

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
2014 JAN 22 PM 12:17
FEC MAIL CENTER

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

AMERISTAR PAC

ADDRESS (number and street) P.O. BOX 363
 Check if different than previously reported. (ACC)
 COUNCIL BLUFFS IA 51502

2. FEC IDENTIFICATION NUMBER CITY ▲ STATE ▲ ZIP CODE ▲

C006554154

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 MEM / DD / YYYYYY in the State of


(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on MEM / DD / YYYYYY in the State of

5. Covering Period MM / DD / YYYY 01 / 01 / 2013 through MM / DD / YYYY 12 / 31 / 2013

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 Monty Terhune

Signature of Treasurer  Date MM / DD / YYYY 01 / 16 / 2014

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

Office Use Only							
-----------------	--	--	--	--	--	--	--

FEC FORM 3X
(Revised 12/2004)

14031154331

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X

Page 2

Write or Type Committee Name

AMERISTAR PAC

Report Covering the Period: From: 01 / 01 / 2013 To: 12 / 31 / 2013

14031154332

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2013		10,629.43
(b) Cash on Hand at Beginning of Reporting Period	10,629.43	
(c) Total Receipts (from Line 19)	8,853.50	8,853.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	19,482.93	19,482.93
7. Total Disbursements (from Line 31)	19,482.93	19,482.93
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	0.00	0.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X

Page 3

Write or Type Committee Name

Report Covering the Period: From: 01 / 01 / 2013 To: 12 / 31 / 2013

1403115433

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).....	6,420.00	6,420.00
(ii) Unitemized	2,433.50	2,433.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8,853.50	8,853.50
(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).....▶	8,853.50	8,853.50
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)).....▶	8,853.50	8,853.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8,853.50	8,853.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X

Page 4

14031154334

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	144.00	144.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	144.00	144.00
22. Transfers to Affiliated/Other Party Committees	6,488.93	6,488.93
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
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	12,850.00	12,850.00
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(a)(b))..	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 30(c))	19,482.93	19,482.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) From Line 31)	19,482.93	19,482.93

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X

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).....	8,853.50	8,853.50
34. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	8,853.50	8,853.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	144.00	144.00
37. Offset to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36).....	144.00	144.00

14031154335

**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 1 OF 4

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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)
AMERISTAR PAC

A. JULIE ALLEN
 Full Name (Last, First, Middle Initial)
 Mailing Address
 1216 EASTRIDGE DR.
 City State Zip Code
 Blue Springs, MO 64104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer
 AMERISTAR CASINOS, INC.
 Occupation
 DIRECTOR REGULATORY COMPLIANCE
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 MM / DD / YYYY
 01 / 17 / 2013
 Amount of Each Receipt this Period
 360.00
 Received per semi-monthly payroll deduction; \$15 per pp

B. MATTHEW BLOCK
 Full Name (Last, First, Middle Initial)
 Mailing Address
 15404 ABERDEEN ST.
 City State Zip Code
 Leawood, KS 66224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer
 AMERISTAR CASINOS, INC.
 Occupation
 VP OF GOVERNMENT RELATIONS
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 625.00

Date of Receipt
 MM / DD / YYYY
 01 / 17 / 2013
 Amount of Each Receipt this Period
 625.00
 Received per semi-monthly payroll deduction; \$25 per pp

C. JAMES FRANKE
 Full Name (Last, First, Middle Initial)
 Mailing Address
 3457 NEW TOWN LAKE DRIVE
 City State Zip Code
 St. Charles, MO 63301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer
 AMERISTAR CASINOS, INC.
 Occupation
 SVP/GENERAL MANAGER
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 1,200.00

Date of Receipt
 MM / DD / YYYY
 01 / 17 / 2013
 Amount of Each Receipt this Period
 1,200.00
 Received per semi-monthly payroll deduction; \$50 per pp

SUBTOTAL of Receipts This Page (optional) ▶

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

2,185.00

14031154336

**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 2 OF 4	
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	12
				<input type="checkbox"/>	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)
AMERISTAR PAC

