410.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	410.76	410.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25500.00	25500.00
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).....	259.02	259.02
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)) ..	26169.78	26169.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26169.78	26169.78

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	38030.00	38030.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	38030.00	38030.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	410.76	410.76
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	410.76	410.76

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 22
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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. Ariale, John, , ,
Mailing Address 1801 Pennsylvania Ave. NW Suite 1000
City Washington State DC Zip Code 20006
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Husch Blackwell Strategies Occupation (for Individual) Principal
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 800.00

Date of Receipt 03 / 01 / 2024
Transaction ID : SA11AI.5590
Amount of Each Receipt this Period 800.00
Memo Item
Contribution

B. Arnold, Karen, , ,
Mailing Address 1140 Oak Terrace
City Traverse City State MI Zip Code 49686
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Arnold Amudements Occupation (for Individual) Concession Owner
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 1600.00

Date of Receipt 02 / 09 / 2024
Transaction ID : SA11AI.5587
Amount of Each Receipt this Period 1600.00
Memo Item
Contribution

C. Broetsky, Stephen, , ,
Mailing Address 13235 N Verde River
City Fountain Hills State AZ Zip Code 85268
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Broetsky SW Occupation (for Individual) Owner
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 1600.00

Date of Receipt 03 / 01 / 2024
Transaction ID : SA11AI.5596
Amount of Each Receipt this Period 1600.00
Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional) 4000.00
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 22
	<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)  
**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

**A. BROOKS, SAMUEL, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 10  
 City Laveen State AZ Zip Code 85339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Showtime Management Occupation (for Individual) Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 03 / 01 / 2024  
**Transaction ID : SA11AI.5600**  
 Amount of Each Receipt this Period 1250.00  
 Memo Item  
 Contribution

**B. Brown, Danny, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 550 Baseline Rd. Suite 102-353  
 City Mesa State AZ Zip Code 85210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brown's Amusements Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 03 / 13 / 2024  
**Transaction ID : SA11AI.5606**  
 Amount of Each Receipt this Period 1600.00  
 Memo Item  
 Contribution

**C. CASSATA, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 427 15TH ST  
 City HOLLY HILL State FL Zip Code 32117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BOB'S SPACE OWNERS Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 03 / 01 / 2024  
**Transaction ID : SA11AI.5592**  
 Amount of Each Receipt this Period 800.00  
 Memo Item  
 Contribution

**SUBTOTAL** of Receipts This Page (optional).....▶ 3650.00  
**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 22  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Collmer, Ryan, , ,**

Mailing Address 3400 Sand Rd.

City Cape Coral      State FL      Zip Code 33993

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

Name of Employer (for Individual) Meatball Factory LLC      Occupation (for Individual) Owner

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2024  
**Transaction ID : SA11AI.5594**

Amount of Each Receipt this Period  
1600.00

Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Dean, E.J., , ,**

Mailing Address P.O. Box 460

City Seabrook      State NH      Zip Code 03874

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

Name of Employer (for Individual) Fiesta Shows      Occupation (for Individual) Owner

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  
MM / DD / YYYY  
01 / 20 / 2024  
**Transaction ID : SA11AI.5573**

Amount of Each Receipt this Period  
1600.00

Memo Item  
Contribution

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

Mailing Address P.O. Box 699

City Jensen Beach      State FL      Zip Code 34958

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

Name of Employer (for Individual) Big Fun, Inc.      Occupation (for Individual) Owner

Receipt For:  
 Primary    General  
 Other (specify)

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2024  
**Transaction ID : SA11AI.5576**

Amount of Each Receipt this Period  
1600.00

Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4800.00

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

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NAME OF COMMITTEE (In Full)  
**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

**A. Elliott, Debbie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 23  
 City Mason State MI Zip Code 48854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Elliott's Amusements Occupation (for Individual) Carnival Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt **02 / 08 / 2024**  
**Transaction ID : SA11AI.5578**  
 Amount of Each Receipt this Period 1600.00  
 Memo Item  
 Contribution

**B. EVANS, ERIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 126  
 City PLATTSBURG State MO Zip Code 64477  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EVANS UNITED SHOWS Occupation (for Individual) CARNIVAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt **02 / 06 / 2024**  
**Transaction ID : SA11AI.5575**  
 Amount of Each Receipt this Period 1600.00  
 Memo Item  
 Contribution

