



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Ann Wagner for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	208085.70	1474936.70
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	8200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	208085.70	1466736.70
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	134170.12	688787.98
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	4225.40
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	134170.12	684562.58
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2170753.21	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**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 3 (Revised 12/2003)

Write or Type Committee Name

**Ann Wagner for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	107750.00	741425.00
(ii) Unitemized.....	985.70	2861.70
(iii) TOTAL of contributions from individuals ▶	108735.70	744286.70
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	99350.00	730650.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	208085.70	1474936.70
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	4225.40
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	208085.70	1479162.10

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	134170.12	688787.98
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	7700.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	8200.00
21. OTHER DISBURSEMENTS .....	0.00	13850.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	134170.12	710837.98

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2096837.63
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	208085.70
25. SUBTOTAL (add Line 23 and Line 24).....	2304923.33
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	134170.12
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2170753.21

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JON A. BIERMAN**

Mailing Address 7600 CORNELL AVE.

City State Zip Code  
UNIVERSITY CITY MO 63130-2815

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

Name of Employer Occupation  
POL SINELLI SHAREHOLDER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2016

**Transaction ID : SA11.5578**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 21 LADUE ESTATES DR.

City State Zip Code  
CREVE COEUR MO 63141-8321

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

Name of Employer Occupation  
THOMPSON COBURN ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2016

**Transaction ID : SA11.5579**

Amount of Each Receipt this Period  
1250.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ALAN S. NEMES**

Mailing Address 6940 WATERMAN AVE

City State Zip Code  
SAINT LOUIS MO 63130-4332

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

Name of Employer Occupation  
HUSCH BLACKWELL PARTNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2016

**Transaction ID : SA11.5577**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

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

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

4250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DR. LISA B. RING M.D.**

Mailing Address **155 CARONDELET PLAZA  
SUITE 403**

City **CLAYTON** State **MO** Zip Code **63105-3470**

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

Name of Employer **DERMATOLOGICAL TREATMENT CENTER** Occupation **FOUNDER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 22 / 2016**

**Transaction ID : SA11.5580**

Amount of Each Receipt this Period  
**1250.00**

Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM O. SCHARF**

Mailing Address **155 CARONDELET PLAZA**

City **CLAYTON** State **MO** Zip Code **63105-3479**

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

Name of Employer **HANAWAY FOR GOVERNOR** Occupation **POLICY DIRECTOR AND COUNSEL**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 22 / 2016**

**Transaction ID : SA11.5584**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**WARREN STEMME**

Mailing Address **110 HIGH VALLEY DR.**

City **CHESTERFIELD** State **MO** Zip Code **63017-2767**

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

Name of Employer **STEMME FARMS** Occupation **FARMER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 22 / 2016**

**Transaction ID : SA11.5583**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
**CONTRIBUTION**

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

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

**2750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BLACKFORD BRAUER**

Mailing Address **29 UPPER LADUE ROAD**

City **SAINT LOUIS** State **MO** Zip Code **63124-1676**

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

Name of Employer **HUNTER ENGINEERING** Occupation **VICE PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 24 / 2016**

**Transaction ID : SA11.6155**

Amount of Each Receipt this Period  
**2500.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **7425 PELICAN BAY BLVD  
NO. 1406**

City **NAPLES** State **FL** Zip Code **34108-7599**

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

Name of Employer **N/A** Occupation **RETIRED**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 04 / 2016**

**Transaction ID : SA11.5636**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**DANIEL A. HOF**

Mailing Address **13509 RIVER FOREST PL**

City **ST. LOUIS** State **MO** Zip Code **63128-3285**

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

Name of Employer **HOF LIVING TRUST** Occupation **TRUSTEE**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 04 / 2016**

**Transaction ID : SA11.5637**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
**CONTRIBUTION**

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

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

**3750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**RONALD HOFFMAN**

Mailing Address 19300 DOGWOOD VALLEY CT

City State Zip Code  
GLENCOE MO 63038-1167

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

Name of Employer Occupation  
HUSCH BLACKWELL ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 04 / 2016

**Transaction ID : SA11.5644**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DAVID RICHARD HUMAN**

Mailing Address 37 PORTLAND DR.

City State Zip Code  
SAINT LOUIS MO 63131-3300

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

Name of Employer Occupation  
HUSCH BLACKWELL PARTNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 04 / 2016

**Transaction ID : SA11.5638**

Amount of Each Receipt this Period  
5400.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DAVID RICHARD HUMAN**

Mailing Address 37 PORTLAND DR.

City State Zip Code  
SAINT LOUIS MO 63131-3300

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

Name of Employer Occupation  
HUSCH BLACKWELL PARTNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2016

**Transaction ID : SA11.5638B**

Amount of Each Receipt this Period  
-2700.00

Memo Item  
CONTRIBUTION  
REDESIGNATION TO GENERAL

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

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

5900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DAVID RICHARD HUMAN**

Mailing Address 37 PORTLAND DR.

City SAINT LOUIS State MO Zip Code 63131-3300

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

Name of Employer HUSCH BLACKWELL Occupation PARTNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11.6237**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION  
REDESIGNATION FROM PRIMARY

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

Mailing Address 92 E 1083RD LN

City HULL State IL Zip Code 62343-1015

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

Name of Employer HUSCH BLACKWELL Occupation ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 04 / 2016

**Transaction ID : SA11.5639**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**J. RYAN B. NORTON**

Mailing Address 112 E 1083RD LANE

City HULL State IL Zip Code 62343-

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

Name of Employer HUSCH BLACKWELL Occupation ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 04 / 2016

**Transaction ID : SA11.5640**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. BOB RICHTER**

Mailing Address **PO BOX 98**

City **LA GRANGE** State **MO** Zip Code **63448-0098**

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

Name of Employer **HUSCH BLACKWELL** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 04 / 2016**

**Transaction ID : SA11.5641**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **2777 W CLAY ST**

City **SAINT CHARLES** State **MO** Zip Code **63301-2528**

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

Name of Employer **THE BECK ELDER LAW FIRM** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 07 / 2016**

**Transaction ID : SA11.5871**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**JAMES T. BLAIR IV**

Mailing Address **49 MANDERLEIGH ESTATES CT.**

City **SAINT LOUIS** State **MO** Zip Code **63131-3338**

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

Name of Employer **MONETA GROUP** Occupation **PRINCIPAL**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 07 / 2016**

**Transaction ID : SA11.5887**

Amount of Each Receipt this Period  
**2700.00**

Memo Item  
**CONTRIBUTION**

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

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

**4200.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DOYCE BOESCH**

Mailing Address **4515 W STREET NW**

City **WASHINGTON** State **DC** Zip Code **20007-1513**

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

Name of Employer **SELF-EMPLOYED** Occupation **GOVERNMENT RELATIONS**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 07 / 2016**

**Transaction ID : SA11.5872**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **8025 MARYLAND AVE  
UNIT 14A**

City **CLAYTON** State **MO** Zip Code **63105-3892**

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

Name of Employer **N/A** Occupation **HOMEMAKER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 07 / 2016**

**Transaction ID : SA11.5876**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**BRAD CARD**

Mailing Address **986 HELGA PLACE**

City **MCLEAN** State **VA** Zip Code **22102-2155**

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

Name of Employer **CARD & ASSOCIATES LLC** Occupation **LOBBYIST**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 07 / 2016**

**Transaction ID : SA11.5870**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
**CONTRIBUTION**

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

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

**1750.00**

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

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

FOR LINE NUMBER: PAGE 12 OF 98  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JEFFREY CARMICHAEL**

Mailing Address 448 STABLE VIEW CIR

City CHATTANOOGA State TN Zip Code 37405-1238

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

Name of Employer ROCKBRIDGE ADVISORS LLC Occupation CPA

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2016

**Transaction ID : SA11.5873**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DANIEL L. COLE**

Mailing Address 29 PONCE CT

City LAKE SAINT LOUIS State MO Zip Code 63367-1611

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

Name of Employer NATIONAL RENT-TO-OWN Occupation OWNER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2016

**Transaction ID : SA11.5880**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**EDITH CUNNANE**

Mailing Address 60 SEAGATE DR.  
NO. P106

City NAPLES State FL Zip Code 34103-2402

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2016

**Transaction ID : SA11.5869**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

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

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

3750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DIANE G. FREDMAN**

Mailing Address **8121 AMHERST AVE**

City **SAINT LOUIS** State **MO** Zip Code **63130-3606**

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

Name of Employer **N/A** Occupation **HOMEMAKER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 07 / 2016**

**Transaction ID : SA11.5868**

Amount of Each Receipt this Period  
**1250.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **12 GOLDWIN LANE**

City **LADUE** State **MO** Zip Code **63124-1542**

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

Name of Employer **RGF** Occupation **AUDITOR**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 07 / 2016**

**Transaction ID : SA11.5886**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**MS. MEGAN HAUCK**

Mailing Address **133 DUDDINGTON PL SE**

City **WASHINGTON** State **DC** Zip Code **20003-2625**

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

Name of Employer **NATHANSON AND HAUCK** Occupation **PARTNER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 09 / 2016**

**Transaction ID : SA11.5956**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
**CONTRIBUTION**

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

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

**2500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**STEVEN TRULASKE SR.**

Mailing Address **7700 FORSYTH BLVD  
SUITE 1220**

City **SAINT LOUIS** State **MO** Zip Code **63105-1819**

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

Name of Employer **TRUE MANUFACTURING COMPANY** Occupation **PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 09 / 2016**

**Transaction ID : SA11.6157**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**JAMES K. MCATEE**

Mailing Address **205 BLACKMER PLACE**

City **SAINT LOUIS** State **MO** Zip Code **63119-3622**

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

Name of Employer **WELLS FARGO ADVISORS** Occupation **FINANCIAL ADVISOR**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 10 / 2016**

**Transaction ID : SA11.6094**

Amount of Each Receipt this Period  
**2700.00**

Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**HUNTON & WILLIAMS**

Mailing Address **RIVERFRONT PLAZA, EAST TOWER  
951 EAST BYRD STREET**

City **RICHMOND** State **VA** Zip Code **23219-4040**

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 11 / 2016**

**Transaction ID : SA11.6228**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
**CONTRIBUTION**  
**PARTNERSHIP ATTRIBUTION REQUEST**

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

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

**4700.00**

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

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

FOR LINE NUMBER: PAGE 15 OF 98  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**SUSAN E. ECKELKAMP**

Mailing Address P.O. BOX 330

City SAINT ALBANS State MO Zip Code 63073-0330

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

Name of Employer SELF-EMPLOYED Occupation CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 14 / 2016**

**Transaction ID : SA11.6117**

Amount of Each Receipt this Period  
**2700.00**

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**STEPHEN G. HAMILTON**

Mailing Address 13050 THORNHILL DRIVE

City SAINT LOUIS State MO Zip Code 63131-1715

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

Name of Employer CSI LEASING Occupation CEO & PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 14 / 2016**

**Transaction ID : SA11.6100**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JAMES M. HAVEL**

Mailing Address 9 MANDERLEIGH EST

City SAINT LOUIS State MO Zip Code 63131-3338

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

Name of Employer EXPRESS SCRIPTS Occupation EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 14 / 2016**

**Transaction ID : SA11.6119**

Amount of Each Receipt this Period  
**5400.00**

Memo Item  
CONTRIBUTION  
SEE REATTRIBUTION

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

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

**9100.00**

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

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

FOR LINE NUMBER: PAGE 16 OF 98  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES M. HAVEL**

Mailing Address 9 MANDERLEIGH EST

City SAINT LOUIS State MO Zip Code 63131-3338

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

Name of Employer EXPRESS SCRIPTS Occupation EXECUTIVE

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : SA11.6119B**

Amount of Each Receipt this Period  
 -2000.00

Memo Item  
 CONTRIBUTION  
 REATTRIBUTION TO SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
**JAMES M. HAVEL**