Full Name (Last, First, Middle Initial)
A. ANNIE JENKINS

Mailing Address
109 ROBIN HOOD RD.
City State Zip Code
Vicksburg, MS 39130

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

Name of Employer
AMERISTAR CASINOS, INC. Occupation
VP/ASST GENERAL MANAGER

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
01 / 17 / 2013

Amount of Each Receipt this Period
600.00

Received per semi-monthly payroll deduction; \$25 per pp

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

Mailing Address
8937 PARKSIDE LANE
City State Zip Code
St. John, IN 46373

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

Name of Employer
AMERISTAR CASINOS, INC. Occupation
VP OF SECURITIES & FACILITIES

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
480.00

Date of Receipt
MM / DD / YYYY
01 / 17 / 2013

Amount of Each Receipt this Period
480.00

Received per semi-monthly payroll deduction; \$20 per pp

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

Mailing Address
1790 SHADY ELM STREET
City State Zip Code
Las Vegas, NV 89135

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

Name of Employer
AMERISTAR CASINOS, INC. Occupation
VP OF OPERATIONS

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.00

Date of Receipt
MM / DD / YYYY
01 / 17 / 2013

Amount of Each Receipt this Period
375.00

Received per semi-monthly payroll deduction; \$15 per pp

SUBTOTAL of Receipts This Page (optional) ▶ 1,455.00

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

14031154337

**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 3 OF 4

<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)
AMERISTAR PAC

Full Name (Last, First, Middle Initial)

A. WALTER PUGH

Mailing Address

108 CAMDEN DR.

City

State

Zip Code

Vicksburg, MS 39183

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMERISTAR CASINOS, INC.

Occupation
DIRECTOR OF FACILITIES

Receipt For:

Primary General

Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

MM / DD / YYYY
01 / 17 / 2013

Amount of Each Receipt this Period

360.00

Received per semi-monthly payroll
deduction; \$15 per pp

Full Name (Last, First, Middle Initial)

B. BRIAN REPSHEIL

Mailing Address

2947 CIMINI COURT

City

State

Zip Code

Henderson, NV 89052

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMERISTAR CASINOS, INC.

Occupation
VP OF RESEARCH AND ANALYSIS

Receipt For:

Primary General

Other (specify)

Aggregate Year-to-Date ▼

575.00

Date of Receipt

MM / DD / YYYY
01 / 17 / 2013

Amount of Each Receipt this Period

575.00

Received per payroll deduction; \$25 per
pp

Full Name (Last, First, Middle Initial)

C. MATTHEW SCHUFFERT

Mailing Address

1205 GARFIELD ST.

City

State

Zip Code

Hobart, IN 46342

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMERISTAR CASINOS, INC.

Occupation
SVP/GENERAL MANAGER

Receipt For:

Primary General

Other (specify)

Aggregate Year-to-Date ▼

720.00

Date of Receipt

MM / DD / YYYY
01 / 17 / 2013

Amount of Each Receipt this Period

720.00

Received per semi-monthly payroll
deduction; \$30 per pp

SUBTOTAL of Receipts This Page (optional)

1,655.00

TOTAL This Period (last page this line number only)

14031154338

**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 4 OF 4

<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)
AMERISTAR PAC

Full Name (Last, First, Middle Initial) A. TROY STREMMING		Date of Receipt MM / DD / YYYY 01 / 17 / 2013
Mailing Address 10820 W 140TH ST City State Zip Code Overland Park, KS 66221		Amount of Each Receipt this Period 1,125.00
FEC ID number of contributing federal political committee. C	Occupation SVP GOVT. RELATIONS	
Name of Employer AMERISTAR CASINOS, INC.	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Received per semi-monthly payroll deduction; \$45 per pp
Aggregate Year-to-Date ▼ 1,125.00		

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

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

SUBTOTAL of Receipts This Page (optional)	1,125.00
TOTAL This Period (last page this line number only)	6,420.00