**C. HANSCHEN, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4508 CLIFFSTONE COVE  
 City AUSTIN State TX Zip Code 78735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THOMAS CARNIVAL Occupation (for Individual) CARNIVAL OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt **02 / 09 / 2024**  
**Transaction ID : SA11AI.5581**  
 Amount of Each Receipt this Period 1600.00  
 Memo Item  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4800.00
<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 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

**A. HUSTON, BLAKE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11811 E COUNTY RD 350 N  
 City ALBANY State IN Zip Code 47320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MID AMERICA SHOWS Occupation (for Individual) CARNIVAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 03 / 01 / 2024  
**Transaction ID : SA11AI.5597**  
 Amount of Each Receipt this Period 1600.00  
 Memo Item  
 Contribution

**B. LEAVITT, GUY, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3519 E KERESAN DR  
 City PHOENIX State AZ Zip Code 85044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RAY CAMMACK SHOWS Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 01 / 2024  
**Transaction ID : SA11AI.5588**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item  
 Contribution

**C. Lombard, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 67  
 City Chandler State FM Zip Code 32111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Owner Occupation (for Individual) T&T/KAOS Concessions  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 03 / 01 / 2024  
**Transaction ID : SA11AI.5593**  
 Amount of Each Receipt this Period 1600.00  
 Memo Item  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4700.00
<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 11 OF 22  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. LOPEZ, CHRIS, , ,**

Mailing Address 3413 E CHEROKEE ST

City PHOENIX	State AZ	Zip Code 85044
-----------------	-------------	-------------------

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

Name of Employer (for Individual) LOPEZ CONCESSIONS	Occupation (for Individual) CONCESSION OWNER
--	---

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
03	/	01	/	2024

**Transaction ID : SA11AI.5605**

Amount of Each Receipt this Period  
1500.00

Memo Item  
Contribution

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

Mailing Address 15715 La Tierra Dr

City Morgan Hill	State CA	Zip Code 95037
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Butler Amusements	Occupation (for Individual) Owner
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2024

**Transaction ID : SA11AI.5577**

Amount of Each Receipt this Period  
1600.00

Memo Item  
Contribution

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

Mailing Address 15715 La Tierra Dr

City Morgan Hill	State CA	Zip Code 95037
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Butler Amusements	Occupation (for Individual) Owner
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3020.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2024

**Transaction ID : SA11AI.5595**

Amount of Each Receipt this Period  
1420.00

Memo Item  
Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4520.00
<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 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

**A. Pedicini, Anthony, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1509 E 9th St.  
 City Tampa State FL Zip Code 33605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sim Wins Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2024  
**Transaction ID : SA11AI.5604**  
 Amount of Each Receipt this Period  
 610.00  
 Memo Item  
 Contribution

**B. PICKETT, BENJAMIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12671 S HONAHLEE CRT  
 City PHOENIX State AZ Zip Code 85044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RAY CAMMACK SHOWS Occupation (for Individual) CARNIVAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2024  
**Transaction ID : SA11AI.5598**  
 Amount of Each Receipt this Period  
 1600.00  
 Memo Item  
 Contribution

**C. POWERS, DEBORAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4216 EDWARD HYDE PL  
 City WILMINGTON State NC Zip Code 28405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) POWERS GREAT AMERICAN MIDWAYS Occupation (for Individual) CARNIVAL OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2024  
**Transaction ID : SA11AI.5579**  
 Amount of Each Receipt this Period  
 1600.00  
 Memo Item  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3810.00
<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 22
	<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)  
**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

**A. Pugh, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9024 Wiggins Rd  
 City Gibsonton State FL Zip Code 33534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gulfstream Occupation (for Individual) Concessionaire  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 09 / 2024  
**Transaction ID : SA11AI.5580**  
 Amount of Each Receipt this Period  
 1600.00  
 Memo Item  
 Contribution

**B. Pugh, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9024 Wiggins Rd  
 City Gibsonton State FL Zip Code 33534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gulfstream Occupation (for Individual) Concessionaire  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 09 / 2024  
**Transaction ID : SA11AI.5586**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 Contribution

**C. REITHOFFER, RICHARD, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9022 WIGGINS RD  
 City GIBSONTON State FL Zip Code 33534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) REITHOFFER SHOWS Occupation (for Individual) CARNIVAL OWNER  
 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  
 02 / 09 / 2024  
**Transaction ID : SA11AI.5585**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3600.00
<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 22
	<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)  
**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