Mailing Address 9 MANDERLEIGH EST

City SAINT LOUIS State MO Zip Code 63131-3338

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

Name of Employer EXPRESS SCRIPTS Occupation EXECUTIVE

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : SA11.6248B**

Amount of Each Receipt this Period  
 -2700.00

Memo Item  
 CONTRIBUTION  
 REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**JAMES M. HAVEL**

Mailing Address 9 MANDERLEIGH EST

City SAINT LOUIS State MO Zip Code 63131-3338

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

Name of Employer EXPRESS SCRIPTS Occupation EXECUTIVE

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : SA11.6250**

Amount of Each Receipt this Period  
 2700.00

Memo Item  
 CONTRIBUTION  
 REDESIGNATION FROM PRIMARY

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MARY BETH HAVEL**

Mailing Address **9 MANDERLEIGH EST**

City **FRONTENAC** State **MO** Zip Code **63131-3338**

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

Name of Employer **N/A** Occupation **HOMEMAKER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 14 / 2016**

**Transaction ID : SA11.6247**

Amount of Each Receipt this Period  
**2000.00**

Memo Item  
**CONTRIBUTION**  
**REATTRIBUTION FROM SPOUSE**

**B.** Full Name (Last, First, Middle Initial)  
**NANCY L. SCHNUCK**

Mailing Address **26 CARRSWOLD DR**

City **CLAYTON** State **MO** Zip Code **63105-2913**

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

Name of Employer **SCHNUCK'S MARKETS INC** Occupation **EXECUTIVE**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 14 / 2016**

**Transaction ID : SA11.6116**

Amount of Each Receipt this Period  
**5400.00**

Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**NANCY L. SCHNUCK**

Mailing Address **26 CARRSWOLD DR**

City **CLAYTON** State **MO** Zip Code **63105-2913**

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

Name of Employer **SCHNUCK'S MARKETS INC** Occupation **EXECUTIVE**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 14 / 2016**

**Transaction ID : SA11.6116B**

Amount of Each Receipt this Period  
**-2700.00**

Memo Item  
**CONTRIBUTION**  
**REDESIGNATION TO GENERAL**

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

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

**5400.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**NANCY L. SCHNUCK**

Mailing Address **26 CARRSWOLD DR**

City **CLAYTON** State **MO** Zip Code **63105-2913**

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

Name of Employer **SCHNUCK'S MARKETS INC** Occupation **EXECUTIVE**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 14 / 2016**

**Transaction ID : SA11.6122**

Amount of Each Receipt this Period  
**2700.00**

Memo Item  
**CONTRIBUTION**  
**REDESIGNATION FROM PRIMARY**

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

Mailing Address **2624 BOPP RD**

City **SAINT LOUIS** State **MO** Zip Code **63131-3219**

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

Name of Employer **BKD, LLP** Occupation **CPA**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 17 / 2016**

**Transaction ID : SA11.6127**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**JOHN M. QUALY**

Mailing Address **13 BRENTMOOR PARK**

City **SAINT LOUIS** State **MO** Zip Code **63105-3067**

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

Name of Employer **N/A** Occupation **RETIRED**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 17 / 2016**

**Transaction ID : SA11.6131**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
**CONTRIBUTION**

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

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

**1000.00**

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 19 OF 98

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**PAUL VOGEL**

Mailing Address 25 DEERFIELD RD

City SAINT LOUIS State MO Zip Code 63124-1412

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

Name of Employer ARGOS PARTNERS LLC Occupation EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2016

**Transaction ID : SA11.6128**

Amount of Each Receipt this Period  
 7100.00

Memo Item  
 CONTRIBUTION  
 SEE REATTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**LYNN ANN VOGEL**

Mailing Address 25 DEERFIELD ROAD

City SAINT LOUIS State MO Zip Code 63124-1412

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

Name of Employer VOGEL LAW OFFICE LLC Occupation ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2016

**Transaction ID : SA11.6129**

Amount of Each Receipt this Period  
 4400.00

Memo Item  
 CONTRIBUTION  
 REATTRIBUTION FROM SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**PAUL VOGEL**

Mailing Address 25 DEERFIELD RD

City SAINT LOUIS State MO Zip Code 63124-1412

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

Name of Employer ARGOS PARTNERS LLC Occupation EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2016

**Transaction ID : SA11.6128B**

Amount of Each Receipt this Period  
 -4400.00

Memo Item  
 CONTRIBUTION  
 REATTRIBUTION TO SPOUSE

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

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

7100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT O'LOUGHLIN**

Mailing Address 111 W PORT PLAZA  
SUITE 500

City ST. LOUIS State MO Zip Code 63146-3015

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

Name of Employer LHM Occupation CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2016

**Transaction ID : SA11.6151**

Amount of Each Receipt this Period  
 2700.00

Memo Item  
CONTRIBUTION

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

Mailing Address 9256 CADDYSHACK CIRCLE

City SAINT LOUIS State MO Zip Code 63127-1932

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

Name of Employer PROSTHETIC & ORTHOTIC CARE, INC. Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2016

**Transaction ID : SA11.6152**

Amount of Each Receipt this Period  
 500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOHN FOX ARNOLD**

Mailing Address 7399 PERSHING AVE  
APT A

City SAINT LOUIS State MO Zip Code 63130-4222

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

Name of Employer LASHLY, BAER, ET AL. Occupation ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2016

**Transaction ID : SA11.6139**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
CONTRIBUTION

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

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

4200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**STEPHEN F. BRAUER**

Mailing Address 11250 HUNTER DR.

City BRIDGETON State MO Zip Code 63044-2306

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

Name of Employer HUNTER ENGINEERING Occupation CHAIRMAN & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2016

**Transaction ID : SA11.6134**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

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

Mailing Address 123 GARDNER PL

City SAINT CHARLES State MO Zip Code 63301-4582

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

Name of Employer PATRIOT MACHINES Occupation PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2016

**Transaction ID : SA11.6135**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PAUL FLEISCHUT**

Mailing Address 16 BAYSWATER ROAD

City ST. LOUIS State MO Zip Code 63128-2617

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

Name of Employer SENNIGER POWERS LLP Occupation PATENT ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2016

**Transaction ID : SA11.6136**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

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

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

5900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CHARLES P. GALLAGHER**

Mailing Address 880 DELVIN DR.

City SAINT LOUIS State MO Zip Code 63141-8831

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

Name of Employer UNITED FRUIT & PRODUCE Occupation EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2016

**Transaction ID : SA11.6138**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. DAVID S. GROSSMAN**

Mailing Address 403 HAWTHORNE AVE

City SAINT LOUIS State MO Zip Code 63119-2513

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

Name of Employer GROSSMAN IRON & STEEL Occupation PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2016

**Transaction ID : SA11.6140**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL B. HICKS**

Mailing Address 4567 W PINE BLVD  
NO. 507

City ST. LOUIS State MO Zip Code 63108-2168

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

Name of Employer MALLINCKRODT PHARMACEUTICALS Occupation ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2016

**Transaction ID : SA11.6132**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**GORDON KINNE**

Mailing Address 4500 E FARM ROAD 148

City State Zip Code  
SPRINGFIELD MO 65809-2991

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

Name of Employer Occupation  
MED-PAY, INC. PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 21 / 2016

**Transaction ID : SA11.6153**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM S. MARITZ**

Mailing Address 10 SUNNINGDALE DR.

City State Zip Code  
SAINT LOUIS MO 63124-1624

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

Name of Employer Occupation  
MARITZ HOLDINGS CHAIRMAN & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 21 / 2016

**Transaction ID : SA11.6142**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM S. MARITZ**

Mailing Address 10 SUNNINGDALE DR.

City State Zip Code  
SAINT LOUIS MO 63124-1624

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

Name of Employer Occupation  
MARITZ HOLDINGS CHAIRMAN & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 22 / 2016

**Transaction ID : SA11.6142B**

Amount of Each Receipt this Period  
-1300.00

Memo Item  
CONTRIBUTION  
REDESIGNATION TO GENERAL

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM S. MARITZ**

Mailing Address 10 SUNNINGDALE DR.

City SAINT LOUIS State MO Zip Code 63124-1624

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

Name of Employer MARITZ HOLDINGS Occupation CHAIRMAN & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 22 / 2016

**Transaction ID : SA11.6149**

Amount of Each Receipt this Period  
1300.00

Memo Item  
CONTRIBUTION  
REDESIGNATION FROM PRIMARY

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

Mailing Address 5545 LINDELL BLVD

City SAINT LOUIS State MO Zip Code 63112-1015

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

Name of Employer B.S.I CONSTRUCTION Occupation CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2016

**Transaction ID : SA11.6141**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOSEPH SHAUGHNESSY**

Mailing Address 5545 LINDELL BLVD

City SAINT LOUIS State MO Zip Code 63112-1015

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

Name of Employer B.S.I CONSTRUCTION Occupation CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 22 / 2016

**Transaction ID : SA11.6141B**

Amount of Each Receipt this Period  
-1000.00

Memo Item  
CONTRIBUTION  
REDESIGNATION TO GENERAL

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOSEPH SHAUGHNESSY**

Mailing Address 5545 LINDELL BLVD

City SAINT LOUIS State MO Zip Code 63112-1015

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

Name of Employer B.S.I CONSTRUCTION Occupation CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 22 / 2016

**Transaction ID : SA11.6147**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 CONTRIBUTION  
 REDESIGNATION FROM PRIMARY

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

Mailing Address 7777 BONHOMME AVE  
STE 1210

City SAINT LOUIS State MO Zip Code 63105-1911

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

Name of Employer DFC GROUP Occupation PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2016

**Transaction ID : SA11.6133**

Amount of Each Receipt this Period  
 2700.00

Memo Item  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**STEPHEN WALTMAN**

Mailing Address 35 FRONTENAC ESTATES DR.

City SAINT LOUIS State MO Zip Code 63131-2615

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2016

**Transaction ID : SA11.6137**

Amount of Each Receipt this Period  
 2000.00

Memo Item  
 CONTRIBUTION

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

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

4700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**STEPHEN WALTMAN**

Mailing Address 35 FRONTENAC ESTATES DR.

City SAINT LOUIS	State MO	Zip Code 63131-2615
---------------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 22 / 2016

**Transaction ID : SA11.6137B**

Amount of Each Receipt this Period  
-1000.00

Memo Item  
CONTRIBUTION  
REDESIGNATION TO GENERAL

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

Mailing Address 35 FRONTENAC ESTATES DR.

City SAINT LOUIS	State MO	Zip Code 63131-2615
---------------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 22 / 2016

**Transaction ID : SA11.6145**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION  
REDESIGNATION FROM PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**JULIE HILL**

Mailing Address 2442 WHITE STABLE RD

City ST. LOUIS	State MO	Zip Code 63131-1122
-------------------	-------------	------------------------

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

Name of Employer GLIMMA AMERICAS	Occupation SALES OWNER
-------------------------------------	---------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 22 / 2016

**Transaction ID : SA11.6154**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

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

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**GEORGE J. HRUZA**

Mailing Address **6 AMES PLACE DRIVE**

City **SAINT LOUIS** State **MO** Zip Code **63124-1736**

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

Name of Employer **LASER DERMATOLOGIC SURGERY CTR.** Occupation **PHYSICIAN**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 22 / 2016**

**Transaction ID : SA11.6150**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **801 CRAIG FOREST LN**

City **SAINT LOUIS** State **MO** Zip Code **63122-5567**

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

Name of Employer **EMMIS COMMUNICATIONS CORP.** Occupation **SENIOR VP & GENERAL MANAGER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 25 / 2016**

**Transaction ID : SA11.6160**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**F. GILBERT BICKEL**

Mailing Address **30 HUNTLEIGH WOODS**

City **SAINT LOUIS** State **MO** Zip Code **63131-4813**

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

Name of Employer **WELLS FARGO** Occupation **SENIOR VICE PRESIDENT- INVESTMENTS**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 25 / 2016**

**Transaction ID : SA11.6159**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
**CONTRIBUTION**

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

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

**1750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**TIMOTHY DRURY**

Mailing Address 15 SQUIRES LN

City SAINT LOUIS State MO Zip Code 63131-4811

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

Name of Employer DRURY DEVELOPMENT CORP. Occupation PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2016

**Transaction ID : SA11.6165**

Amount of Each Receipt this Period  
 2500.00

Memo Item  
 CONTRIBUTION  
 SEE REATTRIBUTION

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

Mailing Address 15 SQUIRES LN

City SAINT LOUIS State MO Zip Code 63131-4811

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2016

**Transaction ID : SA11.6166**

Amount of Each Receipt this Period  
 2100.00

Memo Item  
 CONTRIBUTION  
 REATTRIBUTION FROM SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**TIMOTHY DRURY**

Mailing Address 15 SQUIRES LN

City SAINT LOUIS State MO Zip Code 63131-4811

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

Name of Employer DRURY DEVELOPMENT CORP. Occupation PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2016

**Transaction ID : SA11.6165B**

Amount of Each Receipt this Period  
 -2100.00

Memo Item  
 CONTRIBUTION  
 REATTRIBUTION TO SPOUSE

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DAVID HOGAN**

Mailing Address 353 CONWAY LAKE DR.