14031154339

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

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

FOR LINE NUMBER:		PAGE 1 OF 6	
(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

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) AMERISTAR PAC	MEMO
----------------------------------------------	------

Full Name (Last, First, Middle Initial)		Date of Receipt
A. SOURCE OF FUNDS FOR 2013 BEGINNING BALANCE		M M / D D / Y Y Y Y 12 / 31 / 2012
Mailing Address PER CFR 104.12		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee.		MEMO 10,629.43
Name of Employer	Occupation	See Memo Entries Below for Itemized Contributors
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date ▼ 10,629.43	

Full Name (Last, First, Middle Initial)		Date of Receipt
B. TOM STEINHAUER		M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 3030 ROSEWIND DR.		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee.		MEMO 1,546.68
Name of Employer AMERISTAR CASINOS, INC.	Occupation CHIEF FINANCIAL OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date ▼ 1,546.68	

Full Name (Last, First, Middle Initial)		Date of Receipt
C. GEORGE STADLER		M M / D D / Y Y Y Y 07 / 09 / 2012
Mailing Address 1509 WALNUT ST.		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee.		MEMO 975.00
Name of Employer AMERISTAR CASINO VICKSBURG, INC.	Occupation SVP & GENERAL MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date ▼ 975.00	

SUBTOTAL of Receipts This Page (optional)	10,629.43
TOTAL This Period (last page this line number only)	

14031154340

**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 2 OF 6
<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)
AMERISTAR PAC

Full Name (Last, First, Middle Initial) A. WILLIAM RICHARDSON		Date of Receipt MM / DD / YYYY 09 / 11 / 2012
Mailing Address 3323 PONOKA ROAD City State Zip Code PITTSBURGH, PA 15241		Amount of Each Receipt this Period MEMO 500.00
FEC ID number of contributing federal political committee. C	Occupation DIRECTOR	
Name of Employer AMERISTAR CASINOS, INC.	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date ▼ 500.00

Full Name (Last, First, Middle Initial) B. TODD STEWART		Date of Receipt MM / DD / YYYY 09 / 11 / 2012
Mailing Address 2657 WINDMILL PKWAY City State Zip Code HENDERSON, NV 89074		Amount of Each Receipt this Period MEMO 1,000.00
FEC ID number of contributing federal political committee. C	Occupation VP OF FINANCE	
Name of Employer AMERISTAR CASINOS, INC.	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date ▼ 1,000.00

Full Name (Last, First, Middle Initial) C. SEAN BARNARD		Date of Receipt MM / DD / YYYY 12 / 11 / 2012
Mailing Address 6304 SUMMIT City State Zip Code KANSAS CITY, MO 64113		Amount of Each Receipt this Period MEMO 260.00
FEC ID number of contributing federal political committee. C	Occupation SVP & GENERAL MANAGER	
Name of Employer AMERISTAR CASINOS KANSAS CITY INC.	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date ▼ 260.00
		Received per semi-monthly payroll deduction; \$20 pp

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

14031154341

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

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

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

NAME OF COMMITTEE (In Full)
AMERISTAR PAC

Full Name (Last, First, Middle Initial) A. MATTHEW BLOCK		Date of Receipt 12 / 11 / 2012
Mailing Address 15404 ABERDEEN ST. City State Zip Code Leawood, KS 66224		Amount of Each Receipt this Period MEMO 325.00
FEC ID number of contributing federal political committee. C		
Name of Employer AMERISTAR CASINOS, INC.	Occupation VP OF GOVERNMENT RELATIONS	Received per semi-monthly payroll deduction; \$25 pp
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. JAMES FRANKE		Date of Receipt 12 / 11 / 2012
Mailing Address 3457 NEW TOWN LAKE DRIVE City State Zip Code St. Charles, MO 63301		Amount of Each Receipt this Period MEMO 650.00
FEC ID number of contributing federal political committee. C		
Name of Employer AMERISTAR CASINOS, INC.	Occupation SVP/GENERAL MANAGER	Received per semi-monthly payroll deduction; \$50 pp
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. ANNIE JENKINS		Date of Receipt 12 / 11 / 2012
Mailing Address 109 ROBIN HOOD RD. City State Zip Code Vicksburg, MS 39130		Amount of Each Receipt this Period MEMO 325.00
FEC ID number of contributing federal political committee. C		
Name of Employer AMERISTAR CASINOS, INC.	Occupation VP/ASST GENERAL MANAGER	Received per semi-monthly payroll deduction; \$25 pp
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date ▼ 325.00	