**A. Tucker, Stacey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10030 Alafia St.  
 City Gibsonton State FL Zip Code 33534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Powers Great American Midway Occupation (for Individual) Carnival Employee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **02 / 09 / 2024**  
**Transaction ID : SA11AI.5583**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 Contribution

**B. Tucker, Stacey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10030 Alafia St.  
 City Gibsonton State FL Zip Code 33534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Powers Great American Midway Occupation (for Individual) Carnival Employee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **03 / 01 / 2024**  
**Transaction ID : SA11AI.5599**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 Contribution

**C. WOOD, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 OSIANA DR  
 City SAN ANTONIO State TX Zip Code 78248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WOOD ENTERTAINMENT CO Occupation (for Individual) RIDE OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt **01 / 23 / 2024**  
**Transaction ID : SA11AI.5574**  
 Amount of Each Receipt this Period 1600.00  
 Memo Item  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2400.00
<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 15 OF 22
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ZAITSHIK, MELISSA, , ,

Mailing Address 18312 TURNING POINT DR

City LUTZ	State FL	Zip Code 33549
--------------	-------------	-------------------

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

Name of Employer (for Individual) WADE SHOWS	Occupation (for Individual) CARNIVAL EMPLOYEE
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		01		2024

**Transaction ID : SA11AI.5589**

Amount of Each Receipt this Period  
1600.00

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  

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

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  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1600.00
<b>TOTAL</b> This Period (last page this line number only).....	37880.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 22  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

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

**A. Wells Fargo Advisors**

Mailing Address 7900 Xerxes Ave S  
10th FL

City Bloomington State MN Zip Code 55431

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 ▼  
1570.52

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2024

**Transaction ID : SA17.5645**

Amount of Each Receipt this Period  
1387.91

Memo Item  
Unrealized gains

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

**B. Wells Fargo Advisors**

Mailing Address 7900 Xerxes Ave S  
10th FL

City Bloomington State MN Zip Code 55431

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 ▼  
1709.92

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2024

**Transaction ID : SA17.5638**

Amount of Each Receipt this Period  
139.40

Memo Item  
Dividend Income

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

**C. Wells Fargo Advisors**

Mailing Address 7900 Xerxes Ave S  
10th FL

City Bloomington State MN Zip Code 55431

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 ▼  
1710.28

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2024

**Transaction ID : SA17.5641**

Amount of Each Receipt this Period  
0.36

Memo Item  
Interest Income

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1527.67

**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 17 OF 22  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

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

**A. Wells Fargo Advisors**

Mailing Address 7900 Xerxes Ave S  
10th FL

City Bloomington State MN Zip Code 55431

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 ▼  
2604.33

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2024

Transaction ID : SA17.5646

Amount of Each Receipt this Period  
894.05

Memo Item  
Unrealized gains

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	894.05
<b>TOTAL</b> This Period (last page this line number only).....	2421.72

**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)

**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

Full Name (Last, First, Middle Initial)

**A. ANDY HARRIS FOR CONGRESS**

Date of Disbursement

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

Mailing Address PO BOX 426

City STEVENSVILLE State MD Zip Code 21666

FEC Identification Number

C	C00435974
---	-----------

**Transaction ID : SB23.5626**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Purpose of Disbursement

Contribution

Candidate Name

HARRIS, ANDREW P, , ,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: MD District: 01

Full Name (Last, First, Middle Initial)

**B. CUELLAR FOR NEW YORK**

Date of Disbursement

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

Mailing Address 16-22 201 ST.

City QUEENS State NY Zip Code 11360

FEC Identification Number

C	C00781211
---	-----------

**Transaction ID : SB23.5616**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Memo Item

Purpose of Disbursement

Contribution

Candidate Name

CUELLAR, HENRY R, , ,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: TX District: 28

Full Name (Last, First, Middle Initial)

**C. DEFEND THE DREAM**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	6		2	0	2	4

Mailing Address 777 S FIGUEROA ST SUITE 4050

City LOS ANGELES State CA Zip Code 90017

FEC Identification Number

C	C00771238
---	-----------

**Transaction ID : SB23.5622**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Memo Item

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: District:

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

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

6	0	0	0	0	0	0	0	0	0

6	0	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"/> 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)

**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

Full Name (Last, First, Middle Initial)

