

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

Signature of Treasurer [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"/>	<input type="text" value="76446.94"/>	<input type="text" value="76446.94"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="27443.46"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="4500.00"/>	<input type="text" value="127200.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="31943.46"/>	<input type="text" value="203646.94"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14294.66"/>	<input type="text" value="185998.14"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="17648.80"/>	<input type="text" value="17648.80"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

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).....	4500.00	83000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	4500.00	127200.00
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))..... ▶	4500.00	127200.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4500.00	127200.00

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	5950.75	63654.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5950.75	63654.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8343.91	117343.91
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)) ..	14294.66	185998.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14294.66	185998.14

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)	4500.00	127200.00
34. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4500.00	122200.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5950.75	63654.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5950.75	63654.23

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

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

FOR LINE NUMBER: PAGE 6 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Mailing Address 1310 G St. NW

City Washington State DC Zip Code 20005-3000

FEC ID number of contributing federal political committee. **C** C00194746

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2014
Transaction ID : A80DEA549448A466E92B

Amount of Each Receipt this Period
2500.00

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

Mailing Address 701 MARKET STREET

City Saint Louis State MO Zip Code 63101-1830

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : A657AC27036DB40179E8

Amount of Each Receipt this Period
2000.00

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	4500.00

**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 Boulevard

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
10 / 01 / 2014

Transaction ID : **BD85D56F4750542248FF**

Amount of Each Disbursement this Period

196.10

[MEMO ITEM]
airline travel expenses

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
10 / 03 / 2014

Transaction ID : **B420F0413773D427A934**

Amount of Each Disbursement this Period

5450.75

Full Name (Last, First, Middle Initial)

C. US Airways

Mailing Address 4000 E. Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

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
08 / 14 / 2014

Transaction ID : **B3712553A0A164F8D8C9**

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]
airline travel expenses

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

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

5450.75

**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
airline travel expenses

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
08 / 14 / 2014

Transaction ID : BE86D97E0EC544B36B8C

Amount of Each Disbursement this Period

512.60

[MEMO ITEM]
airline travel expenses

Full Name (Last, First, Middle Initial)

B. Osetra The Fishhouse

Mailing Address 904 5th Ave

City San Diego State CA Zip Code 92101-6102

Purpose of Disbursement
food and beverages

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
08 / 14 / 2014

Transaction ID : B31955B1CA12242B88F9

Amount of Each Disbursement this Period

255.95

[MEMO ITEM]
food and beverages

Full Name (Last, First, Middle Initial)

C. Enterprise Rent-A-Car (Ballwin)

Mailing Address 15201 Manchester Rd

City Ballwin State MO Zip Code 63011-4602

Purpose of Disbursement
car rental

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
08 / 22 / 2014

Transaction ID : B03353512F8FF47F4BBC

Amount of Each Disbursement this Period

347.43

[MEMO ITEM]
car rental

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. Comfort Inn

Mailing Address 2401 A Ave W

City Oskaloosa State IA Zip Code 52577-1963

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
08 / 25 / 2014

Transaction ID : **BB68DEF236AD34F03BBD**

Amount of Each Disbursement this Period

111.45

[MEMO ITEM]
hotel stay/travel expenses

Full Name (Last, First, Middle Initial)

B. Comfort Inn

Mailing Address 2401 A Ave W

City Oskaloosa State IA Zip Code 52577-1963

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
08 / 25 / 2014

Transaction ID : **B30089046DB4A44FBA20**

Amount of Each Disbursement this Period

111.45

[MEMO ITEM]
hotel stay/travel expenses

Full Name (Last, First, Middle Initial)

C. Hilton Hotels, OKC

Mailing Address ONE PARK AVENUE

City Oklahoma City State OK Zip Code 73102-9003

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
08 / 25 / 2014

Transaction ID : **BC801D958E36E4788887**

Amount of Each Disbursement this Period

270.78

[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. Hilton Hotels, OKC

Date of Disbursement: MM / DD / YYYY
08 / 25 / 2014

Mailing Address ONE PARK AVENUE

City Oklahoma City State OK Zip Code 73102-9003

Purpose of Disbursement hotel stay/travel expenses

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : BEE22AAE11E424465B05

Amount of Each Disbursement this Period: 405.74

[MEMO ITEM]
hotel stay/travel expenses

Full Name (Last, First, Middle Initial)