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

14031154342

**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 4 OF 6	
<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)
AMERISTAR PAC

Full Name (Last, First, Middle Initial) A. MICHELLE LANE		Date of Receipt MM/DD/YYYY 12/11/2012
Mailing Address 2609 RUE DE JOUR STREET City State Zip Code HENDERSON, NV 89044		Amount of Each Receipt this Period MEMO 325.00
FEC ID number of contributing federal political committee. C		
Name of Employer AMERISTAR CASINOS, INC.	Occupation VP OF HUMAN RESOURCES	Received per semi-monthly payroll deduction; \$25 pp
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. MARK LEVIN		Date of Receipt MM/DD/YYYY 12/11/2012
Mailing Address 1775 VERMONT ST. City State Zip Code ELK GROVE VILLAGE, IL 60007		Amount of Each Receipt this Period MEMO 275.00
FEC ID number of contributing federal political committee. C		
Name of Employer AMERISTAR CASINOS COUNCIL BLUES, INC.	Occupation VP OF FOOD & BEVERAGE	Received per semi-monthly payroll deduction; \$25 pp
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. PETER LONGI		Date of Receipt MM/DD/YYYY 12/11/2012
Mailing Address 706 RIDGESIDE DR. City State Zip Code GOLDEN, CO 80401		Amount of Each Receipt this Period MEMO 455.00
FEC ID number of contributing federal political committee. C		
Name of Employer AMERISTAR CASINO BLACK HAWK, INC.	Occupation VP OF CASINO OPERATIONS	Received per semi-monthly payroll deduction; \$75 pp
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date ▼ 455.00	

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

14031154343

**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 5	OF 6
	<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)
AMERISTAR PAC

Full Name (Last, First, Middle Initial)
A. MICHAEL MUSKIN

Mailing Address
8937 PARKSIDE LANE
City State Zip Code
St. John, IN 46373

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

Name of Employer Occupation
AMERISTAR CASINOS, INC. VP OF SECURITIES & FACILITIES

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 11 / 2012

Amount of Each Receipt this Period
MEMO 260.00

Received per semi-monthly payroll deduction; \$20 pp

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

Mailing Address
2947 CIMINI COURT
City State Zip Code
Henderson, NV 89052

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

Name of Employer Occupation
AMERISTAR CASINOS, INC. VP OF RESEARCH AND ANALYSIS

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
12 / 11 / 2012

Amount of Each Receipt this Period
MEMO 300.00

Received per semi-monthly payroll deduction; \$25 pp

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

Mailing Address
1205 GARFIELD ST.
City State Zip Code
Hobart, IN 46342

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

Name of Employer Occupation
AMERISTAR CASINO EAST CHICAGO SVP & GENERAL MANAGER

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
390.00

Date of Receipt
12 / 11 / 2012

Amount of Each Receipt this Period
MEMO 390.00

Received per semi-monthly payroll deduction; \$30 pp

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

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

14031154344

**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 6
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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)
AMERISTAR PAC

A. MICHELLE SHRIVER

Full Name (Last, First, Middle Initial)
Mailing Address
2680 LOOSERAND AVENUE
City State Zip Code
Henderson, NV 89044

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

Name of Employer Occupation
AMERISTAR CASINOS, INC. SVP OF OPERATIONS

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 11 / 2012

Amount of Each Receipt this Period
MEMO 600.00

Received per semi-monthly payroll deduction; \$50 pp

B. TROY STREMMING

Full Name (Last, First, Middle Initial)
Mailing Address
10820 W 140TH ST
City State Zip Code
Overland Park, KS 66221

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

Name of Employer Occupation
AMERISTAR CASINOS, INC. SVP GOVT. RELATIONS

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
585.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 11 / 2012

Amount of Each Receipt this Period
MEMO 585.00

Received per semi-monthly payroll deduction; \$45 pp

C.

Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 10,629.43

14031154345

**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)						PAGE 1 OF 4				
	<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

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)
AMERISTAR PAC

Full Name (Last, First, Middle Initial) A. AMERICAN NATIONAL BANK		Date of Disbursement MM / DD / YYYY 01 / 17 / 2013
Mailing Address 333 WEST BROADWAY		Amount of Each Disbursement this Period 12.00
City Council Bluffs, IA 51503	State Zip Code	
Purpose of Disbursement BANK FEE	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN NATIONAL BANK		Date of Disbursement MM / DD / YYYY 02 / 08 / 2013
Mailing Address 333 WEST BROADWAY		Amount of Each Disbursement this Period 12.00
City Council Bluffs, IA 51503	State Zip Code	
Purpose of Disbursement BANK FEE	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN NATIONAL BANK		Date of Disbursement MM / DD / YYYY 03 / 12 / 2013
Mailing Address 333 WEST BROADWAY		Amount of Each Disbursement this Period 12.00
City Council Bluffs, IA 51503	State Zip Code	
Purpose of Disbursement BANK FEE	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional)	▲	36.00
TOTAL This Period (last page this line number only)	▲	

14031154346

**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)

PAGE 2 OF 4

<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

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)
AMERISTAR PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN NATIONAL BANK

Date of Disbursement

M M / D D / Y Y Y Y
04 / 05 / 2013

Mailing Address

333 WEST BROADWAY

City

State

Zip Code

Council Bluffs, IA 51503

Purpose of Disbursement

BANK FEE

001
Category/
Type

Amount of Each Disbursement this Period

12.00

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▶

State:

District:

Full Name (Last, First, Middle Initial)

B. AMERICAN NATIONAL BANK

Date of Disbursement

M M / D D / Y Y Y Y
05 / 10 / 2013

Mailing Address

333 WEST BROADWAY

City

State

Zip Code

Council Bluffs, IA 51503

Purpose of Disbursement

BANK FEE

001
Category/
Type

Amount of Each Disbursement this Period

12.00

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▶

State:

District:

Full Name (Last, First, Middle Initial)

C. AMERICAN NATIONAL BANK

Date of Disbursement

M M / D D / Y Y Y Y
06 / 18 / 2013

Mailing Address

333 WEST BROADWAY

City

State

Zip Code

Council Bluffs, IA 51503

Purpose of Disbursement

BANK FEE

001
Category/
Type

Amount of Each Disbursement this Period

12.00

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▶

State:

District:

SUBTOTAL of Disbursements This Page (optional) ▲

36.00

TOTAL This Period (last page this line number only) ▲

14031154347

**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)						PAGE 3 OF 4				
	<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

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)
AMERISTAR PAC

Full Name (Last, First, Middle Initial) A. AMERICAN NATIONAL BANK		Date of Disbursement MM / DD / YYYY 07 / 16 / 2013
Mailing Address 333 WEST BROADWAY		Amount of Each Disbursement this Period 12.00
City Council Bluffs, IA 51503	State Zip Code	
Purpose of Disbursement BANK FEE	001	Category/ Type
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) B. AMERICAN NATIONAL BANK		Date of Disbursement MM / DD / YYYY 08 / 09 / 2013
Mailing Address 333 WEST BROADWAY		Amount of Each Disbursement this Period 12.00
City Council Bluffs, IA 51503	State Zip Code	
Purpose of Disbursement BANK FEE	001	Category/ Type
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. AMERICAN NATIONAL BANK		Date of Disbursement MM / DD / YYYY 09 / 13 / 2013
Mailing Address 333 WEST BROADWAY		Amount of Each Disbursement this Period 12.00
City Council Bluffs, IA 51503	State Zip Code	
Purpose of Disbursement BANK FEE	001	Category/ Type
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)	▲	36.00
TOTAL This Period (last page this line number only)	▲	