City SAINT LOUIS State MO Zip Code 63141-8114

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

Name of Employer HOGAN TRANSPORT Occupation EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2016

**Transaction ID : SA11.6169**

Amount of Each Receipt this Period  
**2700.00**

Memo Item  
 CONTRIBUTION  
 SEE REATTRIBUTION

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

Mailing Address 353 CONWAY LAKE DRIVE

City SAINT LOUIS State MO Zip Code 63141-8114

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

Name of Employer N/A Occupation COMMUNITY VOLUNTEER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2016

**Transaction ID : SA11.6170**

Amount of Each Receipt this Period  
**600.00**

Memo Item  
 CONTRIBUTION  
 REATTRIBUTION FROM SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**DAVID HOGAN**

Mailing Address 353 CONWAY LAKE DR.

City SAINT LOUIS State MO Zip Code 63141-8114

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

Name of Employer HOGAN TRANSPORT Occupation EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2016

**Transaction ID : SA11.6169B**

Amount of Each Receipt this Period  
**-600.00**

Memo Item  
 CONTRIBUTION  
 REATTRIBUTION TO SPOUSE

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

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

**2700.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

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

Mailing Address 9730 LITZINGER RD

City SAINT LOUIS State MO Zip Code 63124-1058

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

Name of Employer THOMPSON COBURN Occupation ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2016

**Transaction ID : SA11.6167**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BIRCH M. MULLINS**

Mailing Address 201 S WARSON RD

City SAINT LOUIS State MO Zip Code 63124-1207

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

Name of Employer BAUER PROPERTIES Occupation REAL ESTATE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2016

**Transaction ID : SA11.6171**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RONNA POHLMAN**

Mailing Address 6380 ALAMO AVE

City SAINT LOUIS State MO Zip Code 63105-3104

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

Name of Employer DIELMANN SOTHEBYS Occupation SALES

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2016

**Transaction ID : SA11.6174**

Amount of Each Receipt this Period  
600.00

Memo Item  
CONTRIBUTION

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

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

2350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**RONNA POHLMAN**

Mailing Address 6380 ALAMO AVE

City SAINT LOUIS State MO Zip Code 63105-3104

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

Name of Employer **DIELMANN SOTHEBYS** Occupation **SALES**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 28 / 2016**

**Transaction ID : SA11.6175**

Amount of Each Receipt this Period  
**600.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address 290 BELLINGTON LN

City SAINT LOUIS State MO Zip Code 63141-8165

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

Name of Employer **ANDERSON HOAGLAND** Occupation **ADVISOR**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 29 / 2016**

**Transaction ID : SA11.6162**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**DIANE KAVANAUGH**

Mailing Address 701 FEE FEE RD

City MARYLAND HEIGHTS State MO Zip Code 63043-3209

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

Name of Employer **N/A** Occupation **HOMEMAKER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 29 / 2016**

**Transaction ID : SA11.6161**

Amount of Each Receipt this Period  
**2700.00**

Memo Item  
**CONTRIBUTION**

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

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

**3800.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. TOM MCMILLIN**

Mailing Address **17 COUNTRYSIDE LN**

City **FRONTENAC** State **MO** Zip Code **63131-3310**

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

Name of Employer **BKD** Occupation **CPA**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 29 / 2016**

**Transaction ID : SA11.6164**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **918 28TH ST S**

City **ARLINGTON** State **VA** Zip Code **22202-2237**

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

Name of Employer **SELF-EMPLOYED** Occupation **CONSULTANT**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2016**

**Transaction ID : SA11.6186**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**BRIAN SUTTER**

Mailing Address **10 WARSON TER**

City **SAINT LOUIS** State **MO** Zip Code **63124-1678**

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

Name of Employer **PEABODY ENERGY** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2016**

**Transaction ID : SA11.6183**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
**CONTRIBUTION**

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

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

**1750.00**

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

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

FOR LINE NUMBER: PAGE 33 OF 98  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JENNIFER CUNNANE**

Mailing Address 11212 HUNTERS POND RD

City SAINT LOUIS State MO Zip Code 63141-7672

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

Name of Employer N/A Occupation COMMUNITY VOLUNTEER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : SA11.6185**

Amount of Each Receipt this Period  
**2700.00**

Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**MR. PETER G. DULAC**

Mailing Address 6 ROCLARE LN

City ST. LOUIS State MO Zip Code 63131-1129

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

Name of Employer ENTERPRISE HOLDINGS INC. Occupation VICE PRESIDENT NORTH AMERICAN OPER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : SA11.6208**

Amount of Each Receipt this Period  
**2000.00**

Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**MS. MEREDITH FISCHER**

Mailing Address 3 NEWTOWN TERRACE

City NORWALK State CT Zip Code 06851-3020

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

Name of Employer MALLINCKRODT PHARMACEUTICALS Occupation SVP COMMS, PUBLIC POLUC

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : SA11.6223**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
**CONTRIBUTION**

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

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

**4950.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MATTHEW HARBAUGH**

Mailing Address 1106 WHEATON HILL CT

City State Zip Code  
ST. LOUIS MO 63131-1049

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

Name of Employer Occupation  
MALLINCKRODT CFO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2016

**Transaction ID : SA11.6210**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BRIAN J. HOGAN**

Mailing Address 2740 TURNBERRY PARK LN

City State Zip Code  
SAINT LOUIS MO 63131-3040

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

Name of Employer Occupation  
HOGAN MOTOR LEASING, INC. EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2016

**Transaction ID : SA11.6191**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION  
SEE REATTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BRIAN J. HOGAN**

Mailing Address 2740 TURNBERRY PARK LN

City State Zip Code  
SAINT LOUIS MO 63131-3040

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

Name of Employer Occupation  
HOGAN MOTOR LEASING, INC. EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2016

**Transaction ID : SA11.6191B**

Amount of Each Receipt this Period  
-300.00

Memo Item  
CONTRIBUTION  
REATTRIBUTION TO SPOUSE

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**KRISTEN A. HOGAN**

Mailing Address **2740 TURNBERRY PARK LN**

City **SAINT LOUIS** State **MO** Zip Code **63131-3040**

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

Name of Employer **MAC'S DESIGN** Occupation **RETAIL**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : SA11.6245**

Amount of Each Receipt this Period  
**300.00**

Memo Item  
**CONTRIBUTION**  
**REATTRIBUTION FROM SPOUSE**

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROGER D. MILLER**

Mailing Address **8025 MARYLAND AVE  
UNIT 15C**

City **SAINT LOUIS** State **MO** Zip Code **63105-3894**

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

Name of Employer **SELF-EMPLOYED** Occupation **INVESTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : SA11.6238**

Amount of Each Receipt this Period  
**5000.00**

Memo Item  
**CONTRIBUTION**  
**SEE REATTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**REBECCA MILLER**

Mailing Address **8025 MARYLAND AVE  
UNIT 15C**

City **SAINT LOUIS** State **MO** Zip Code **63105-3894**

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

Name of Employer **GP GROUP** Occupation **BUSINESS OWNER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : SA11.6241**

Amount of Each Receipt this Period  
**2100.00**

Memo Item  
**CONTRIBUTION**  
**REATTRIBUTION FROM SPOUSE**

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

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

**5000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ROGER D. MILLER**

Mailing Address 8025 MARYLAND AVE  
UNIT 15C

City SAINT LOUIS State MO Zip Code 63105-3894

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

Name of Employer SELF-EMPLOYED Occupation INVESTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11.6238B**

Amount of Each Receipt this Period  
-2100.00

Memo Item  
CONTRIBUTION  
REATTRIBUTION TO SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROGER D. MILLER**

Mailing Address 8025 MARYLAND AVE  
UNIT 15C

City SAINT LOUIS State MO Zip Code 63105-3894

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

Name of Employer SELF-EMPLOYED Occupation INVESTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11.6242B**

Amount of Each Receipt this Period  
-2700.00

Memo Item  
CONTRIBUTION  
REDESIGNATION TO GENERAL

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROGER D. MILLER**

Mailing Address 8025 MARYLAND AVE  
UNIT 15C

City SAINT LOUIS State MO Zip Code 63105-3894

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

Name of Employer SELF-EMPLOYED Occupation INVESTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11.6244**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION  
REDESIGNATION FROM PRIMARY

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN JAMES O'NEILL**

Mailing Address 620 6TH ST NE

City WASHINGTON State DC Zip Code 20002-5208

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

Name of Employer HARBINGER STRATEGIES Occupation ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11.6235**

Amount of Each Receipt this Period  
 500.00

Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**MS. KATHERINE WALSH**

Mailing Address 1212 4TH ST SE

City WASHINGTON State DC Zip Code 20003-3482

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

Name of Employer REPUBLICAN NATIONAL COMMITTEE Occupation CHIEF OF STAFF

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11.6184**

Amount of Each Receipt this Period  
 500.00

Memo Item  
**CONTRIBUTION**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

1000.00

107750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 98
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**GKN AEROSPACE, INC PAC**

Mailing Address 1150 WEST BRADLEY AVE.

