

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 228 2nd Street, SE
 Check if different than previously reported. (ACC) Washington DC 20003

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00464727

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

<input checked="" type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on M M / D D / Y Y Y Y Y Y in the State of CT

5. Covering Period M M / D D / Y Y Y Y Y Y 10 / 20 / 2016 through M M / D D / Y Y Y Y Y Y 11 / 28 / 2016

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

Poloski, Tim, , ,

Type or Print Name of Treasurer _____

Signature of Treasurer Poloski, Tim, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

HUSKY PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		40748.35
(b) Cash on Hand at Beginning of Reporting Period.....	11784.22	
(c) Total Receipts (from Line 19)	10000.00	52500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	21784.22	93248.35
7. Total Disbursements (from Line 31).....	16331.25	87795.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	5452.97	5452.97
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

HUSKY PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	52500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	10000.00	52500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	10000.00	52500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	10000.00	52500.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	131.25	6995.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	131.25	6995.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	33400.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16200.00	47400.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16331.25	87795.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16331.25	87795.38

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	10000.00	52500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10000.00	52500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	131.25	6995.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	131.25	6995.38

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 12
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)
HUSKY PAC

A. LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 905 16TH ST., N.W.
 SECOND FLOOR
 City WASHINGTON State DC Zip Code 20006
 FEC ID number of contributing federal political committee. **C** C00007922
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2016
Transaction ID : SA11C.4721
 Amount of Each Receipt this Period
 5000.00
 Memo Item

B. LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2121 CRYSTAL DRIVE
 SUITE 100
 City ARLINGTON State VA Zip Code 22202
 FEC ID number of contributing federal political committee. **C** C00303024
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2016
Transaction ID : SA11C.4761
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 Contribution

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	10000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUSKY PAC

Full Name (Last, First, Middle Initial)

A. PCMS, LLC

Mailing Address 1050 17th Street, NW
Suite 590

City Washington State DC Zip Code 20036

Purpose of Disbursement
Compliance Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 05 / 2016

FEC Identification Number

C

Transaction ID : SB21B.4760
Amount of Each Disbursement this Period

131.25

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

131.25

131.25

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUSKY PAC

A. APPLGATE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 380 S MELROSE DRIVE
SUITE 207

City VISTA State CA Zip Code 92081

Purpose of Disbursement
Candidate Contribution

Candidate Name
APPLGATE, DOUGLAS LOREN, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 49

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2016

FEC Identification Number

C C00581595

Transaction ID : SB23.4753

Amount of Each Disbursement this Period

1000.00

Memo Item

B. CHARLIE CRIST FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1547

City ST. PETERSBURG State FL Zip Code 33731

Purpose of Disbursement
Candidate Contribution

Candidate Name
CRIST, CHARLIE, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: FL District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2016

FEC Identification Number

C C00590067

Transaction ID : SB23.4757

Amount of Each Disbursement this Period

1000.00

Memo Item

C. CT WORKING FAMILIES FEDERAL PAC D/B/A TAKE BACK CONGRESS CT

Full Name (Last, First, Middle Initial)

Mailing Address 30 ARBOR STREET
SUITE 210

City HARTFORD State CT Zip Code 06106

Purpose of Disbursement
Contribution

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 04 / 2016

FEC Identification Number

C C00428649

Transaction ID : SB23.4759

Amount of Each Disbursement this Period

2500.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUSKY PAC

A. GAIL SCHWARTZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 983

City CARBONDALE State CO Zip Code 81623

Purpose of Disbursement
Candidate Contribution

Candidate Name
SCHWARTZ, GAIL SHERIDAN MS., , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CO District: 03

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2016

FEC Identification Number

C C00614073

Transaction ID : SB23.4739

Amount of Each Disbursement this Period

1000.00

Memo Item

B. HILLARY FOR AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 5256

City NEW YORK State NY Zip Code 10185

Purpose of Disbursement
Candidate Contribution

Candidate Name
HILLARY FOR AMERICA

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: District: 00

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2016

FEC Identification Number

C C00575795

Transaction ID : SB23.4723

Amount of Each Disbursement this Period

2700.00

Memo Item

C. JOE GARCIA FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 1924 FERDINAND STREET

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement
Candidate Contribution

Candidate Name
GARCIA, JOE, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: FL District: 26

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2016

FEC Identification Number

C C00521781

Transaction ID : SB23.4756

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4700.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUSKY PAC

A. JOSH GOTTHEIMER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 584

M M M	/	D D D	/	Y Y Y Y Y
10		25		2016

City RIDGEWOOD State NJ Zip Code 07451

FEC Identification Number

Purpose of Disbursement
Candidate Contribution

C	C00573949
---	-----------

Candidate Name
GOTTHEIMER, JOSH, , ,

Category/
Type

Transaction ID : SB23.4744

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NJ District: 05

1000.00

Memo Item

B. LUANN BENNETT FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 446

M M M	/	D D D	/	Y Y Y Y Y
10		25		2016

City MCLEAN State VA Zip Code 22101

FEC Identification Number

Purpose of Disbursement
Campaign Contribution

C	C00595116
---	-----------

Candidate Name
BENNETT, LUANN, LuAnn, ,

Category/
Type

Transaction ID : SB23.4728

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: VA District: 10

1000.00

Memo Item

C. MOWRER FOR IOWA

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 13470

M M M	/	D D D	/	Y Y Y Y Y
10		25		2016

City DES MOINES State IA Zip Code 50310

FEC Identification Number

Purpose of Disbursement
Candidate Contribution

C	C00546549
---	-----------

Candidate Name
MOWRER, JIM, , ,

Category/
Type

Transaction ID : SB23.4733

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IA District: 03

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUSKY PAC

A. SANTARSIERO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 249

M M M	/	D D D	/	Y Y Y Y Y
10		25		2016

City NEWTON State PA Zip Code 18940

FEC Identification Number

Purpose of Disbursement
Candidate Contribution

C	C00571455
---	-----------

Candidate Name
SANTARSIERO, STEVEN J, , ,

Category/
Type

Transaction ID : SB23.4736

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼

	1000.00
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State: PA District: 08

Memo Item

B. SHELLI YODER FOR INDIANA

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 6654

M M M	/	D D D	/	Y Y Y Y Y
10		25		2016

City BLOOMINGTON State IN Zip Code 47407

FEC Identification Number

Purpose of Disbursement
Candidate Contribution

C	C00583427
---	-----------

Candidate Name
YODER, SHELLI, , ,

Category/
Type

Transaction ID : SB23.4755

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

	1000.00
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State: IN District: 09

Memo Item

C. STEPHANIE MURPHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 205

M M M	/	D D D	/	Y Y Y Y Y
10		25		2016

City WINTER PARK State FL Zip Code 32790

FEC Identification Number

Purpose of Disbursement
Candidate Contribution

C	C00620443
---	-----------

Candidate Name
MURPHY, STEPHANIE, , ,

Category/
Type

Transaction ID : SB23.4754

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼

	1000.00
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State: FL District: 07

Memo Item

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

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

	3000.00
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUSKY PAC

Full Name (Last, First, Middle Initial) A. TEXANS FOR PETE		Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 25 / 2016	
Mailing Address 10715 GULFDAL ST STE 235		FEC Identification Number C C00575043 Transaction ID : SB23.4729	
City SAN ANTONIO	State TX	Zip Code 78216	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Candidate Contribution		Category/ Type	Memo Item
Candidate Name GALLEGO, PETE, , ,		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 23		

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

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

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	16200.00