14031154348

**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)						PAGE 4 OF 4	
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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)
AMERISTAR PAC

14031154349

Full Name (Last, First, Middle Initial) A. AMERICAN NATIONAL BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2013	
Mailing Address 333 WEST BROADWAY		Amount of Each Disbursement this Period 12.00	
City State Zip Code Council Bluffs, IA 51503		Category/Type 001	
Purpose of Disbursement BANK FEE			
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) B. AMERICAN NATIONAL BANK		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2013	
Mailing Address 333 WEST BROADWAY		Amount of Each Disbursement this Period 12.00	
City State Zip Code Council Bluffs, IA 51503		Category/Type 001	
Purpose of Disbursement BANK FEE			
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. AMERICAN NATIONAL BANK		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2013	
Mailing Address 333 WEST BROADWAY		Amount of Each Disbursement this Period 12.00	
City State Zip Code Council Bluffs, IA 51503		Category/Type 001	
Purpose of Disbursement BANK FEE			
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)	36.00
TOTAL This Period (last page this line number only)	144.00

**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)						PAGE 1 OF 1				
	<input type="checkbox"/> 21b	<input checked="" 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

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)
AMERISTAR PAC

14031154350

Full Name (Last, First, Middle Initial) A. PINNACLE ENTERTAINMENT PAC		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 2350 KERNER BLVD., SUITE 250		Amount of Each Disbursement this Period 6,488.93
City SAN RAFAEL, CA 94901	State Zip Code	
Purpose of Disbursement	24G Category/ Type	
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) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/ Type	
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 M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/ Type	
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)	▲	6,488.93
TOTAL This Period (last page this line number only)	▲	6,488.93

**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)

PAGE 1 OF 6

<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

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)
AMERISTAR PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS FOR DIX

Date of Disbursement

M M / D D / Y Y Y Y
01 / 09 / 2013

Mailing Address

317 S WALNUT

City

State

Zip Code

Shell Rock, IA 50670

Amount of Each Disbursement this Period

1,500.00

Purpose of Disbursement

011
Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▶

State: IA

District:

Full Name (Last, First, Middle Initial)

B. MCCARTHY FOR STATE REPRESENTATIVE/MCCARTHY FOR IOWA

Date of Disbursement

M M / D D / Y Y Y Y
01 / 09 / 2013

Mailing Address

5220 SE 31ST COURT

City

State

Zip Code

Des Moines, IA 50320

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement

011
Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▶

State: IA

District:

Full Name (Last, First, Middle Initial)

C. GOVERNOR BRANSTAD COMMITTEE

Date of Disbursement

M M / D D / Y Y Y Y
01 / 10 / 2013

Mailing Address

PO BOX 268

City

State

Zip Code

Brooklyn, IA 52211

Amount of Each Disbursement this Period

1,000.00

Purpose of Disbursement

011
Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▶

State: IA

District:

SUBTOTAL of Disbursements This Page (optional) ▲

3,000.00

TOTAL This Period (last page this line number only) ▲

14031154351

**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)

PAGE 2 OF 6

<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

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)
AMERISTAR PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. CITIZENS FOR GRONSTAL

M M / D D / Y Y Y Y
01 13 2013

Mailing Address

220 BENNETT AVENUE #1612

City

State

Zip Code

Council Bluffs, IA 51503

Amount of Each Disbursement this Period

Purpose of Disbursement

2,000.00

011
Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▶

State: IA

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. PEOPLE FOR PAM JOCHUM

M M / D D / Y Y Y Y
01 13 2013

Mailing Address

2368 JACKSON ST.

City

State

Zip Code

Dubuque, IA 52001

Amount of Each Disbursement this Period

Purpose of Disbursement

1,000.00

011
Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▶

State: IA

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. COURTNEY FOR STATE COMMISSIONER