City EL CAJON State CA Zip Code 92020-1504

FEC ID number of contributing federal political committee. **C C00210559**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 09 / 2016

**Transaction ID : SA11.5574**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**HONEYWELL INTERNATIONAL PAC**

Mailing Address 101 CONSTITUTION AVE NW  
SUITE 500 W

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 09 / 2016

**Transaction ID : SA11.5573**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BASF CORPORATION EMPLOYEES PAC**

Mailing Address 100 CAMPUS DRIVE

City FLORHAM PARK State NJ Zip Code 07932-1020

FEC ID number of contributing federal political committee. **C C00340075**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2016

**Transaction ID : SA11.5582**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 98			
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE**

Mailing Address 1401 H STREET NW SUITE 1200

City WASHINGTON State DC Zip Code 20005-2110

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2016

**Transaction ID : SA11.5581**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MASTERCARD INTERNATIONAL INC. EMPLOYEES' PAC**

Mailing Address 2000 PURCHASE ST

City HARRISON State NY Zip Code 10577-2405

FEC ID number of contributing federal political committee. **C** C00410274

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2016

**Transaction ID : SA11.6093**

Amount of Each Receipt this Period  
650.00

Memo Item  
CONTRIBUTION  
FUNDRAISING EXPENSES

**C.** Full Name (Last, First, Middle Initial)  
**HUSCH BLACKWELL POLITICAL ACTION COMMITTEE**

Mailing Address 4801 MAIN STREET SUITE 1000

City KANSAS CITY State MO Zip Code 64112-2551

FEC ID number of contributing federal political committee. **C** C00424382

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 04 / 2016

**Transaction ID : SA11.5642**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

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

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

4150.00

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

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

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(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
ACADEMY OF NUTRITION AND DIETETICS' POLITICAL ACTION COMMITTEE (ANDPAC)

Mailing Address 1120 CONNECTICUT AVE NW  
STE 480

City WASHINGTON State DC Zip Code 20036-3989

FEC ID number of contributing federal political committee. **C** C00143560

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 14 / 2016

**Transaction ID : SA11.6118**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
AIRCRAFT OWNERS AND PILOTS PAC

Mailing Address 421 AVIATION WAY

City FREDERICK State MD Zip Code 21701-4756

FEC ID number of contributing federal political committee. **C** C70004585

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 14 / 2016

**Transaction ID : SA11.6103**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
AMERISOURCEBERGEN CORPORATION POLITICAL ACTION COMMITTEE (AB)

Mailing Address 1300 MORRIS DRIVE  
SUITE 100

City CHESTERBROOK State PA Zip Code 19087-5559

FEC ID number of contributing federal political committee. **C** C00400929

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 14 / 2016

**Transaction ID : SA11.6111**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 41 OF 98  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BRYAN CAVE LLP POLITICAL FUND**

Mailing Address 1155 F STREET NW

City State Zip Code  
WASHINGTON DC 20004-1312

FEC ID number of contributing federal political committee. **C C00332643**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : SA11.6104**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CHEVRON EMPLOYEES POLITICAL ACTION COMMITTEE - CHEVRON CORPO**

Mailing Address 6101 BOLLINGER CANYON ROAD  
ROOM 3418

City State Zip Code  
SAN RAMON CA 94583-5177

FEC ID number of contributing federal political committee. **C C00035006**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : SA11.6107**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CROWELL & MORING LLP PAC C&M PAC**

Mailing Address C/O ASHLEY BAILEY  
1001 PENNSYLVANIA AVE NW

City State Zip Code  
WASHINGTON DC 20004-2505

FEC ID number of contributing federal political committee. **C C00574368**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : SA11.6108**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

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

2000.00

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

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

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(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ELEKTA HOLDINGS US PAC**

Mailing Address 400 PERIMETER CENTER TERRACE  
SUITE 50

City ATLANTA State GA Zip Code 30346-1227

FEC ID number of contributing federal political committee. **C C00570895**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : SA11.6102**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MALLINCKRODT LLC PAC**

Mailing Address 601 PENNSYLVANIA AVE NW  
SUITE 650

City WASHINGTON State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C C00569152**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : SA11.6101**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL APARTMENT ASSOCIATION PAC**

Mailing Address 4300 WILSON BLVD.  
SUITE 400

City ARLINGTON State VA Zip Code 22203-4168

FEC ID number of contributing federal political committee. **C C00113241**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : SA11.6109**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 98
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS, INC.**

Mailing Address 1875 STREET NW  
SUITE 600

City WASHINGTON State DC Zip Code 20006-

FEC ID number of contributing federal political committee. **C C00303339**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 14 / 2016**

**Transaction ID : SA11.6114**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NEMPAC-NATIONAL EMERGENCY MEDICINE PAC**

Mailing Address 1125 EXECUTIVE CIRCLE

City IRVING State TX Zip Code 75038-2522

FEC ID number of contributing federal political committee. **C C00140061**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 14 / 2016**

**Transaction ID : SA11.6105**

Amount of Each Receipt this Period  
**1500.00**

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PACIFIC LIFE INSURANCE COMPANY PAC**

Mailing Address 700 NEWPORT CENTER DR.

City NEWPORT BEACH State CA Zip Code 92660-6307

FEC ID number of contributing federal political committee. **C C00068528**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 14 / 2016**

**Transaction ID : SA11.6110**

Amount of Each Receipt this Period  
**1500.00**

Memo Item  
CONTRIBUTION

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

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

**4000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 98
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**PRICewaterhouseCOOPERS POLITICAL ACTION COMMITTEE I**

Mailing Address 600 13TH STREET NW  
SUITE 1000

City WASHINGTON State DC Zip Code 20005-3005

FEC ID number of contributing federal political committee. **C C00107235**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : SA11.6115**

Amount of Each Receipt this Period  
3000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 1150 18TH ST., NW, NO. 600

City WASHINGTON State DC Zip Code 20036-3843

FEC ID number of contributing federal political committee. **C C00345793**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : SA11.6106**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENT**

Mailing Address 700 13TH ST., NW  
SUITE 350

City WASHINGTON State DC Zip Code 20005-6621

FEC ID number of contributing federal political committee. **C C00010470**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : SA11.6113**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

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

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

6000.00

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

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

FOR LINE NUMBER: PAGE 45 OF 98  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**VERIZON COMMUNICATIONS INC./VERIZON WIRELESS GOOD GOVERNMENT**

Mailing Address 1300 I ST NW  
STE 400 WEST

City WASHINGTON State DC Zip Code 20005-3314

FEC ID number of contributing federal political committee. **C C00186288**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : SA11.6112**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

Mailing Address 101 CONSTITUTION AVE. NW  
SUITE 500 WEST

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2016

**Transaction ID : SA11.6143**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMM**

Mailing Address 1061 AMERICAN LANE

City SCHAUMBURG State IL Zip Code 60173-4973

FEC ID number of contributing federal political committee. **C C00255752**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2016

**Transaction ID : SA11.6172**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

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

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

8000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 98
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMI**

Mailing Address 1061 AMERICAN LANE

City State Zip Code  
SCHAUMBURG IL 60173-4973

FEC ID number of contributing federal political committee. **C C00255752**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 28 / 2016

**Transaction ID : SA11.6173**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

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

Mailing Address ONE CITY PLACE

City State Zip Code  
SAINT LOUIS MO 63101-1311

FEC ID number of contributing federal political committee. **C C00167668**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 28 / 2016

**Transaction ID : SA11.6168**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**POLSINELLI PAC**

Mailing Address 700 W. 47TH STREET  
SUITE 1000

City State Zip Code  
KANSAS CITY MO 64112-1805

FEC ID number of contributing federal political committee. **C C00445981**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 28 / 2016

**Transaction ID : SA11.6176**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 98
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A. REAL ESTATE ROUNDTABLE PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 801 PENNSYLVANIA AVE  
SUITE 720

City WASHINGTON State DC Zip Code 20004-2686

FEC ID number of contributing federal political committee. **C C00033779**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 28 / 2016

**Transaction ID : SA11.6177**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. NIKE INC FEDERAL POLITICAL ACTION COMMITTEE (NIKE**

Full Name (Last, First, Middle Initial)  
Mailing Address ONE BOWERMAN DR

City BEAVERTON State OR Zip Code 97005-0979

FEC ID number of contributing federal political committee. **C C00142786**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2016

**Transaction ID : SA11.6251**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C. AMEREN FED PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1331 PENNSYLVANIA AVE, NW  
SUITE 550S

City WASHINGTON State DC Zip Code 20004-1710

FEC ID number of contributing federal political committee. **C C00206136**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2016

**Transaction ID : SA11.6189**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 48 OF 98  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AMERIPRISE FINANCIAL INC. POLITICAL ACTION COMMITTEE (AMERIP**

Mailing Address 101 CONSTITUTION AVE. NW  
SUITE 912 WEST

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00414474**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11.6202**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 208 S. AKARD STREET  
SUITE 2701

City DALLAS State TX Zip Code 75202-4206

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11.6192**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 208 S. AKARD STREET  
SUITE 2701

City DALLAS State TX Zip Code 75202-4206

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11.6193**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 49 OF 98  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BANK OF AMERICA CORPORATION FEDERAL PAC**

Mailing Address 1455 PENNSYLVANIA AVE NW SUITE 950  
DC8-455-09-01

City WASHINGTON State DC Zip Code 20004-1043

FEC ID number of contributing federal political committee. **C C00364778**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11.6197**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DAVITA HEALTHCARE PARTNERS, INC. PAC**

Mailing Address 32275 32ND AVE, S.

City FEDERAL WAY State WA Zip Code 98001-9616

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11.6209**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DRS TECHNOLOGIES INC. PAC**

Mailing Address 2345 CRYSTAL DRIVE  
SUITE 1000

City ARLINGTON State VA Zip Code 22202-4801

FEC ID number of contributing federal political committee. **C C00275123**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11.6234**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 98
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**EDWARDS LIFESCIENCES PAC**

Mailing Address **ONE EDWARDS WAY**

City **IRVINE** State **CA** Zip Code **92614-5688**

FEC ID number of contributing federal political committee. **C C00411900**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : SA11.6204**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**EXXON MOBIL CORPORATION POLITICAL ACTION COMMITTEE (EXXONMOB**

Mailing Address **P.O. BOX 20503**

City **INDIANAPOLIS** State **IN** Zip Code **46220-0503**

FEC ID number of contributing federal political committee. **C C00121368**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **6500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : SA11.6195**

Amount of Each Receipt this Period  
**1500.00**

Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLI**

Mailing Address **20 F STREET NW  
SUITE 610**

City **WASHINGTON** State **DC** Zip Code **20001-6707**

FEC ID number of contributing federal political committee. **C C00022343**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : SA11.6190**

Amount of Each Receipt this Period  
**2500.00**

Memo Item  
**CONTRIBUTION**

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

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

**5000.00**

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

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

FOR LINE NUMBER: PAGE 51 OF 98  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLI**  
 Mailing Address **20 F. STREET NW SUITE 610**  
 City State Zip Code  
**WASHINGTON DC 20001-6707**  
 FEC ID number of contributing federal political committee. **C C00022343**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 31 2016**  
**Transaction ID : SA11.6201**  
 Amount of Each Receipt this Period  
**2500.00**  
 Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION CO**  
 Mailing Address **1615 L STREET, NW SUITE 900**  
 City State Zip Code  
**WASHINGTON DC 20036-5623**  
 FEC ID number of contributing federal political committee. **C C00032698**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**7500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 31 2016**  
**Transaction ID : SA11.6230**  
 Amount of Each Receipt this Period  
**2000.00**  
 Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**LIBERTY MUTUAL INSURANCE CO POLITICAL ACTION COMMITTEE**  
 Mailing Address **175 BERKELEY STREET**  
 City State Zip Code  
**BOSTON MA 02116-5066**  
 FEC ID number of contributing federal political committee. **C C00171843**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**4000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 31 2016**  
**Transaction ID : SA11.6206**  
 Amount of Each Receipt this Period  
**1000.00**  
 Memo Item  
**CONTRIBUTION**

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

**5500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 98
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MAJORITY COMMITTEE PAC--MC PAC**

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389-0134

FEC ID number of contributing federal political committee. **C** C00428052

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11.6199**

Amount of Each Receipt this Period  
 5000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MAJORITY COMMITTEE PAC--MC PAC**

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389-0134

FEC ID number of contributing federal political committee. **C** C00428052

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11.6200**

Amount of Each Receipt this Period  
 5000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MALLINCKRODT LLC PAC**

Mailing Address 601 PENNSYLVANIA AVE NW  
SUITE 650

City WASHINGTON State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C** C00569152

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11.6221**

Amount of Each Receipt this Period  
 4000.00

Memo Item  
CONTRIBUTION

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

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

14000.00



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

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

FOR LINE NUMBER: PAGE 54 OF 98  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**PEABODY ENERGY CORPORATION POLITICAL ACTION COMMITTEE (PEAB**

Mailing Address **701 MARKET STREET**

City **ST. LOUIS** State **MO** Zip Code **63101-1830**

FEC ID number of contributing federal political committee. **C C00110478**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : SA11.6233**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **1 PRIMERICA PARKWAY**

City **DULUTH** State **GA** Zip Code **30099-4000**

FEC ID number of contributing federal political committee. **C C00521914**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : SA11.6194**

Amount of Each Receipt this Period  
**1500.00**

Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**REAL ESTATE ROUNDTABLE PAC**

