

# 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.   
Ann PAC

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

Type or Print Name of Treasurer Patrick McSwain

Signature of Treasurer Patrick McSwain [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Ann 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="2014"/>		76446.94
(b) Cash on Hand at Beginning of Reporting Period.....	50745.78	
(c) Total Receipts (from Line 19) .....	10000.00	99100.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	60745.78	175546.94
7. Total Disbursements (from Line 31).....	5298.09	120099.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	55447.69	55447.69
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	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Ann 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	40500.00
(ii) Unitemized .....	0.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	40600.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	58500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	10000.00	99100.00
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	99100.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10000.00	99100.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	4798.09	48599.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4798.09	48599.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	66500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	5000.00
(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	5000.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5298.09	120099.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5298.09	120099.25

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	99100.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10000.00	94100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	4798.09	48599.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4798.09	48599.25

**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 13
<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)  
**Ann PAC**

Full Name (Last, First, Middle Initial)  
**A. UNITEDHEALTH GROUP INCORPORATED PAC (UNITED FOR HEALTH)**

Mailing Address 701 Pennsylvania Avenue, NW  
Suite 200

City Washington State DC Zip Code 20004-3610

FEC ID number of contributing federal political committee. **C** C00274431

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
08 / 01 / 2014  
**Transaction ID : A93141AA06A90491E927**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Ernst & Young PAC**

Mailing Address 1101 New York Avenue, NW

City Washington State DC Zip Code 20005-4269

FEC ID number of contributing federal political committee. **C** C00227744

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
08 / 01 / 2014  
**Transaction ID : ABEF4E95347B1420DABE**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**C. American Academy of Orthopedic Surgeons PAC**

Mailing Address 317 Massachusetts Avenue, NE  
1ST Floor

City Washington State DC Zip Code 20002-5769

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
08 / 06 / 2014  
**Transaction ID : A96318C9DA8BA4F83B9B**

Amount of Each Receipt this Period  
1500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 13  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Ann PAC**

**A. THE GOLDMAN SACHS GROUP, INC. POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 CONSTITUTION AVENUE, NW  
 SUITE 1000 EAST  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2014  
**Transaction ID : AD381EB638E674449B6A**  
 Amount of Each Receipt this Period  
 2500.00

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> 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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ann PAC**

Full Name (Last, First, Middle Initial) <b>A. Aristotle International, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2014
Mailing Address 205 Pennsylvania Ave SE		<b>Transaction ID : B139DF46CAF514D25976</b>
City Washington	State DC	
Zip Code 20003-1164	Purpose of Disbursement Database Services	Amount of Each Disbursement this Period 300.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capital Enhancement, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2014
Mailing Address 150 Long Rd Ste 50		<b>Transaction ID : BDD3A7472779747ADB5A</b>
City Chesterfield	State MO	
Zip Code 63005-1239	Purpose of Disbursement Administrative Consulting	Amount of Each Disbursement this Period 500.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Commerce Bank</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2014
Mailing Address PO Box 808009		<b>Transaction ID : BE80C79EA68CE4C9D9F0</b>
City Kansas City	State MO	
Zip Code 64180-8009	Purpose of Disbursement Credit Card Payment: See Below	Amount of Each Disbursement this Period 3998.09
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4798.09
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Ann PAC**

Full Name (Last, First, Middle Initial)

**A. US Airways**

Mailing Address 4000 E. Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement  
flight fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2014

Transaction ID : B8C30D7B494E1498DA24

Amount of Each Disbursement this Period

22.00

**[MEMO ITEM]**  
flight fee

Full Name (Last, First, Middle Initial)

**B. US Airways**

Mailing Address 4000 E. Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement  
flight refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2014

Transaction ID : B188BCCEAFD4B4483B34

Amount of Each Disbursement this Period

-22.00

**[MEMO ITEM]**  
flight refund

Full Name (Last, First, Middle Initial)

**C. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Train transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2014

Transaction ID : BE0B97FCAB9694896A04

Amount of Each Disbursement this Period

518.00

**[MEMO ITEM]**  
Train transportation

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ann PAC**

Full Name (Last, First, Middle Initial)

**A. Amtrak**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
Train transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2014

Transaction ID : B2FCD18FF384B44C6A37

Amount of Each Disbursement this Period

259.00

**[MEMO ITEM]**  
Train transportation

Full Name (Last, First, Middle Initial)

**B. The New York Palace**

Mailing Address 455 Madison Ave

City New York State NY Zip Code 10022-6845

Purpose of Disbursement  
hotel stay/travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2014

Transaction ID : BE0E15A5FA8C74992817

Amount of Each Disbursement this Period

472.83

**[MEMO ITEM]**  
hotel stay/travel expenses

Full Name (Last, First, Middle Initial)

**C. The New York Palace**

Mailing Address 455 Madison Ave

City New York State NY Zip Code 10022-6845

Purpose of Disbursement  
hotel stay/travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2014

Transaction ID : B003CC6874C454F0B8AA

Amount of Each Disbursement this Period

580.22

**[MEMO ITEM]**  
hotel stay/travel expenses

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ann PAC**

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address 4333 Amon Carter Boulevar

City Fort Worth State TX Zip Code 76155-2605

Purpose of Disbursement flight credit

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 23 / 2014

Transaction ID : **BD7FAEF54DD60485CB0C**

Amount of Each Disbursement this Period: -12.49

**[MEMO ITEM]**  
flight credit

Full Name (Last, First, Middle Initial)

**B. Schnucks**

Mailing Address 8867 Ladue Rd

City Saint Louis State MO Zip Code 63124-2045

Purpose of Disbursement event expenses: food and beverage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 23 / 2014

Transaction ID : **B07F70F096FC44427A70**

Amount of Each Disbursement this Period: 228.73

**[MEMO ITEM]**  
event expenses: food and beverage

Full Name (Last, First, Middle Initial)

**C. Southwest Airlines**

Mailing Address 2702 Love Field Dr

City Dallas State TX Zip Code 75235-1908

Purpose of Disbursement flights

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 27 / 2014

Transaction ID : **BE518B82DD68046478A0**

Amount of Each Disbursement this Period: 538.00

**[MEMO ITEM]**  
flights

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

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NAME OF COMMITTEE (In Full)  
**Ann PAC**

Full Name (Last, First, Middle Initial)

**A. Cava Mezze**

Mailing Address 527 8th St SE

City Washington State DC Zip Code 20003-2835

Purpose of Disbursement  
event expenses: food and beverage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 11 / 2014

Transaction ID : BA541BE9313604BFDABC

Amount of Each Disbursement this Period

1164.22

[MEMO ITEM]

event expenses: food and beverage

Full Name (Last, First, Middle Initial)

**B. Commerce Bank**

Mailing Address PO Box 808009

City Kansas City State MO Zip Code 64180-8009

Purpose of Disbursement  
finance charge

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2014

Transaction ID : B3A68A6E96F6C43D4964

Amount of Each Disbursement this Period

83.25

[MEMO ITEM]

finance charge

Full Name (Last, First, Middle Initial)

**C.**

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

0.00

4798.09

# 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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)  
**Ann PAC**

Full Name (Last, First, Middle Initial)

### A. Nestande for Congress

Mailing Address 2150 RIVER PLAZA DR.  
#150

City Sacramento State CA Zip Code 95833-4131

Purpose of Disbursement  
Political Contribution: General 2014

Candidate Name  
**Brian Nestande**

Office Sought:  House  
 Senate  
 President  
State: CA District: 36

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2014

Transaction ID : B3695C7D0682D48D998A

Amount of Each Disbursement this Period

500.00
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Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

500.00
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500.00
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