M M / D D / Y Y Y Y
07 16 2013

Mailing Address

2200 SUMMER STREET

City

State

Zip Code

Burlington, IA 52601

Amount of Each Disbursement this Period

Purpose of Disbursement

500.00

011
Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▶

State: IA

District:

SUBTOTAL of Disbursements This Page (optional) ▲

3,500.00

TOTAL This Period (last page this line number only) ▲

14031154352

**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

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)
AMERISTAR PAC

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO ELECT MATT WALSH

Date of Disbursement

M M / D D / Y Y Y Y
07 22 2013

Mailing Address

1514 SKYLINE DRIVE

City

State

Zip Code

Council Bluffs, IA 51503

Purpose of Disbursement

Amount of Each Disbursement this Period

500.00

011
Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▶

State: IA

District:

Full Name (Last, First, Middle Initial)

B. PEOPLE FOR PAM JOCHUM

Date of Disbursement

M M / D D / Y Y Y Y
07 22 2013

Mailing Address

2368 JACKSON ST.

City

State

Zip Code

Dubuque, IA 52001

Purpose of Disbursement

Amount of Each Disbursement this Period

1,000.00

011
Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▶

State: IA

District:

Full Name (Last, First, Middle Initial)

C. UPMEYER FOR HOUSE

Date of Disbursement

M M / D D / Y Y Y Y
07 22 2013

Mailing Address

2175 PINE AVE.

City

State

Zip Code

Garner, IA 50438

Purpose of Disbursement

Amount of Each Disbursement this Period

1,000.00

011
Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▶

State: IA

District:

SUBTOTAL of Disbursements This Page (optional) ▲

2,500.00

TOTAL This Period (last page this line number only) ▲

14031154353

**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)						PAGE 4 OF 6				
	<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29

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)
AMERISTAR PAC

Full Name (Last, First, Middle Initial) A. MARK SMITH FOR IOWA HOUSE		Date of Disbursement MM / DD / YYYY 08 / 09 / 2013	
Mailing Address 816 ROBERTS TERRACE		Amount of Each Disbursement this Period 500.00	
City State Zip Code Marshalltown, IA 50158		Category/Type 011	
Purpose of Disbursement		Candidate Name NON-FEDERAL CONTRIBUTION	
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: IA District:	

Full Name (Last, First, Middle Initial) B. TODD TAYLOR FOR REPRESENTATIVE		Date of Disbursement MM / DD / YYYY 08 / 09 / 2013	
Mailing Address 1416 A AVE NW		Amount of Each Disbursement this Period 200.00	
City State Zip Code Cedar Rapids, IA 51405		Category/Type 011	
Purpose of Disbursement		Candidate Name NON-FEDERAL CONTRIBUTION	
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: IA District:	

Full Name (Last, First, Middle Initial) C. PAULSEN FOR STATE HOUSE		Date of Disbursement MM / DD / YYYY 08 / 21 / 2013	
Mailing Address PO BOX 250		Amount of Each Disbursement this Period 1,500.00	
City State Zip Code Haiwatha, IA 52233		Category/Type 011	
Purpose of Disbursement		Candidate Name NON-FEDERAL CONTRIBUTION	
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: IA District:	

SUBTOTAL of Disbursements This Page (optional)	2,200.00
TOTAL This Period (last page this line number only)	

14031154354

**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)						PAGE 5 OF 6	
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b		

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)
AMERISTAR PAC

Full Name (Last, First, Middle Initial) A. CITIZENS FOR BRIAN MEYER		Date of Disbursement MM / DD / YYYY 10 / 08 / 2013
Mailing Address 5417 S.E. 29TH STREET		Amount of Each Disbursement this Period 200.00
City Des Moines, IA	State IA	
Zip Code 50320		011 Category/ Type
Purpose of Disbursement		
Candidate Name NON-FEDERAL CONTRIBUTION		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District:	