Mailing Address **801 PENNSYLVANIA AVE  
SUITE 720**

City **WASHINGTON** State **DC** Zip Code **20004-2686**

FEC ID number of contributing federal political committee. **C C00033779**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : SA11.6205**

Amount of Each Receipt this Period  
**1500.00**

Memo Item  
**CONTRIBUTION**

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

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

**4000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 98
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A. THE COUNCIL OF INSURANCE AGENTS & BROKERS PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 701 PENNSYLVANIA AVENUE, NW  
SUITE 750

City WASHINGTON State DC Zip Code 20004-2661

FEC ID number of contributing federal political committee. **C C00039578**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11.6198**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. TRALAPAC (TRUCK RENTING AND LEASING ASSOCIATION PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 675 N WASHINGTON STREET  
SUITE 410

City ALEXANDRIA State VA Zip Code 22314-1939

FEC ID number of contributing federal political committee. **C C00499400**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11.6196**

Amount of Each Receipt this Period  
1200.00

Memo Item  
CONTRIBUTION

**C. UPSPAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 55 GLENLAKE PKWY NE

City ATLANTA State GA Zip Code 30328-3474

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11.6229**

Amount of Each Receipt this Period  
4500.00

Memo Item  
CONTRIBUTION

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

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

8200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 98
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**WELLS FARGO & CO. EMPLOYEE PAC**

Mailing Address **WELLS FARGO CENTER**  
**90 S. 7TH STREET - 8TH FLOOR**

City **MINNEAPOLIS** State **MN** Zip Code **55479-0001**

FEC ID number of contributing federal political committee. **C C00320002**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**7000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : SA11.6231**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WELLS FARGO & CO. EMPLOYEE PAC**

Mailing Address **WELLS FARGO CENTER**  
**90 S. 7TH STREET - 8TH FLOOR**

City **MINNEAPOLIS** State **MN** Zip Code **55479-0001**

FEC ID number of contributing federal political committee. **C C00320002**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**7000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : SA11.6232**

Amount of Each Receipt this Period  
**2000.00**

Memo Item  
CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

**2500.00**

**99350.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial) <b>A. SAINT CHARLES COUNTY REPUBLICAN CENTRAL COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 41 OAK FOREST DR		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item
City SAINT CHARLES State MO Zip Code 63303-6603	Purpose of Disbursement REGISTRATION FEE	
Candidate Name	Category/Type	Transaction ID : <b>SB17.I4239</b> GOLD SPONSOR ST. CHARLES 2016
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. A GRAPHIC RESOURCE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 8050 WATSON ROAD SUITE 290		Amount of Each Disbursement this Period 117.10 <input type="checkbox"/> Memo Item
City SAINT LOUIS State MO Zip Code 63119-5387	Purpose of Disbursement PRINTING	
Candidate Name	Category/Type	Transaction ID : <b>SB17.I4232</b> CHRISTMAS CARDS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ARISTOTLE INTERNATIONAL, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 205 PENNSYLVANIA AVE SE		Amount of Each Disbursement this Period 700.00 <input type="checkbox"/> Memo Item
City WASHINGTON State DC Zip Code 20003-1164	Purpose of Disbursement DATABASE SERVICES	
Candidate Name	Category/Type	Transaction ID : <b>SB17.I4233</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2817.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial)  
**A. COMMERCE BANK CREDIT CARDS**

Mailing Address **PO BOX 808009**

City **KANSAS CITY** State **MO** Zip Code **64180-8009**

Purpose of Disbursement  
**CREDIT CARD PAYMENT**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**01 / 04 / 2016**

Amount of Each Disbursement this Period  
**10545.57**

Memo Item

**Transaction ID : SB17.I1371**

Full Name (Last, First, Middle Initial)  
**B. A STORAGE INN**

Mailing Address **14086 MANCHESTER RD**

City **BALLWIN** State **MO** Zip Code **63011-4514**

Purpose of Disbursement  
**FACILITY RENTAL**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**12 / 15 / 2015**

Amount of Each Disbursement this Period  
**200.00**

Memo Item

**Transaction ID : SB17.I1076  
STORAGE**

Full Name (Last, First, Middle Initial)  
**C. AMERICAN AIRLINES**

Mailing Address **4333 AMON CARTER BLVD**

City **FORT WORTH** State **TX** Zip Code **76155-2605**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**12 / 03 / 2015**

Amount of Each Disbursement this Period  
**212.10**

Memo Item

**Transaction ID : SB17.I3323**

**SUBTOTAL** of Disbursements This Page (optional)..... **10545.57**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial)  
**A. AT&T & DATA**

Mailing Address **5565 GLENRIDGE CONNECTOR NE**

City **ATLANTA** State **GA** Zip Code **30342-1651**

Purpose of Disbursement  
**PHONE EXPENSE**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**11 / 23 / 2015**

Amount of Each Disbursement this Period  
**50.00**

Memo Item

**Transaction ID : SB17.I1445  
DATA**

Full Name (Last, First, Middle Initial)  
**B. AT&T MOBILITY**

Mailing Address **PO BOX 650553**

City **DALLAS** State **TX** Zip Code **75265-0553**

Purpose of Disbursement  
**TELEPHONE**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**11 / 18 / 2015**

Amount of Each Disbursement this Period  
**176.63**

Memo Item

**Transaction ID : SB17.I3827**

Full Name (Last, First, Middle Initial)  
**C. AT&T MOBILITY**

Mailing Address **PO BOX 650553**

City **DALLAS** State **TX** Zip Code **75265-0553**

Purpose of Disbursement  
**TELEPHONE**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**11 / 17 / 2015**

Amount of Each Disbursement this Period  
**73.57**

Memo Item

**Transaction ID : SB17.I3839**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial) <b>A. CAPITAL GRILLE</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015
Mailing Address 601 PENNSYLVANIA AVE NW		Amount of Each Disbursement this Period 2123.50
City WASHINGTON State DC Zip Code 20004-2601	Purpose of Disbursement EVENT EXPENSE: FOOD & BEVERAGE	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I2422</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAPITOL HILL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 300 FIRST ST SE		Amount of Each Disbursement this Period 680.16
City WASHINGTON State DC Zip Code 20003-1801	Purpose of Disbursement CATERING	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I2730</b> EVENT EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAPITOL HILL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 300 FIRST ST SE		Amount of Each Disbursement this Period 403.47
City WASHINGTON State DC Zip Code 20003-1801	Purpose of Disbursement CATERING	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I2747</b> EVENT EXPENSE
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial) <b>A. CAVA MEZZE</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 527 8TH ST SE		Amount of Each Disbursement this Period 97.90
City WASHINGTON State DC Zip Code 20003-2835	Purpose of Disbursement FOOD/BEVERAGE	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I2107</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FEDEX (CORPORATE)</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2015
Mailing Address 3875 AIRWAY MODULE H3		Amount of Each Disbursement this Period 32.21
City MEMPHIS State TN Zip Code 38116	Purpose of Disbursement SHIPPING	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I3082</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FEDEX (CORPORATE)</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 3875 AIRWAY MODULE H3		Amount of Each Disbursement this Period 14.80
City MEMPHIS State TN Zip Code 38116	Purpose of Disbursement SHIPPING	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I3115</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial) <b>A. GOOGLE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 18 / 2015</b>
Mailing Address <b>1600 AMPHITHEATRE PKWY</b>		Amount of Each Disbursement this Period <b>72.82</b>
City <b>MOUNTAIN VIEW</b> State <b>CA</b> Zip Code <b>94043-1351</b>	Purpose of Disbursement <b>ADVERTISING</b>	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I1766</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MAILCHIMP</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 28 / 2015</b>
Mailing Address <b>530 MEANS ST NW</b>		Amount of Each Disbursement this Period <b>180.00</b>
City <b>ATLANTA</b> State <b>GA</b> Zip Code <b>30318-5793</b>	Purpose of Disbursement <b>EMAIL MARKETING</b>	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I2271</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SCHNUCK MARKET</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 16 / 2015</b>
Mailing Address <b>1580 S LINDBERGH BLVD</b>		Amount of Each Disbursement this Period <b>257.50</b>
City <b>SAINT LOUIS</b> State <b>MO</b> Zip Code <b>63131-3513</b>	Purpose of Disbursement <b>FOOD/BEVERAGE</b>	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I1023</b> EVENT EXPENSES
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial) <b>A. SOUTHWEST AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 2702 LOVE FIELD DR.		Amount of Each Disbursement this Period 212.98
City DALLAS State TX Zip Code 75235-1908	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I2637</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SURVEYMONKEY.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 285 HAMILTON AVENUE, SUITE 500		Amount of Each Disbursement this Period 24.00
City PALO ALTO State CA Zip Code 94301-2580	Purpose of Disbursement SURVEY RESEARCH	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I3496</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. THE CONGRESSIONAL INSTITUTE</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2015
Mailing Address 1700 DIAGONAL ROAD #730		Amount of Each Disbursement this Period 1370.00
City ALEXANDRIA State VA Zip Code 22314-2843	Purpose of Disbursement EVENT EXPENSES	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4451</b> LEADERSHIP RETREAT
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial) <b>A. TLF WALTER KNOLL FLORIST</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 20 / 2015</b>
Mailing Address <b>2765 LASALLE ST</b>		Amount of Each Disbursement this Period <b>159.70</b>
City <b>SAINT LOUIS</b>	State <b>MO</b> Zip Code <b>63104-1917</b>	
Purpose of Disbursement <b>FLORAL EXPENSE</b>	Candidate Name	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.I1272</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. UNITED STATES POST OFFICE (BALLWIN, MO)</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 10 / 2015</b>
Mailing Address <b>15455 MANCHESTER RD</b>		Amount of Each Disbursement this Period <b>1225.00</b>
City <b>BALLWIN</b>	State <b>MO</b> Zip Code <b>63011-3025</b>	
Purpose of Disbursement <b>POSTAGE</b>	Candidate Name	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.I2838</b> <b>HOLIDAY GREETING CARDS</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. USPS (DC)</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 01 / 2015</b>
Mailing Address <b>2300 18TH STREET NORTHWEST</b>		Amount of Each Disbursement this Period <b>45.05</b>
City <b>WASHINGTON</b>	State <b>DC</b> Zip Code <b>20009-1892</b>	
Purpose of Disbursement <b>SHIPPING</b>	Candidate Name	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.I1899</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 98			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial) <b>A. IMGE LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 108 SOUTH WASHINGTON ST. 3RD FLOOR		Amount of Each Disbursement this Period 5,000.00 3022.50
City ALEXANDRIA State VA Zip Code 22314-3029	Purpose of Disbursement WEB SERVICE	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4236</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MISSOURI FEDERATION OF REPUBLICAN WOMEN</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address PO BOX 83		Amount of Each Disbursement this Period 5,000.00 100.00
City LINNEUS State MO Zip Code 64653	Purpose of Disbursement	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4238</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAPITAL ENHANCEMENT, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 150 LONG RD STE 50		Amount of Each Disbursement this Period 5,000.00 2500.00
City CHESTERFIELD State MO Zip Code 63005-1239	Purpose of Disbursement FINANCE CONSULTING	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4217</b> DRAW AGAINST COMMISSION
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5622.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 98			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial) <b>A. CAPITAL ENHANCEMENT, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 15 / 2016</b>
Mailing Address <b>150 LONG RD STE 50</b>		Amount of Each Disbursement this Period <b>2500.00</b>
City <b>CHESTERFIELD</b>	State <b>MO</b>	Zip Code <b>63005-1239</b>
Purpose of Disbursement <b>FINANCE CONSULTING</b>	Category/Type	
Candidate Name	<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4218 BACK OFFICE SERVICES</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAPITAL ENHANCEMENT, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 15 / 2016</b>
Mailing Address <b>150 LONG RD STE 50</b>		Amount of Each Disbursement this Period <b>247.25</b>
City <b>CHESTERFIELD</b>	State <b>MO</b>	Zip Code <b>63005-1239</b>
Purpose of Disbursement	Category/Type	
Candidate Name	<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4219 REIMBURSEMENT</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GULA GRAHAM GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 15 / 2016</b>
Mailing Address <b>499 S CAPITOL ST SW STE 420</b>		Amount of Each Disbursement this Period <b>7918.71</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003-4027</b>
Purpose of Disbursement <b>REIMBURSEMENT &amp; FUNDRAISING FEE</b>	Category/Type	
Candidate Name	<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4228</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>10665.96</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial) <b>A. CAPITAL GRILLE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 09 / 2015</b>
Mailing Address <b>601 PENNSYLVANIA AVE NW</b>		Amount of Each Disbursement this Period <b>1890.25</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20004-2601</b>	Purpose of Disbursement <b>CATERING</b>	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4499</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAPITAL GRILLE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 15 / 2015</b>
Mailing Address <b>601 PENNSYLVANIA AVE NW</b>		Amount of Each Disbursement this Period <b>2476.86</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20004-2601</b>	Purpose of Disbursement <b>CATERING</b>	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4502</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CENTRAL</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 02 / 2015</b>
Mailing Address <b>1001 PENNSYLVANIA AVE. NW</b>		Amount of Each Disbursement this Period <b>918.01</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20004-2505</b>	Purpose of Disbursement <b>CATERING</b>	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4496</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial)  
**A. COMPLETE CAMPAIGNS**