B. Enterprise Rent-a-Car (OKC)

Date of Disbursement: MM / DD / YYYY
08 / 25 / 2014

Mailing Address 7100 Terminal Dr #966

City Oklahoma City State OK Zip Code 73159-0966

Purpose of Disbursement car rental

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : B2C4DCF86EA75452C87A

Amount of Each Disbursement this Period: 210.32

[MEMO ITEM]
car rental

Full Name (Last, First, Middle Initial)

C. American Airlines

Date of Disbursement: MM / DD / YYYY
08 / 26 / 2014

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : BEC5823D9DB93405BBC8

Amount of Each Disbursement this Period: 1078.20

[MEMO ITEM]
airline 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. United Airlines

Mailing Address 233 S. Wacker Drive

City Chicago State IL Zip Code 60606-7147

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
08 / 26 / 2014

Transaction ID : B4B9EEED9625A4F3AB09

Amount of Each Disbursement this Period

19.00

[MEMO ITEM]
airline fee

Full Name (Last, First, Middle Initial)

B. United Airlines

Mailing Address 233 S. Wacker Drive

City Chicago State IL Zip Code 60606-7147

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
08 / 26 / 2014

Transaction ID : B0C1A4D9E64D04FB0BE2

Amount of Each Disbursement this Period

1377.51

[MEMO ITEM]
airline travel expenses

Full Name (Last, First, Middle Initial)

C. United Airlines

Mailing Address 233 S. Wacker Drive

City Chicago State IL Zip Code 60606-7147

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
08 / 26 / 2014

Transaction ID : B35F087A927234F0BB6F

Amount of Each Disbursement this Period

9.00

[MEMO ITEM]
airline fee

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. United Airlines

Mailing Address 233 S. Wacker Drive

City Chicago State IL Zip Code 60606-7147

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
08 / 26 / 2014

Transaction ID : **BD45C3769EE3B4C238C9**

Amount of Each Disbursement this Period

39.00

[MEMO ITEM]
airline travel expenses

Full Name (Last, First, Middle Initial)

B. United Airlines

Mailing Address 233 S. Wacker Drive

City Chicago State IL Zip Code 60606-7147

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
08 / 26 / 2014

Transaction ID : **B39E10DD463374A14900**

Amount of Each Disbursement this Period

39.00

[MEMO ITEM]
airline fee

Full Name (Last, First, Middle Initial)

C. United Airlines

Mailing Address 233 S. Wacker Drive

City Chicago State IL Zip Code 60606-7147

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
08 / 26 / 2014

Transaction ID : **BD6D5B3CB5470424FBFC**

Amount of Each Disbursement this Period

39.00

[MEMO ITEM]
airline fee

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. United Airlines

Mailing Address 233 S. Wacker Drive

City Chicago State IL Zip Code 60606-7147

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
08 / 26 / 2014

Transaction ID : **BBCD693AFE45949D3A82**

Amount of Each Disbursement this Period

968.60

[MEMO ITEM]
airline travel expenses

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address 4333 Amon Carter Boulevard

City Fort Worth State TX Zip Code 76155-2605

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
08 / 26 / 2014

Transaction ID : **B42C33E49094D41238E3**

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]
airline fee

Full Name (Last, First, Middle Initial)

C. United Airlines

Mailing Address 233 S. Wacker Drive

City Chicago State IL Zip Code 60606-7147

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
08 / 26 / 2014

Transaction ID : **B86CE2A6F550B45B1A03**

Amount of Each Disbursement this Period

25.00

[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. 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
08 / 26 / 2014

Transaction ID : B98D220E5F2BA46BD9CB

Amount of Each Disbursement this Period

1078.20

[MEMO ITEM]
airline travel expenses

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address 4333 Amon Carter Boulevar

City Fort Worth State TX Zip Code 76155-2605

Purpose of Disbursement
airline credit

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2014

Transaction ID : BD0C372DB7C78465B9C8

Amount of Each Disbursement this Period

-1078.20

[MEMO ITEM]
airline credit

Full Name (Last, First, Middle Initial)

