

**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.....	17218.80	
(c) Total Receipts (from Line 19)	23500.00	150700.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	40718.80	227146.94
7. Total Disbursements (from Line 31).....	12369.32	198797.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	28349.48	28349.48
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (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	44000.00
(ii) Unitemized	0.00	200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	44200.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	23500.00	106500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	23500.00	150700.00
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))..... ▶	23500.00	150700.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	23500.00	150700.00

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	9369.32	73453.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	9369.32	73453.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	120343.91
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)) ..	12369.32	198797.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12369.32	198797.46

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)	23500.00	150700.00
34. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23500.00	145700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	9369.32	73453.55
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9369.32	73453.55

**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 16
<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. REGIONS FINANCIAL CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 417 20th Street North

City Birmingham State AL Zip Code 35203-3203

FEC ID number of contributing federal political committee. **C** C00432252

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : AC843B8A8A5484865920

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. American Financial Services Association PAC

Mailing Address 919 18th Street, NW

City Washington State DC Zip Code 20006-5503

FEC ID number of contributing federal political committee. **C** C00038604

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : AACB61D3A01BB4AEF9A9

Amount of Each Receipt this Period
 3000.00

Full Name (Last, First, Middle Initial)
C. Raytheon Political Action Committee

Mailing Address 1100 Wilson Boulevard Suite 1500

City Arlington State VA Zip Code 22209-3900

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2014

Transaction ID : A4A601E02C519487587A

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....▶	9000.00
TOTAL 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: (check only one)	PAGE 7 OF 16
<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

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NAME OF COMMITTEE (In Full)
Ann PAC

Full Name (Last, First, Middle Initial)
A. The Home Depot Inc. PAC

Mailing Address 1155 F Street NW
Suite 400

City Washington State DC Zip Code 20004-1346

FEC ID number of contributing federal political committee. **C** C00284885

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 28 / 2014
Transaction ID : AE4A2F168CB894811A65

Amount of Each Receipt this Period
3500.00

Full Name (Last, First, Middle Initial)
B. Deloitte Federal PAC

Mailing Address P.O. BOX 365

City Washington State DC Zip Code 20044-0365

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
10 / 28 / 2014
Transaction ID : ACF79D67537AF4A04AAF

Amount of Each Receipt this Period
2000.00

Full Name (Last, First, Middle Initial)
C. THE GOLDMAN SACHS GROUP, INC. POLITICAL ACTION COMMITTEE

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 ▼
5000.00

Date of Receipt
10 / 28 / 2014
Transaction ID : A3B2A5B8038194EB1B39

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....▶	8000.00
TOTAL 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: (check only one)	PAGE 8 OF 16
<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

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NAME OF COMMITTEE (In Full)
Ann PAC

A. Comcast Corporation & NBCUniversal Political Action Committee - Federal

Full Name (Last, First, Middle Initial)
COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL

Mailing Address One Comcast Center
1701 JFK Boulevard

City Philadelphia State PA Zip Code 19103-2838

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
10 / 31 / 2014
Transaction ID : AA140A53597F84B63872

Amount of Each Receipt this Period
2500.00

B. Microsoft Corporation PAC

Full Name (Last, First, Middle Initial)
Microsoft Corporation PAC

Mailing Address 16011 NE 36th Way

City Redmond State WA Zip Code 98052-6301

FEC ID number of contributing federal political committee. **C** C00227546

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
11 / 01 / 2014
Transaction ID : A489A84CB2AE44760A80

Amount of Each Receipt this Period
2000.00

C. Boston Scientific Corp. PAC

Full Name (Last, First, Middle Initial)
Boston Scientific Corp. PAC

Mailing Address One Boston Scientific Place

City Natick State MA Zip Code 01760-1536

FEC ID number of contributing federal political committee. **C** C00357863

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
11 / 05 / 2014
Transaction ID : A6B468900D8294AB68BE

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....▶	6500.00
TOTAL This Period (last page this line number only).....▶	23500.00

**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. Capital Enhancement, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Mailing Address 150 Long Rd
Ste 50

Transaction ID : B456120CD796247FAA24

City Chesterfield State MO Zip Code 63005-1239

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Administrative Consulting

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Capital Enhancement, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Mailing Address 150 Long Rd
Ste 50

Transaction ID : B2A165C1A71594B8B93F

City Chesterfield State MO Zip Code 63005-1239

Amount of Each Disbursement this Period

760.00

Purpose of Disbursement
Fundraising Fee

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Capital Enhancement, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Mailing Address 150 Long Rd
Ste 50

Transaction ID : BDC4FF073B09545EB87E

City Chesterfield State MO Zip Code 63005-1239

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Administrative Consulting

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

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

1760.00

--

**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. Aristotle International, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Database Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2014

Transaction ID : B46105FFD511A432E887

Amount of Each Disbursement this Period

300.00

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
Credit Card Payment: See Below

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2014

Transaction ID : B3EBBC56E9A104E35A4B

Amount of Each Disbursement this Period

7309.32

Full Name (Last, First, Middle Initial)

C. Delta Airlines

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement
airline 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
09 / 17 / 2014

Transaction ID : BE7809233A64B4D43A6B

Amount of Each Disbursement this Period

610.70

[MEMO ITEM]
airline travel expenses

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

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

7609.32

**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. Delta Airlines

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement
airline 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
09 / 17 / 2014

Transaction ID : B1A8FCAF342B24482A6B

Amount of Each Disbursement this Period

1445.80

[MEMO ITEM]
airline travel expenses

Full Name (Last, First, Middle Initial)