Mailing Address 3625 RUFFIN RD. SUITE 100

City SAN DIEGO State CA Zip Code 92123-1841

Purpose of Disbursement FAX SVC

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 02 / 2015

Amount of Each Disbursement this Period: 105.00

Memo Item

Transaction ID : SB17.I4495

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

Mailing Address 2020 K ST NW

City WASHINGTON State DC Zip Code 20006-1817

Purpose of Disbursement CATERING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 08 / 2015

Amount of Each Disbursement this Period: 460.32

Memo Item

Transaction ID : SB17.I4497

Full Name (Last, First, Middle Initial)  
**C. GULA GRAHAM GROUP**

Mailing Address 499 S CAPITOL ST SW STE 420

City WASHINGTON State DC Zip Code 20003-4027

Purpose of Disbursement REIMBURSEMENT & FUNDRAISING FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 15 / 2016

Amount of Each Disbursement this Period: 6160.10

Memo Item

Transaction ID : SB17.I4229

**SUBTOTAL** of Disbursements This Page (optional) ..... 6160.10

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 69 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial) <b>A. CAPITAL GRILLE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 21 / 2015</b>
Mailing Address <b>601 PENNSYLVANIA AVE NW</b>		Amount of Each Disbursement this Period <b>597.00</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20004-2601</b>	Purpose of Disbursement <b>CATERING</b>	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.I4489</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAPITAL GRILLE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 28 / 2015</b>
Mailing Address <b>601 PENNSYLVANIA AVE NW</b>		Amount of Each Disbursement this Period <b>2256.25</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20004-2601</b>	Purpose of Disbursement <b>CATERING</b>	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.I4490</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAPITOL HILL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 28 / 2015</b>
Mailing Address <b>300 FIRST ST SE</b>		Amount of Each Disbursement this Period <b>71.37</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20003-1801</b>	Purpose of Disbursement <b>FOOD</b>	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.I4492</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 98			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A. COMPLETE CAMPAIGNS**

Full Name (Last, First, Middle Initial)  
Ann Wagner for Congress

Mailing Address 3625 RUFFIN RD. SUITE 100

City SAN DIEGO State CA Zip Code 92123-1841

Purpose of Disbursement FAX SVC

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 10 / 01 / 2015

Amount of Each Disbursement this Period: 105.00

Memo Item

Transaction ID : SB17.I4484

**B. FIOLA RESTAURANT**

Full Name (Last, First, Middle Initial)

Mailing Address 601 PENNSYLVANIA AVENUE NORTHWEST

City WASHINGTON State DC Zip Code 20004-2601

Purpose of Disbursement CATERING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 10 / 06 / 2015

Amount of Each Disbursement this Period: 1098.50

Memo Item

Transaction ID : SB17.I4487

**C. SIGNATURE EDGE, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 7171

City CHESTERFIELD State MO Zip Code 63006-7171

Purpose of Disbursement RESEARCH PUBLICATIONS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 01 / 15 / 2016

Amount of Each Disbursement this Period: 6077.36

Memo Item

Transaction ID : SB17.I4241  
RESEARCH EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) ..... 6077.36

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 71 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial) <b>A. GULA GRAHAM GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016
Mailing Address 499 S CAPITOL ST SW STE 420		Amount of Each Disbursement this Period 6951.77
City WASHINGTON State DC Zip Code 20003-4027	Purpose of Disbursement REIMBURSEMENT & FUNDRAISING FEE	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4230</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BEARNAISE RESTAURANT</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 313 PENNSYLVANIA AVE SE		Amount of Each Disbursement this Period 769.41
City WASHINGTON State DC Zip Code 20003-1148	Purpose of Disbursement FOOD/BEVERAGE	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4480</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAPITAL GRILLE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 601 PENNSYLVANIA AVE NW		Amount of Each Disbursement this Period 1438.50
City WASHINGTON State DC Zip Code 20004-2601	Purpose of Disbursement FOOD/BEVERAGE	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4479</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6951.77
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 98			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial)  
**A. CAPITAL GRILLE**

Mailing Address **601 PENNSYLVANIA AVE NW**

City **WASHINGTON** State **DC** Zip Code **20004-2601**

Purpose of Disbursement  
**CATERING**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**11 / 04 / 2015**

Amount of Each Disbursement this Period  
**2592.80**

Memo Item

Transaction ID : **SB17.I4481**

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

Mailing Address **3625 RUFFIN RD. SUITE 100**

City **SAN DIEGO** State **CA** Zip Code **92123-1841**

Purpose of Disbursement  
**FAX SVC**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**11 / 02 / 2015**

Amount of Each Disbursement this Period  
**115.00**

Memo Item

Transaction ID : **SB17.I4478**

Full Name (Last, First, Middle Initial)  
**C. SAINT LOUIS COUNTY REPUBLICAN CENTRAL COMMITTEE**

Mailing Address **222 BLUE SAGE DRIVE**

City **BALLWIN** State **MO** Zip Code **63011**

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**01 / 25 / 2016**

Amount of Each Disbursement this Period  
**1500.00**

Memo Item

Transaction ID : **SB17.I4227**

**SUBTOTAL** of Disbursements This Page (optional)..... **1500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 73 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial) <b>A. CHARLES VON BRECHT MULVIHILL</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016	
Mailing Address P.O. BOX 50			Amount of Each Disbursement this Period 204.96	
City BALLWIN	State MO	Zip Code 63022	<input type="checkbox"/> Memo Item	
Purpose of Disbursement		Category/ Type 006	<b>Transaction ID : SB17.I4224</b>	
Candidate Name			<b>REIMBURSEMENT</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. COURTYARD MARRIOTT WASHINGTON CAPITOL HILL</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2016	
Mailing Address 140 L ST SE			Amount of Each Disbursement this Period 204.96	
City WASHINGTON	State DC	Zip Code 20003	<input checked="" type="checkbox"/> Memo Item	
Purpose of Disbursement TRAVEL		Category/ Type	<b>Transaction ID : SB17.I4477</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ACCUPAY</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016	
Mailing Address 548 N EMERSON AVE			Amount of Each Disbursement this Period 4666.85	
City GREENWOOD	State IN	Zip Code 46143-9765	<input type="checkbox"/> Memo Item	
Purpose of Disbursement PAYROLL		Category/ Type 001	<b>Transaction ID : SB17.I4439</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4871.81
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial) <b>A. JORDAN FEARS</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2016
Mailing Address P.O. BOX 50			Amount of Each Disbursement this Period 1029.70
City BALLWIN	State MO	Zip Code 63022-0050	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.I4452</b>
Purpose of Disbursement PAYROLL		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. CHARLES VON BRECHT MULVIHILL</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2016
Mailing Address P.O. BOX 50			Amount of Each Disbursement this Period 3637.15
City BALLWIN	State MO	Zip Code 63022	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.I4453</b>
Purpose of Disbursement PAYROLL		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. ACCUPAY</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016
Mailing Address 548 N EMERSON AVE			Amount of Each Disbursement this Period 2217.97
City GREENWOOD	State IN	Zip Code 46143-9765	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.I4440</b>
Purpose of Disbursement PAYROLL TAXES		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2217.97
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial) <b>A. ACCUPAY</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016
Mailing Address 548 N EMERSON AVE		Amount of Each Disbursement this Period 97.78
City GREENWOOD State IN Zip Code 46143-9765	Purpose of Disbursement PAYROLL SVC 001 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4441</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAPITAL ENHANCEMENT, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016
Mailing Address 150 LONG RD STE 50		Amount of Each Disbursement this Period 3242.90
City CHESTERFIELD State MO Zip Code 63005-1239	Purpose of Disbursement FINANCE CONSULTING Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4220</b> Q4 PAYMENT FOR SERVICES RENDERED
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MARSHALL, ETC. INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016
Mailing Address 12825 FLUSHING MEADOWS DR		Amount of Each Disbursement this Period 3200.00
City ST. LOUIS State MO Zip Code 63131	Purpose of Disbursement RENT Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4225</b> LEASE DEPOSIT
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6540.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 76 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial) <b>A. MARSHALL, ETC. INC.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 28 / 2016</b>
Mailing Address <b>12825 FLUSHING MEADOWS DR</b>		Amount of Each Disbursement this Period <b>2500.00</b>
City <b>ST. LOUIS</b> State <b>MO</b> Zip Code <b>63131</b>	Purpose of Disbursement <b>RENT</b>	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4226</b> <b>FEBRUARY RENT</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. CHARLES VON BRECHT MULVIHILL</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 03 / 2016</b>
Mailing Address <b>P.O. BOX 50</b>		Amount of Each Disbursement this Period <b>75.00</b>
City <b>BALLWIN</b> State <b>MO</b> Zip Code <b>63022</b>	Purpose of Disbursement	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4221</b> <b>REIMBURSEMENT</b>
State: District:	Category/Type <b>006</b>	

Full Name (Last, First, Middle Initial) <b>C. 1ST PLACE PRINTING</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 03 / 2016</b>
Mailing Address <b>675 S STURGEON ST</b>		Amount of Each Disbursement this Period <b>699.68</b>
City <b>MONTGOMERY CITY</b> State <b>MO</b> Zip Code <b>63361</b>	Purpose of Disbursement <b>PRINTING</b>	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4222</b>
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3274.68</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial) <b>A. CAPITAL ENHANCEMENT, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 03 / 2016</b>
Mailing Address <b>150 LONG RD STE 50</b>		Amount of Each Disbursement this Period <b>2500.00</b>
City <b>CHESTERFIELD</b>	State <b>MO</b> Zip Code <b>63005-1239</b>	
Purpose of Disbursement <b>FINANCE CONSULTING</b>	<b>003</b>	<input type="checkbox"/> Memo Item
Candidate Name		<b>Transaction ID : SB17.I4203 BACK OFFICE SERVICES</b>
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAPITAL ENHANCEMENT, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 03 / 2016</b>
Mailing Address <b>150 LONG RD STE 50</b>		Amount of Each Disbursement this Period <b>2500.00</b>
City <b>CHESTERFIELD</b>	State <b>MO</b> Zip Code <b>63005-1239</b>	
Purpose of Disbursement <b>FINANCE CONSULTING</b>	<b>003</b>	<input type="checkbox"/> Memo Item
Candidate Name		<b>Transaction ID : SB17.I4204</b>
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAPITAL ENHANCEMENT, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 03 / 2016</b>
Mailing Address <b>150 LONG RD STE 50</b>		Amount of Each Disbursement this Period <b>247.55</b>
City <b>CHESTERFIELD</b>	State <b>MO</b> Zip Code <b>63005-1239</b>	
Purpose of Disbursement <b>REIMB</b>	<b>003</b>	<input type="checkbox"/> Memo Item
Candidate Name		<b>Transaction ID : SB17.I4205 REIMBURSEMENT</b>
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5247.55</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial)  
**A. COMMERCE BANK CREDIT CARDS**