**A. JIMMY PANETTA FOR CONGRESS**

Mailing Address PO BOX 103

City  
CARMEL VALLEY

State  
CA

Zip Code  
93924

Purpose of Disbursement

Contribution

Candidate Name

PANETTA, JIMMY, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: CA District: 19

Date of Disbursement

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

FEC Identification Number

**C** C00592154

**Transaction ID : SB23.5628**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. LOFGREN FOR CONGRESS**

Mailing Address C/O CONTRIBUTION SOLUTIONS, LLC  
1346 THE ALAMEDA, STE. 7-380

City  
SAN JOSE

State  
CA

Zip Code  
95126

Purpose of Disbursement

Contribution

Candidate Name

LOFGREN, ZOE, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: CA District: 19

Date of Disbursement

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

FEC Identification Number

**C** C00289603

**Transaction ID : SB23.5625**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LOFGREN FOR CONGRESS**

Mailing Address C/O CONTRIBUTION SOLUTIONS, LLC  
1346 THE ALAMEDA, STE. 7-380

City  
SAN JOSE

State  
CA

Zip Code  
95126

Purpose of Disbursement

Contribution

Candidate Name

LOFGREN, ZOE, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: CA District: 19

Date of Disbursement

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

FEC Identification Number

**C** C00289603

**Transaction ID : SB23.5627**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7500.00

**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)

**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

Full Name (Last, First, Middle Initial)

**A. MARIO DIAZ-BALART FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	16	/	2024

Mailing Address 8724 SW 72ND STREET  
# 420

City MIAMI State FL Zip Code 33173

FEC Identification Number

**C** C00376087

**Transaction ID : SB23.5621**

Amount of Each Disbursement this Period

2500.00

Memo Item

Purpose of Disbursement

Contribution

Category/Type

Candidate Name

DIAZ-BALART, MARIO, , ,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: FL District: 25

Full Name (Last, First, Middle Initial)

**B. MAST FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	16	/	2024

Mailing Address PO BOX 3016

City STUART State FL Zip Code 34995

FEC Identification Number

**C** C00632257

**Transaction ID : SB23.5618**

Amount of Each Disbursement this Period

2000.00

Memo Item

Purpose of Disbursement

Contribution

Category/Type

Candidate Name

MAST, BRIAN, , ,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: FL District: 18

Full Name (Last, First, Middle Initial)

**C. PETERS FOR MICHIGAN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	16	/	2024

Mailing Address PO BOX 32072

City DETROIT State MI Zip Code 48244

FEC Identification Number

**C** C00437889

**Transaction ID : SB23.5650**

Amount of Each Disbursement this Period

2500.00

Memo Item

Purpose of Disbursement

Contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: MI District: 00

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

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

7000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

Full Name (Last, First, Middle Initial)

**A. ROBERT ADERHOLT FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		12		2024

Mailing Address P. O. BOX 1158

FEC Identification Number

C	C00313247
---	-----------

**Transaction ID : SB23.5624**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

City  
HALEYVILLE

State  
AL

Zip Code  
35565

Purpose of Disbursement

Contribution

Category/ Type
-------------------

Candidate Name

ADERHOLT, ROBERT B. REP., , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: AL District: 04

Full Name (Last, First, Middle Initial)

**B. ROUZER CONGRESSIONAL TRUST**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		15		2024

Mailing Address PO BOX 377

FEC Identification Number

C	C00578823
---	-----------

**Transaction ID : SB23.5617**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

City  
WAKE FOREST

State  
NC

Zip Code  
27588

Purpose of Disbursement

Contribution

Category/ Type
-------------------

Candidate Name

ROUZER, DAVID CHESTON, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: NC District: 07

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

FEC Identification Number

C	
---	--

Amount of Each Disbursement this Period

--

Memo Item

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

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

5000.00
---------

25500.00
----------

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)

## OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial)

### A. Wells Fargo Advisors

Mailing Address 7900 Xerxes Ave S  
10th FL

City  
Bloomington

State  
MN

Zip Code  
55431

Purpose of Disbursement

Sale of Mutual Fund

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	2	4

FEC Identification Number

C [ ]

Transaction ID : SB29.5643

Amount of Each Disbursement this Period

[ ] 242.62 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ] [ ]

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ] [ ]

Memo Item

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

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

[ ] 242.62 [ ]

[ ] 242.62 [ ]