B. Southwest Airlines

Mailing Address 2702 Love Field Dr

City Dallas State TX Zip Code 75235-1908

Purpose of Disbursement
airline 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
09 / 18 / 2014

Transaction ID : B1D0F74297E3B4F2C9BE

Amount of Each Disbursement this Period

335.10

[MEMO ITEM]
airline travel expenses

Full Name (Last, First, Middle Initial)

C. Capital Grille

Mailing Address 601 Pennsylvania Ave NW

City Washington State DC Zip Code 20004-2601

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
09 / 22 / 2014

Transaction ID : B643EB115DB1F4244A8B

Amount of Each Disbursement this Period

1116.30

[MEMO ITEM]
event expenses: food and beverage

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. Capitol Host (Ridgewells)

Mailing Address Rm B-339B Rayburn House Office

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement
event expenses: food and beverage

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2014

Transaction ID : B398430FE5CC5427D8F3

Amount of Each Disbursement this Period

1720.50

[MEMO ITEM]

event expenses: food and beverage

Full Name (Last, First, Middle Initial)

B. Delta Airlines

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement
airline fee

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2014

Transaction ID : B3B86BAECB5FE4C1B98E

Amount of Each Disbursement this Period

19.00

[MEMO ITEM]

airline fee

Full Name (Last, First, Middle Initial)

C. Cambria Suites

Mailing Address 255 Munson Ave

City Traverse City State MI Zip Code 49686-3079

Purpose of Disbursement
hotel stay/travel expenses

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2014

Transaction ID : BD41AF90E2CE645E38C8

Amount of Each Disbursement this Period

139.68

[MEMO ITEM]

hotel stay/travel expenses

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. American Airlines

Mailing Address 4333 Amon Carter Boulevar

City Fort Worth State TX Zip Code 76155-2605

Purpose of Disbursement
airline 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
09 / 29 / 2014

Transaction ID : B6AAEF70B47CC443AA0E

Amount of Each Disbursement this Period

351.60

[MEMO ITEM]
airline travel expenses

Full Name (Last, First, Middle Initial)

B. Delta Airlines

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement
airline fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2014

Transaction ID : B55C727C85EDC49F782A

Amount of Each Disbursement this Period

19.00

[MEMO ITEM]
airline fee

Full Name (Last, First, Middle Initial)

C. American Airlines

Mailing Address 4333 Amon Carter Boulevar

City Fort Worth State TX Zip Code 76155-2605

Purpose of Disbursement
airline 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
09 / 29 / 2014

Transaction ID : BEDEAA33C7DDF41FB80C

Amount of Each Disbursement this Period

351.60

[MEMO ITEM]
airline 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. Cambria Suites

Mailing Address 255 Munson Ave

City Traverse City State MI Zip Code 49686-3079

Purpose of Disbursement
hotel stay/travel expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	4

Transaction ID : BE90CDF7EEA2E45F1A13

Amount of Each Disbursement this Period

2	1	0	.	8	9
---	---	---	---	---	---

[MEMO ITEM]
hotel stay/travel expenses

Full Name (Last, First, Middle Initial)

B. Delta Airlines

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement
airline fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	4

Transaction ID : BB98DAF2B3D04471386B

Amount of Each Disbursement this Period

9	.	0	0
---	---	---	---

[MEMO ITEM]
airline fee

Full Name (Last, First, Middle Initial)

C. Cambria Suites

Mailing Address 255 Munson Ave

City Traverse City State MI Zip Code 49686-3079

Purpose of Disbursement
hotel stay/travel expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	4

Transaction ID : BE5C0C30049634CAFB7F

Amount of Each Disbursement this Period

2	1	0	.	8	9
---	---	---	---	---	---

[MEMO ITEM]
hotel stay/travel expenses

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

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

0	.	0	0
---	---	---	---

2	1	0	.	8	9
---	---	---	---	---	---

**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		Date of Disbursement MM / DD / YYYY 10 / 01 / 2014
Mailing Address 4333 Amon Carter Boulevar		Transaction ID : BD85D56F4750542248FF
City Fort Worth	State TX	
Purpose of Disbursement airline travel expenses		Amount of Each Disbursement this Period 196.10
Candidate Name		[MEMO ITEM] airline travel expenses
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Disbursement MM / DD / YYYY 10 / 10 / 2014
Mailing Address 4333 Amon Carter Boulevar		Transaction ID : B9EA45C5C033C44A18B1
City Fort Worth	State TX	
Purpose of Disbursement airline travel expenses		Amount of Each Disbursement this Period 346.50
Candidate Name		[MEMO ITEM] airline travel expenses
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. US Airways		Date of Disbursement MM / DD / YYYY 10 / 13 / 2014
Mailing Address 4000 E. Sky Harbor Blvd		Transaction ID : B562BA0A060604AE1971
City Phoenix	State AZ	
Purpose of Disbursement airline travel expenses		Amount of Each Disbursement this Period 195.10
Candidate Name		[MEMO ITEM] airline travel expenses
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	9369.32

**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

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NAME OF COMMITTEE (In Full)
Ann PAC

Full Name (Last, First, Middle Initial)

A. UPTON FOR ALL OF US

Mailing Address P.O. BOX 490

City State Zip Code
ST. JOSEPH MI 49085

Purpose of Disbursement
Political contribution: general 2014

Candidate Name
Rep. Fred S. Upton

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 23 / 2014

Transaction ID : BA7A944DDD22B4A9E847

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

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

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

3000.00

3000.00