Mailing Address PO BOX 808009

City KANSAS CITY State MO Zip Code 64180-8009

Purpose of Disbursement CREDIT CARD PAYMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 05 / 2016

Amount of Each Disbursement this Period: 2187.87

Memo Item

Transaction ID : SB17.I4216

Full Name (Last, First, Middle Initial)  
**B. A STORAGE INN**

Mailing Address 14086 MANCHESTER RD

City BALLWIN State MO Zip Code 63011-4514

Purpose of Disbursement STORAGE RENTAL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 15 / 2016

Amount of Each Disbursement this Period: 200.00

Memo Item

Transaction ID : SB17.I4460

Full Name (Last, First, Middle Initial)  
**C. AT&T & DATA**

Mailing Address 5565 GLENRIDGE CONNECTOR NE

City ATLANTA State GA Zip Code 30342-1651

Purpose of Disbursement PHONE EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 23 / 2015

Amount of Each Disbursement this Period: 50.00

Memo Item

Transaction ID : SB17.I4462

**SUBTOTAL** of Disbursements This Page (optional)..... 2187.87

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 79 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial)  
**A. AT&T MOBILITY**

Mailing Address **PO BOX 650553**

City **DALLAS** State **TX** Zip Code **75265-0553**

Purpose of Disbursement  
**PHONE EXPENSE**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**12 / 21 / 2015**

Amount of Each Disbursement this Period  
**176.63**

Memo Item

**Transaction ID : SB17.I4458**

Full Name (Last, First, Middle Initial)  
**B. CAPITOL HILL CLUB**

Mailing Address **300 FIRST ST SE**

City **WASHINGTON** State **DC** Zip Code **20003-1801**

Purpose of Disbursement  
**FOOD/BEVERAGE**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**01 / 15 / 2016**

Amount of Each Disbursement this Period  
**190.69**

Memo Item

**Transaction ID : SB17.I4466  
EVENT EXPENSE**

Full Name (Last, First, Middle Initial)  
**C. CAPITOL HILL CLUB**

Mailing Address **300 FIRST ST SE**

City **WASHINGTON** State **DC** Zip Code **20003-1801**

Purpose of Disbursement  
**CATERING**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**01 / 15 / 2016**

Amount of Each Disbursement this Period  
**433.13**

Memo Item

**Transaction ID : SB17.I4472  
EVENT EXPENSES**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 80 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

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

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043-1351

Purpose of Disbursement  
ADVERTISING EXPENSES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 18 / 2015

Amount of Each Disbursement this Period  
90.15

Memo Item

Transaction ID : SB17.I4469

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

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043-1351

Purpose of Disbursement  
ADVERTISING SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
01 / 17 / 2016

Amount of Each Disbursement this Period  
89.37

Memo Item

Transaction ID : SB17.I4473

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

Mailing Address 530 MEANS ST NW

City ATLANTA State GA Zip Code 30318-5793

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 28 / 2015

Amount of Each Disbursement this Period  
180.00

Memo Item

Transaction ID : SB17.I4470  
EMAIL MARKETING

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 81 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial) <b>A. MARELLA'S MIA SORELLA</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 21 / 2015</b>
Mailing Address <b>14426 CLAYTON RD</b>		Amount of Each Disbursement this Period <b>402.93</b>
City <b>BALLWIN</b> State <b>MO</b> Zip Code <b>63011</b>	Purpose of Disbursement <b>FOOD/BEVERAGE</b>	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4461</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. SURVEYMONKEY.COM</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 03 / 2016</b>
Mailing Address <b>285 HAMILTON AVENUE, SUITE 500</b>		Amount of Each Disbursement this Period <b>24.00</b>
City <b>PALO ALTO</b> State <b>CA</b> Zip Code <b>94301-2580</b>	Purpose of Disbursement <b>SURVEY RESEARCH</b>	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4471</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. GULA GRAHAM GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 05 / 2016</b>
Mailing Address <b>499 S CAPITOL ST SW STE 420</b>		Amount of Each Disbursement this Period <b>16764.50</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20003-4027</b>	Purpose of Disbursement <b>FUNDRAISING FEE</b>	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4214</b>
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>16764.50</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial) <b>A. GULA GRAHAM GROUP</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2016
Mailing Address 499 S CAPITOL ST SW STE 420			Amount of Each Disbursement this Period 3459.86
City WASHINGTON	State DC	Zip Code 20003-4027	
Purpose of Disbursement		Category/ Type 002	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4208</b>
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. CAPITOL HILL CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2016
Mailing Address 300 FIRST ST SE			Amount of Each Disbursement this Period 51.61
City WASHINGTON	State DC	Zip Code 20003-1801	
Purpose of Disbursement POLITICAL MEAL		Category/ Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4503</b>
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. COMPLETE CAMPAIGNS</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2016
Mailing Address 3625 RUFFIN RD. SUITE 100			Amount of Each Disbursement this Period 105.00
City SAN DIEGO	State CA	Zip Code 92123-1841	
Purpose of Disbursement DIRECT MARKETING		Category/ Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4498</b>
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3459.86
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 83 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial) <b>A. RESTORANTE TOSCA</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 06 / 2016</b>
Mailing Address <b>1112 F ST. NW</b>		Amount of Each Disbursement this Period <b>1303.25</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20004-1308</b>
Purpose of Disbursement <b>FOOD/BEVERAGE</b>	Category/Type	
Candidate Name	<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4500</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CHARLES VON BRECHT MULVIHILL</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 12 / 2016</b>
Mailing Address <b>P.O. BOX 50</b>		Amount of Each Disbursement this Period <b>96.21</b>
City <b>BALLWIN</b>	State <b>MO</b>	Zip Code <b>63022</b>
Purpose of Disbursement	Category/Type <b>006</b>	
Candidate Name	<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4206 REIMBURSEMENT</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BIZ CARD EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 16 / 2016</b>
Mailing Address <b>1453 N. US HIGHWAY 1 SUITE D29</b>		Amount of Each Disbursement this Period <b>61.15</b>
City <b>ORMOND BEACH</b>	State <b>FL</b>	Zip Code <b>32174</b>
Purpose of Disbursement <b>PRINTING</b>	Category/Type	
Candidate Name	<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4202</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>157.36</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial) <b>A. A GRAPHIC RESOURCE, INC.</b>			Date of Disbursement MM / DD / YYYY 02 / 22 / 2016		
Mailing Address 8050 WATSON ROAD SUITE 290			Amount of Each Disbursement this Period 679.43		
City SAINT LOUIS	State MO	Zip Code 63119-5387	<input type="checkbox"/> Memo Item		
Purpose of Disbursement PRINTING		Category/ Type	<b>Transaction ID : SB17.I4213</b>		
Candidate Name			<b>CAMPAIGN STICKERS</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. CRIMSON</b>			Date of Disbursement MM / DD / YYYY 02 / 22 / 2016		
Mailing Address 1593 SPRING HILL RD SUITE 400			Amount of Each Disbursement this Period 798.00		
City VIENNA	State VA	Zip Code 22182	<input type="checkbox"/> Memo Item		
Purpose of Disbursement DATA PROCESSING SERVICES		Category/ Type	<b>Transaction ID : SB17.I4209</b>		
Candidate Name			<b>CRIMSON SUBSCRIPTION FEE</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. T&amp;P INCENTIVES, INC.</b>			Date of Disbursement MM / DD / YYYY 02 / 22 / 2016		
Mailing Address 2929 S BRENTWOOD BLVD			Amount of Each Disbursement this Period 363.50		
City BRENTWOOD	State MO	Zip Code 63144	<input type="checkbox"/> Memo Item		
Purpose of Disbursement PRINTING		Category/ Type	<b>Transaction ID : SB17.I4212</b>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1840.93
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial) <b>A. AXIOM STRATEGIES, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 25 / 2016</b>
Mailing Address <b>1251 NW BRIARCLIFF PKWY STE 85</b>		Amount of Each Disbursement this Period <b>1676.00</b>
City <b>KANSAS CITY</b>	State <b>MO</b>	Zip Code <b>64116-1780</b>
Purpose of Disbursement <b>PRINTING</b>	Category/Type <b>004</b>	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	<b>Transaction ID : SB17.I4211</b>	

Full Name (Last, First, Middle Initial) <b>B. ACCUPAY</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 26 / 2016</b>
Mailing Address <b>548 N EMERSON AVE</b>		Amount of Each Disbursement this Period <b>4666.85</b>
City <b>GREENWOOD</b>	State <b>IN</b>	Zip Code <b>46143-9765</b>
Purpose of Disbursement <b>PAYROLL</b>	Category/Type <b>001</b>	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	<b>Transaction ID : SB17.I4442</b>	

Full Name (Last, First, Middle Initial) <b>C. JORDAN FEARS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 29 / 2016</b>
Mailing Address <b>P.O. BOX 50</b>		Amount of Each Disbursement this Period <b>1029.70</b>
City <b>BALLWIN</b>	State <b>MO</b>	Zip Code <b>63022-0050</b>
Purpose of Disbursement <b>PAYROLL</b>	Category/Type <b>001</b>	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	<b>Transaction ID : SB17.I4454</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>6342.85</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A. CHARLES VON BRECHT MULVIHILL**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 50

City BALLWIN State MO Zip Code 63022

Purpose of Disbursement PAYROLL Category/Type 001

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement 02 / 29 / 2016

Amount of Each Disbursement this Period 3637.15

Memo Item

Transaction ID : SB17.I4455

**B. ACCUPAY**

Full Name (Last, First, Middle Initial)  
Mailing Address 548 N EMERSON AVE

City GREENWOOD State IN Zip Code 46143-9765

Purpose of Disbursement PAYROLL TAXES Category/Type 001

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement 02 / 29 / 2016

Amount of Each Disbursement this Period 2199.97

Memo Item

Transaction ID : SB17.I4443

**C. ACCUPAY**

Full Name (Last, First, Middle Initial)  
Mailing Address 548 N EMERSON AVE

City GREENWOOD State IN Zip Code 46143-9765

Purpose of Disbursement PAYROLL SVC Category/Type 001

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement 02 / 29 / 2016

Amount of Each Disbursement this Period 45.78

Memo Item

Transaction ID : SB17.I4444

**SUBTOTAL** of Disbursements This Page (optional) ..... 2245.75

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 87 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial) <b>A. MARSHALL, ETC. INC.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 29 / 2016</b>
Mailing Address <b>12825 FLUSHING MEADOWS DR</b>		Amount of Each Disbursement this Period <b>2500.00</b>
City <b>ST. LOUIS</b> State <b>MO</b> Zip Code <b>63131</b>	Purpose of Disbursement <b>RENT</b>	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4210</b>
State: District:		<b>MARCH RENT 2925 DOUGHERTY FERRY</b>

Full Name (Last, First, Middle Initial) <b>B. CAPITAL ENHANCEMENT, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 01 / 2016</b>
Mailing Address <b>150 LONG RD STE 50</b>		Amount of Each Disbursement this Period <b>2500.00</b>
City <b>CHESTERFIELD</b> State <b>MO</b> Zip Code <b>63005-1239</b>	Purpose of Disbursement <b>FINANCE CONSULTING</b>	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4428</b>
State: District:		<b>MARCH DRAW AGAINST COMMISSION</b>