C. United Airlines

Mailing Address 233 S. Wacker Drive

City Chicago State IL Zip Code 60606-7147

Purpose of Disbursement
airline credit

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2014

Transaction ID : BDF7C544470F04C7EACD

Amount of Each Disbursement this Period

-968.60

[MEMO ITEM]
airline credit

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 State Zip Code
Fort Worth TX 76155-2605

Purpose of Disbursement
airline credit

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2014

Transaction ID : **BB71EF418BB0E4F49AD3**

Amount of Each Disbursement this Period

-1078.20

[MEMO ITEM]
airline credit

Full Name (Last, First, Middle Initial)

B. United Airlines

Mailing Address 233 S. Wacker Drive

City State Zip Code
Chicago IL 60606-7147

Purpose of Disbursement
airline credit

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2014

Transaction ID : **BDC9884583BD54742ABC**

Amount of Each Disbursement this Period

-1377.60

[MEMO ITEM]
airline credit

Full Name (Last, First, Middle Initial)

C. United Airlines

Mailing Address 233 S. Wacker Drive

City State Zip Code
Chicago IL 60606-7147

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
08 / 28 / 2014

Transaction ID : **BAB00196B69954111842**

Amount of Each Disbursement this Period

42.00

[MEMO ITEM]
airline fee

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. United Airlines

Mailing Address 233 S. Wacker Drive

City Chicago State IL Zip Code 60606-7147

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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	8			2	0	1	4		

Transaction ID : B1CB7C495DCC44F70898

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

[MEMO ITEM]
airline fee

Full Name (Last, First, Middle Initial)

B. Enterprise Rent-A-Car (Jackson, WY)

Mailing Address 1250 E Airport Rd

City Jackson State WY Zip Code 83001-8603

Purpose of Disbursement
car rental

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	9			2	0	1	4		

Transaction ID : B37BFE1207CC2436D811

Amount of Each Disbursement this Period

2	6	6	.	3	8
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[MEMO ITEM]
car rental

Full Name (Last, First, Middle Initial)

C. Four Seasons Hotel

Mailing Address 7680 Granite Loop Rd

City Teton Village State WY Zip Code 83025

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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	9			2	0	1	4		

Transaction ID : BEAB563E11C7A47379B9

Amount of Each Disbursement this Period

3	8	.	4	8
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[MEMO ITEM]
hotel stay/travel expenses

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

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

0	0	0
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0	0	0
---	---	---

**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. Snake River Lodge

Mailing Address 7710 Granite Loop Rd

City Jackson State WY Zip Code 83001

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
08 / 29 / 2014

Transaction ID : B841185D7D9F148DBA0E

Amount of Each Disbursement this Period

80.50

[MEMO ITEM]
hotel stay/travel expenses

Full Name (Last, First, Middle Initial)

B. United Airlines

Mailing Address 233 S. Wacker Drive

City Chicago State IL Zip Code 60606-7147

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
08 / 29 / 2014

Transaction ID : BA0B3BD7EE5674135A4D

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]
airline fee

Full Name (Last, First, Middle Initial)

C. Enterprise Rent-A-Car (Jackson, WY)

Mailing Address 1250 E Airport Rd

City Jackson State WY Zip Code 83001-8603

Purpose of Disbursement
car rental

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 29 / 2014

Transaction ID : BF2072945BA5441BCBD0

Amount of Each Disbursement this Period

312.95

[MEMO ITEM]
car rental

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. Four Seasons Hotel

Mailing Address 7680 Granite Loop Rd

City Teton Village State WY Zip Code 83025

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
08 / 29 / 2014

Transaction ID : B8880432D5C9C4F78A00

Amount of Each Disbursement this Period

782.02

[MEMO ITEM]
hotel stay/travel expenses

Full Name (Last, First, Middle Initial)

B. Hilton Garden Inn

Mailing Address 3625 Marriott Dr

City Bakersfield State CA Zip Code 93308-6248

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
09 / 01 / 2014

Transaction ID : B833B861DB7A94357939

Amount of Each Disbursement this Period

210.35

[MEMO ITEM]
hotel stay/travel expenses

Full Name (Last, First, Middle Initial)

