



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**JEFF 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"/>		119442.95
(b) Cash on Hand at Beginning of Reporting Period.....	182585.43	
(c) Total Receipts (from Line 19) .....	0.00	121835.51
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	182585.43	241278.46
7. Total Disbursements (from Line 31).....	15602.23	74295.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	166983.20	166983.20
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

JEFF PAC

Report Covering the Period: From: 04 / 01 / 2016 To: 04 / 30 / 2016

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	25000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	25000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	72000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	0.00	97000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	24835.51
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))..... ▶	0.00	121835.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	0.00	121835.51

**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 .....	14454.27	42621.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	14454.27	42621.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1147.96	31673.67
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	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)) ..	15602.23	74295.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15602.23	74295.26

**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) .....	0.00	97000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	97000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	14454.27	42621.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	14454.27	42621.59

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

Summary page col. B line 23

Form/Schedule:  
Transaction ID:

**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

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)  
**JEFF PAC**

Full Name (Last, First, Middle Initial)

**A. CHASE CARDMEMBER SERVICES**

Mailing Address P. O. BOX 94014

City PALATINE State IL Zip Code 60094

Purpose of Disbursement  
CREDIT CARD PAYMENT

002

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2016

Transaction ID : EXPB624

Amount of Each Disbursement this Period

5731.26

Memo Item

Full Name (Last, First, Middle Initial)

**B. CARACCIOLI CELLARS**

Mailing Address P. O. DRAWER J

City GONZALES State CA Zip Code 93926

Purpose of Disbursement  
WINE FOR FUNDRAISER

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2016

Transaction ID : EDTB275EXPB624

Amount of Each Disbursement this Period

234.55

Memo Item

Full Name (Last, First, Middle Initial)

**C. FOUR SEASONS**

Mailing Address 3960 LAS VEGAS BLVD. S.

City LAS VEGAS State NV Zip Code 89119

Purpose of Disbursement  
TRAVEL EXP.

002

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2016

Transaction ID : EDTB274EXPB624

Amount of Each Disbursement this Period

1136.55

Memo Item

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

5731.26

**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)  
**JEFF PAC**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address DULLES AIRPORT

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
AIRFARE

**002**  
Category/  
Type

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  
04 / 07 / 2016

Transaction ID : EDTB277EXPB624

Amount of Each Disbursement this Period

125.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MR. CHOW OF MIAMI**

Mailing Address 2201 COLLINS AVE.

City MIAMI BEACH State FL Zip Code 33139

Purpose of Disbursement  
FUNDRAISING EVENT

**003**  
Category/  
Type

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  
04 / 07 / 2016

Transaction ID : EDTB276EXPB624

Amount of Each Disbursement this Period

651.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MR. CHOW OF MIAMI**

Mailing Address 2201 COLLINS AVE.

City MIAMI BEACH State FL Zip Code 33139

Purpose of Disbursement  
MEALS

**002**  
Category/  
Type

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  
04 / 07 / 2016

Transaction ID : EDTB278EXPB624

Amount of Each Disbursement this Period

182.03

Memo Item

**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)  
**JEFF PAC**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address DULLES AIRPORT

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
AIRFARE

002

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2016

Transaction ID : EDTB280EXPB624

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. WYNDHAM SHELBORNE**

Mailing Address 1801 COLLINS AVE.

City MIAMI State FL Zip Code 33139

Purpose of Disbursement  
LODGING

002

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2016

Transaction ID : EDTB279EXPB624

Amount of Each Disbursement this Period

738.72

Memo Item

Full Name (Last, First, Middle Initial)

**C. WYNDHAM SHELBORNE**

Mailing Address 1801 COLLINS AVE.

City MIAMI State FL Zip Code 33139

Purpose of Disbursement  
FUNDRAISING EVENT

003

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2016

Transaction ID : EDTB282EXPB624

Amount of Each Disbursement this Period

1057.86

Memo Item

**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)  
**JEFF PAC**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 04 / 07 / 2016
Mailing Address DULLES AIRPORT		<b>Transaction ID : EDTB283EXPB624</b>
City ARLINGTON	State VA	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 340.93
Category/Type 002		<input checked="" 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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 04 / 07 / 2016
Mailing Address AVIATION DR.		<b>Transaction ID : EDTB284EXPB624</b>
City STERLING	State VA	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 83.10
Category/Type 002		<input checked="" 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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 04 / 07 / 2016
Mailing Address DULLES AIRPORT		<b>Transaction ID : EDTB285EXPB624</b>
City ARLINGTON	State VA	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 334.20
Category/Type 002		<input checked="" 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) ▼	
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 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)  
**JEFF PAC**

Full Name (Last, First, Middle Initial)

**A. UNITED AIRLINES**

Mailing Address AVIATION DR.

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
AIRFARE

**002**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : EDTB286EXPB624**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. 814 CONSULTING LLC**

Mailing Address 5827 COLFAX AVE.