Full Name (Last, First, Middle Initial) <b>C. CAPITAL ENHANCEMENT, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 01 / 2016</b>
Mailing Address <b>150 LONG RD STE 50</b>		Amount of Each Disbursement this Period <b>2500.00</b>
City <b>CHESTERFIELD</b> State <b>MO</b> Zip Code <b>63005-1239</b>	Purpose of Disbursement <b>FINANCE CONSULTING</b>	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4429</b>
State: District:		<b>BACK OFFICE SERVICES</b>

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 88 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial) <b>A. CAPITAL ENHANCEMENT, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 01 / 2016</b>
Mailing Address <b>150 LONG RD STE 50</b>		Amount of Each Disbursement this Period <b>272.18</b>
City <b>CHESTERFIELD</b> State <b>MO</b> Zip Code <b>63005-1239</b>	Purpose of Disbursement <b>OFFICE SUPPLIES</b>	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type <b>003</b>	<b>Transaction ID : SB17.I4431</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MASTERCARD INTERNATIONAL INC. EMPLOYEES' PAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 01 / 2016</b>
Mailing Address <b>2000 PURCHASE ST</b>		Amount of Each Disbursement this Period <b>650.00</b>
City <b>HARRISON</b> State <b>NY</b> Zip Code <b>10577-2405</b>	Purpose of Disbursement <b>IN-KIND CONTRIBUTION</b>	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.6093 FUNDRAISING EXPENSES</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. COMMERCE BANK CREDIT CARDS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 07 / 2016</b>
Mailing Address <b>PO BOX 808009</b>		Amount of Each Disbursement this Period <b>2178.08</b>
City <b>KANSAS CITY</b> State <b>MO</b> Zip Code <b>64180-8009</b>	Purpose of Disbursement <b>CREDIT CARD PAYMENT</b>	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.I4246</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3100.26</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 98			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial)  
**A. A STORAGE INN**

Mailing Address 14086 MANCHESTER RD

City BALLWIN State MO Zip Code 63011-4514

Purpose of Disbursement FACILITY RENTAL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 15 / 2016

Amount of Each Disbursement this Period: 200.00

Memo Item

Transaction ID : SB17.I4254

Full Name (Last, First, Middle Initial)  
**B. AT&T & DATA**

Mailing Address 5565 GLENRIDGE CONNECTOR NE

City ATLANTA State GA Zip Code 30342-1651

Purpose of Disbursement PHONE EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 22 / 2016

Amount of Each Disbursement this Period: 50.00

Memo Item

Transaction ID : SB17.I4257

Full Name (Last, First, Middle Initial)  
**C. AT&T MOBILITY**

Mailing Address PO BOX 650553

City DALLAS State TX Zip Code 75265-0553

Purpose of Disbursement PHONE EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 18 / 2016

Amount of Each Disbursement this Period: 176.63

Memo Item

Transaction ID : SB17.I4248

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 90 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A. AT&T MOBILITY**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 650553

City DALLAS State TX Zip Code 75265-0553

Purpose of Disbursement PHONE EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 17 / 2016

Amount of Each Disbursement this Period: 73.57

Memo Item

Transaction ID : SB17.I4266

**B. BIZ CARD EXPRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 1453 N. US HIGHWAY 1 SUITE D29

City ORMOND BEACH State FL Zip Code 32174

Purpose of Disbursement PRINTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 16 / 2016

Amount of Each Disbursement this Period: 367.27

Memo Item

Transaction ID : SB17.I4255

**C. CAPITOL HILL CLUB**

Full Name (Last, First, Middle Initial)  
Mailing Address 300 FIRST ST SE

City WASHINGTON State DC Zip Code 20003-1801

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 16 / 2016

Amount of Each Disbursement this Period: 108.82

Memo Item

Transaction ID : SB17.I4264

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 98			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial) <b>A. FEDEX (CORPORATE)</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 10 / 2016</b>
Mailing Address <b>3875 AIRWAY MODULE H3</b>		Amount of Each Disbursement this Period <b>33.62</b>
City <b>MEMPHIS</b> State <b>TN</b> Zip Code <b>38116</b>	Purpose of Disbursement <b>OFFICE SUPPLIES</b>	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4253</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. FEDEX OFFICE BALLWIN</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 20 / 2016</b>
Mailing Address <b>14834 MANCHESTER RD</b>		Amount of Each Disbursement this Period <b>47.72</b>
City <b>BALLWIN</b> State <b>MO</b> Zip Code <b>63011-4619</b>	Purpose of Disbursement <b>OFFICE SUPPLIES</b>	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4249</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. SOUTHWEST AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 20 / 2016</b>
Mailing Address <b>2702 LOVE FIELD DR</b>		Amount of Each Disbursement this Period <b>425.96</b>
City <b>DALLAS</b> State <b>TX</b> Zip Code <b>75235-1908</b>	Purpose of Disbursement <b>TRAVEL</b>	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4256</b>
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 92 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial) <b>A. SOUTHWEST AIRLINES</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2016	
Mailing Address 2702 LOVE FIELD DR			Amount of Each Disbursement this Period 330.95	
City DALLAS	State TX	Zip Code 75235-1908	Category/ Type	
Purpose of Disbursement TRAVEL				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : <b>SB17.I4262</b>	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. RENT A VET MOVERS</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2016	
Mailing Address 412 HITCHING POST DR			Amount of Each Disbursement this Period 240.00	
City ST CHARLES	State MO	Zip Code 63304	Category/ Type	
Purpose of Disbursement DELIVERY				
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : <b>SB17.I4278</b>	
State: District:				

Full Name (Last, First, Middle Initial) <b>C. COMMERCE BANK CREDIT CARDS</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016	
Mailing Address PO BOX 808009			Amount of Each Disbursement this Period 35.00	
City KANSAS CITY	State MO	Zip Code 64180-8009	Category/ Type 003	
Purpose of Disbursement BANK FEE				
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : <b>SB17.I4450</b> CREDIT CARD PROCESSING FEE	
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	275.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial) <b>A. IMGE LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 11 / 2016</b>
Mailing Address <b>108 SOUTH WASHINGTON ST. 3RD FLOOR</b>		Amount of Each Disbursement this Period <b>1500.00</b>
City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22314-3029</b>	Purpose of Disbursement <b>WEB SERVICE</b> Category/Type <b>004</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/> <b>Transaction ID : SB17.I4345 ADVERTISING INVOICE</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. GULA GRAHAM GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 17 / 2016</b>
Mailing Address <b>499 S CAPITOL ST SW STE 420</b>		Amount of Each Disbursement this Period <b>7390.51</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20003-4027</b>	Purpose of Disbursement <b>FUNDRAISING FEE &amp; REIMBURSEMENT</b> Category/Type <b>003</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/> <b>Transaction ID : SB17.I4361</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. BEARNAISE RESTAURANT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 25 / 2016</b>
Mailing Address <b>313 PENNSYLVANIA AVE SE</b>		Amount of Each Disbursement this Period <b>773.71</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20003-1148</b>	Purpose of Disbursement <b>FOOD/BEVERAGE</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input checked="" type="checkbox"/> <b>Transaction ID : SB17.I4493</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>8890.51</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial) <b>A. CAPITAL GRILLE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address 601 PENNSYLVANIA AVE NW		Amount of Each Disbursement this Period 799.00
City WASHINGTON State DC Zip Code 20004-2601	Purpose of Disbursement FOOD/BEVERAGE	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4486</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAPITAL GRILLE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2016
Mailing Address 601 PENNSYLVANIA AVE NW		Amount of Each Disbursement this Period 1293.60
City WASHINGTON State DC Zip Code 20004-2601	Purpose of Disbursement FOOD/BEVERAGE	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4488</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. COMPLETE CAMPAIGNS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address 3625 RUFFIN RD. SUITE 100		Amount of Each Disbursement this Period 105.00
City SAN DIEGO State CA Zip Code 92123-1841	Purpose of Disbursement DIRECT MARKETING	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I4491</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

**A. FIOLA RESTAURANT**

Full Name (Last, First, Middle Initial)  
Mailing Address 601 PENNSYLVANIA AVENUE NORTHWEST

City WASHINGTON State DC Zip Code 20004-2601

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 01 / 2016

Amount of Each Disbursement this Period: 2419.20

Memo Item

Transaction ID : SB17.I4494

**B. ACCUPAY**

Full Name (Last, First, Middle Initial)  
Mailing Address 548 N EMERSON AVE

City GREENWOOD State IN Zip Code 46143-9765

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 30 / 2016

Amount of Each Disbursement this Period: 4666.85

Memo Item

Transaction ID : SB17.I4433  
PAYROLL DIRECT DEPOSIT

**C. JORDAN FEARS**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 50

City BALLWIN State MO Zip Code 63022-0050

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 31 / 2016

Amount of Each Disbursement this Period: 1029.70

Memo Item

Transaction ID : SB17.I4456

**SUBTOTAL** of Disbursements This Page (optional) ..... 4666.85

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 96 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial) <b>A. CHARLES VON BRECHT MULVIHILL</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2016</b>	
Mailing Address <b>P.O. BOX 50</b>			Amount of Each Disbursement this Period <b>3637.15</b>	
City <b>BALLWIN</b>	State <b>MO</b>	Zip Code <b>63022</b>	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.I4457</b>	
Purpose of Disbursement <b>PAYROLL</b>		Category/Type <b>001</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. ACCUPAY</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 30 / 2016</b>	
Mailing Address <b>548 N EMERSON AVE</b>			Amount of Each Disbursement this Period <b>2130.77</b>	
City <b>GREENWOOD</b>	State <b>IN</b>	Zip Code <b>46143-9765</b>	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.I4434</b> <b>TAX IMPOUND</b>	
Purpose of Disbursement <b>PAYROLL TAXES</b>		Category/Type <b>001</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>C. ACCUPAY</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2016</b>	
Mailing Address <b>548 N EMERSON AVE</b>			Amount of Each Disbursement this Period <b>45.82</b>	
City <b>GREENWOOD</b>	State <b>IN</b>	Zip Code <b>46143-9765</b>	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.I4435</b> <b>PAYROLL ADMINISTRATION</b>	
Purpose of Disbursement <b>PAYROLL SVC</b>		Category/Type <b>001</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2176.59</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 97 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial) <b>A. RALLY.ORG</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2016</b>
Mailing Address <b>144 2ND ST FL 1</b>		Amount of Each Disbursement this Period <b>22.50</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b> Zip Code <b>94105-3718</b>	
Purpose of Disbursement <b>CREDIT CARD PROCESSING</b>		<input type="checkbox"/> Memo Item
Candidate Name		<b>Transaction ID : SB17.I4445</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type <b>003</b>	

Full Name (Last, First, Middle Initial) <b>B. STRIPE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2016</b>
Mailing Address <b>3180 18TH STREET</b>		Amount of Each Disbursement this Period <b>1654.50</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b> Zip Code <b>94110-2043</b>	
Purpose of Disbursement <b>CREDIT CARD PROCESSING</b>		<input type="checkbox"/> Memo Item
Candidate Name		<b>Transaction ID : SB17.I4438</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type <b>003</b>	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2016</b>
Mailing Address <b>16105 SWINGLEY RIDGE RD</b>		Amount of Each Disbursement this Period <b>98.00</b>
City <b>CHESTERFIELD</b>	State <b>MO</b> Zip Code <b>63017-1733</b>	
Purpose of Disbursement <b>POSTAGE</b>		<input type="checkbox"/> Memo Item
Candidate Name		<b>Transaction ID : SB17.I4377</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type <b>003</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1775.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>133876.38</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 98 OF 98	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ann Wagner for Congress**

Full Name (Last, First, Middle Initial) <b>A. HOUSE GIFT SHOP</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 23 / 2015</b>
Mailing Address <b>LONGWORTH BUILDING BASEMENT</b>		Amount of Each Disbursement this Period <b>2250.00</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20515-0001</b>	Purpose of Disbursement <b>HOLIDAY ORNAMENTS</b>	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB21.I1027</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</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	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</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	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>0.00</b>