Full Name (Last, First, Middle Initial) B. IOWANS FOR MARY ANN HANUSA		Date of Disbursement MM / DD / YYYY 10 / 08 / 2013
Mailing Address 121 FOX HAVEN		Amount of Each Disbursement this Period 200.00
City Council Bluffs, IA	State IA	
Zip Code 51503		011 Category/ Type
Purpose of Disbursement		
Candidate Name NON-FEDERAL CONTRIBUTION		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District:	

Full Name (Last, First, Middle Initial) C. SENATE MAJORITY FUND		Date of Disbursement MM / DD / YYYY 10 / 16 / 2013
Mailing Address 5661 FLEUR DR.		Amount of Each Disbursement this Period 1,000.00
City Des Moines, IA	State IA	
Zip Code 50321		011 Category/ Type
Purpose of Disbursement		
Candidate Name NON-FEDERAL CONTRIBUTION		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District:	

SUBTOTAL of Disbursements This Page (optional)	▲	1,400.00
TOTAL This Period (last page this line number only)	▲	

14031154355

**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

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)
AMERISTAR PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y
10 / 29 / 2013

A. WIN WITH WINDSCHITL

Mailing Address

222 WEST HURON

City

State

Zip Code

Missouri Valley, IA 51555

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement

011
Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▶

State: IA

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

B.

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▶

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

C.

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▶

State:

District:

SUBTOTAL of Disbursements This Page (optional) ▲

250.00

TOTAL This Period (last page this line number only) ▲

14031154356

14031154357

RT 0
FZ 0

9906
01.20

Extremely Urgent

Page 1 of 1

X-RAYED BY FEC SECURITY



pre
X

From: (415) 389-8800
CATE CASTONGUAY
NIELSEN, MERKSAMER ET AL
2350 KERNER BOULEVARD
SUITE 250
SAN RAFAEL, CA 94941

Origin ID: SRFA

FedEx
Express



J113201302680326

SHIP TO: (202) 694-1100
BILL SENDER
FEDERAL ELECTIONS COMMISSION
FEDERAL ELECTIONS COMMISSION
999 E STREET N W

WASHINGTON, DC 20463

Ship Date: 17JAN14
ActWgt: 1.0 LB
CAD: 2407613INET3430

Delivery Address Bar Code



Ref # 7583.01
Invoice #
PO #
Dept #

Items Only

with the container and
terms and conditions and
applicable FedEx
current FedEx Service

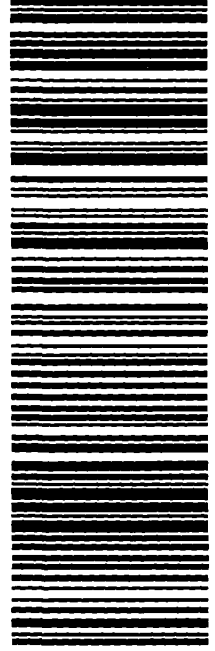
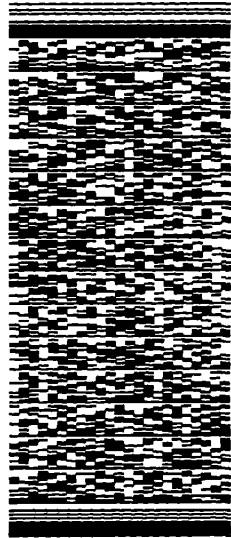
Express services,
go to **fedex.com**,
location.

MON - 20 JAN 10:30A
PRIORITY OVERNIGHT

TRK# 7976 6397 9906

0201

SA RDVA
20463
DC-US
IAD



51AG1/05EC1/AGE

RECEIVED

2014 JAN 22 PM 12:17

FEC MAIL CENTER

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FEDEX</i>	Shipping Date <i>1/17/14</i>
Next Business Day Delivery	<input checked="" type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

QAD
 PREPARER
 (8/2013)

1/22/14
 DATE PREPARED

14031154358