City ALEXANDRIA State VA Zip Code 22311

Purpose of Disbursement  
FACILITY RENTAL FOR FUNDRAISING EVENT

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : EXPB629**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. DAVID BAUER**

Mailing Address 2150 RIVER PLAZA DR. #150

City SACRAMENTO State CA Zip Code 95833

Purpose of Disbursement  
ACCOUNTING SVC.

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : EXPB628**

Amount of Each Disbursement this Period

Memo Item

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

**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)  
**JEFF PAC**

Full Name (Last, First, Middle Initial)

**A. CHASE CARD SERVICES**

Mailing Address P. O. BOX 15153

City WILMINGTON State DE Zip Code 19886

Purpose of Disbursement  
CREDIT CARD PAYMENT

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : EXPB632

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. UNITED AIRLINES**

Mailing Address AVIATION DR.

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
AIRFARE

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : EDTB289EXPB632

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. HERTZ CAR RENTAL**

Mailing Address 1711 E. BUCKEYE RD.

City PHOENIX State AZ Zip Code 88201

Purpose of Disbursement  
AUTO RENTAL

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : EDTB288EXPB632

Amount of Each Disbursement this Period

Memo Item

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

**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)  
**JEFF PAC**

Full Name (Last, First, Middle Initial)

**A. JASON LARRABEE**

Mailing Address 3204 STEPHENSON PL. NW

City WASHINGTON State DC Zip Code 20015

Purpose of Disbursement  
FUNDRAISING CONSULTING

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2016

Transaction ID : EXPB631

Amount of Each Disbursement this Period

2250.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address BOX 0001

City LOS ANGELES State CA Zip Code 90096

Purpose of Disbursement  
CREDIT CARD PAYMENT

002

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 19 / 2016

Transaction ID : EXPB633

Amount of Each Disbursement this Period

3274.64

Memo Item

Full Name (Last, First, Middle Initial)

**C. INN AT SPANISH BAY**

Mailing Address 17 MILE DR.

City PEBBLE BEACH State CA Zip Code 93953

Purpose of Disbursement  
LODGING

002

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 19 / 2016

Transaction ID : EDTB290EXPB633

Amount of Each Disbursement this Period

3229.64

Memo Item

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

5524.64

**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)  
**JEFF PAC**

Full Name (Last, First, Middle Initial)

**A. CHASE CARD SERVICES**

Mailing Address P. O. BOX 15153

City WILMINGTON State DE Zip Code 19886

Purpose of Disbursement  
CREDIT CARD PAYMENT

002

Category/  
Type

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
04	/	25	/	2016

Transaction ID : EXPB637

Amount of Each Disbursement this Period

1034.97
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST AIRLINES**

Mailing Address SACRAMENTO INT'L AIRPORT

City SACRAMENTO State CA Zip Code 95838

Purpose of Disbursement  
AIRFARE

002

Category/  
Type

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
04	/	25	/	2016

Transaction ID : EDTB291EXPB637

Amount of Each Disbursement this Period

1034.97
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

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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Memo Item

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

1034.97
---------

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

14384.89
----------

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

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

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

Full Name (Last, First, Middle Initial)

**A. CHASE CARD SERVICES**

Mailing Address P. O. BOX 15153

City WILMINGTON State DE Zip Code 19886

Purpose of Disbursement  
LODGING FOR PATRICK MCHENRY

24Z

Candidate Name  
**PATRICK MCHENRY**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 10

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2016

Transaction ID : PDTB31

Amount of Each Disbursement this Period

1147.96

Memo Item

Full Name (Last, First, Middle Initial)

**B. INN AT SPANISH BAY**

Mailing Address 17 MILE DR.

City PEBBLE BEACH State CA Zip Code 93953

Purpose of Disbursement  
LODGING FOR PATRICK MCHENRY

24Z

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2016

Transaction ID : PDTB17PDTB31

Amount of Each Disbursement this Period

1147.96

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

1147.96

1147.96

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 16
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>814 CONSULTING LLC</b>	Nature of Debt (Purpose): FACILITY RENTAL FOR FUNDRAISING EVENT
Mailing Address 5827 COLFAX AVE.	
City State Zip Code ALEXANDRIA VA 22311	

Outstanding Balance Beginning This Period 700.00	<b>Transaction ID : PAYD625</b>	
Amount Incurred This Period 0.00	Payment This Period 700.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CHASE CARD SERVICES</b>	Nature of Debt (Purpose): LODGING FOR PATRICK MCHENRY
Mailing Address P. O. BOX 15153	
City State Zip Code WILMINGTON DE 19886	

Outstanding Balance Beginning This Period 1147.96	<b>Transaction ID : PAYD642</b>	
Amount Incurred This Period 0.00	Payment This Period 1147.96	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	0.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	