C. National Car Rental

Mailing Address 3701 Wings WAY STE 209

City Bakersfield State CA Zip Code 93308-7027

Purpose of Disbursement
car rental

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2014

Transaction ID : B16D74BD873F542DBA37

Amount of Each Disbursement this Period

253.87

[MEMO ITEM]
car rental

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. Hilton Garden Inn

Mailing Address 3625 Marriott Dr

City Bakersfield State CA Zip Code 93308-6248

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 / 01 / 2014

Transaction ID : B36F6D40FD1D54D8F97A

Amount of Each Disbursement this Period

201.60

[MEMO ITEM]
hotel stay/travel expenses

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
airline travel expenses

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2014

Transaction ID : B7C276EEF23E64687B5E

Amount of Each Disbursement this Period

139.00

[MEMO ITEM]
airline travel expenses

Full Name (Last, First, Middle Initial)

C. National Car Rental

Mailing Address 3701 Wings WAY STE 209

City Bakersfield State CA Zip Code 93308-7027

Purpose of Disbursement
car rental

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2014

Transaction ID : B83FC83BB80C9425DAFF

Amount of Each Disbursement this Period

39.21

[MEMO ITEM]
car rental

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. Capital Enhancement, Inc.

Mailing Address 150 Long Rd
Ste 50

City Chesterfield State MO Zip Code 63005-1239

Purpose of Disbursement
Administrative Consulting

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
10		07		2014

Transaction ID : BE3E3F4C2981348788C2

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Hilton Hotel Frontenac

Mailing Address 1335 S Lindbergh Blvd

City Saint Louis State MO Zip Code 63131-2926

Purpose of Disbursement
Event Expenses: Food & Beverage

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
10		13		2014

Transaction ID : B7C106F317F5F42ABB58

Amount of Each Disbursement this Period

343.91

Category/
Type

[MEMO ITEM]
Event Expenses: Food & Beverage

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) ▼

Date of Disbursement

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

Transaction ID : B9EA45C5C033C44A18B1

Amount of Each Disbursement this Period

346.50

Category/
Type

[MEMO ITEM]
airline travel expenses

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

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

500.00

5950.75

**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. McSally for Congress

Mailing Address PO Box 19128

City Tucson State AZ Zip Code 85731-9128

Purpose of Disbursement
Political contribution: general 2014

Candidate Name
Martha McSally

Office Sought: House
 Senate
 President
State: AZ District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : B1AAC9616D1AA46F7983

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. wendyrogers.org

Mailing Address 3030 S RURAL RD SUITE 120

City Tempe State AZ Zip Code 85282-3800

Purpose of Disbursement
Political contribution: general 2014

Candidate Name
Wendy Rogers

Office Sought: House
 Senate
 President
State: AZ District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : BF3CCBECE95054B168CF

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Andy Tobin for Congress

Mailing Address 2532 NORTH 4TH STREET #528

City Flagstaff State AZ Zip Code 86004-3712

Purpose of Disbursement
Political contribution: general 2014

Candidate Name
Andy Tobin

Office Sought: House
 Senate
 President
State: AZ District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : BA5FB8B24237C4D139E3

Amount of Each Disbursement this Period

2000.00

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

5000.00

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"/> 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. Coffman for Congress

Mailing Address 4950 S YOSEMITE STREET F2 #511

City Greenwood Village State CO Zip Code 80111-1349

Purpose of Disbursement
In-Kind Event Expenses: Food & Beverage

Candidate Name
Rep. Mike Coffman

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: CO District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2014

Transaction ID : **BB8E2053BA05D4DF7B73**

Amount of Each Disbursement this Period

343.91

Full Name (Last, First, Middle Initial)

B. LYNN JENKINS FOR CONGRESS

Mailing Address PO BOX 1441

City TOPEKA State KS Zip Code 66601-1441

Purpose of Disbursement
Political Contribution: General 2014

Candidate Name
Rep. Lynn M. Jenkins

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: KS District: 02

Date of Disbursement

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

Transaction ID : **BC675EA7D336042CD8E7**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C.

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 M / D 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)..... ▶

3343.91

8343.91