

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.

BILL 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.
Rennaker, Nancy, , ,
Type or Print Name of Treasurer

Signature of Treasurer *Rennaker, Nancy, , ,* [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

BILL 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"/>		53716.07
(b) Cash on Hand at Beginning of Reporting Period.....	50601.34	
(c) Total Receipts (from Line 19)	17100.00	57100.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	67701.34	110816.07
7. Total Disbursements (from Line 31).....	24835.44	67950.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	42865.90	42865.90
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

BILL 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).....	8600.00	26100.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8600.00	26100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	8500.00	31000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	17100.00	57100.00
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)).....▶	17100.00	57100.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	17100.00	57100.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	835.44	8650.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	835.44	8650.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24000.00	59300.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	24835.44	67950.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24835.44	67950.17

DETAILED SUMMARY PAGE
of Disbursements

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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)	17100.00	57100.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17100.00	57100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	835.44	8650.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	835.44	8650.17

**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 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)
BILL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Faison, Jay Winters, , Mr.,			Date of Receipt
Mailing Address 1355 Greenwood Cliffs Suite 301			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City Charlotte	State NC	Zip Code 28204-2981	Transaction ID : SA11AI.4652
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Name of Employer (for Individual) Clearpath Foundation		Occupation (for Individual) CEO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Faison, Olga McCoy, , ,			Date of Receipt
Mailing Address 2120 Stonebridge Ln.			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City Charlotte	State NC	Zip Code 28211	Transaction ID : SA11AI.4656
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="2600.00"/>
Name of Employer (for Individual) Homemaker		Occupation (for Individual) Homemaker	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2600.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Havel, Mike, , ,			Date of Receipt
Mailing Address 7607 Chalkstone			<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2016"/>
City Dallas	State TX	Zip Code 75248	Transaction ID : SA11AI.4647
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer (for Individual) Metro Custom Plastics, Inc.		Occupation (for Individual) Owner	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="8600.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value="8600.00"/>

**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 15
<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)
BILL PAC

A. GENERAL MOTORS COMPANY POLITICAL ACTION COMMITTEE (GM PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 25 MASSACHUSETTS AVENUE, NW
SUITE 400

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00076810

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11C.4650

Amount of Each Receipt this Period: 2500.00

Memo Item

B. KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 600 14TH STREET, NW
SUITE 800

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11C.4657

Amount of Each Receipt this Period: 2500.00

Memo Item

C. NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1325 MASSACHUSETTS AVE., NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 11 / 2016
Transaction ID : SA11C.4648

Amount of Each Receipt this Period: 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 6000.00

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 15
<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)
BILL PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NATIONAL ASSOCIATION OF CONVENIENCE STORES POLITICAL ACTION COMMITTEE

Mailing Address 1600 DUKE STREET

City ALEXANDRIA	State VA	Zip Code 22314
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FEC ID number of contributing federal political committee. **C** C00126763

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

Transaction ID : SA11C.4658

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	8500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BILL PAC

Full Name (Last, First, Middle Initial) A. Donate.gop		Date of Disbursement MM / DD / YYYY 07 / 15 / 2016
Mailing Address 1609 Shoal Creek Boulevard Suite 203		FEC Identification Number C [] Transaction ID : SB21B.4642 Amount of Each Disbursement this Period [] 32.48
City Austin	State TX	Zip Code 78701-1022
Purpose of Disbursement Credit Card Fees		Category/ Type []
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Donate.gop		Date of Disbursement MM / DD / YYYY 08 / 15 / 2016
Mailing Address 1609 Shoal Creek Boulevard Suite 203		FEC Identification Number C [] Transaction ID : SB21B.4644 Amount of Each Disbursement this Period [] 32.48
City Austin	State TX	Zip Code 78701-1022
Purpose of Disbursement Credit Card Fees		Category/ Type []
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Donate.gop		Date of Disbursement MM / DD / YYYY 09 / 15 / 2016
Mailing Address 1609 Shoal Creek Boulevard Suite 203		FEC Identification Number C [] Transaction ID : SB21B.4645 Amount of Each Disbursement this Period [] 32.48
City Austin	State TX	Zip Code 78701-1022
Purpose of Disbursement Credit Card Fees		Category/ Type []
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 97.44
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"/> 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)
BILL PAC

Full Name (Last, First, Middle Initial) A. RightSide Compliance		Date of Disbursement MM / DD / YYYY 08 / 02 / 2016
Mailing Address P.O. Box 341027		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4596 Amount of Each Disbursement this Period [REDACTED] 105.00
City Austin	State TX	Zip Code 78734
Purpose of Disbursement Bookkeeping and Compliance Services		Category/ Type [REDACTED]
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RightSide Compliance		Date of Disbursement MM / DD / YYYY 08 / 24 / 2016
Mailing Address P.O. Box 341027		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4603 Amount of Each Disbursement this Period [REDACTED] 507.50
City Austin	State TX	Zip Code 78734
Purpose of Disbursement Bookkeeping and Compliance Services		Category/ Type [REDACTED]
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RightSide Compliance		Date of Disbursement MM / DD / YYYY 09 / 16 / 2016
Mailing Address P.O. Box 341027		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4629 Amount of Each Disbursement this Period [REDACTED] 122.50
City Austin	State TX	Zip Code 78734
Purpose of Disbursement Bookkeeping and Compliance Services		Category/ Type [REDACTED]
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 735.00
TOTAL This Period (last page this line number only).....▶	[REDACTED] 832.44

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BILL PAC

Full Name (Last, First, Middle Initial) A. BERGMANFORCONGRESS		Date of Disbursement MM / DD / YYYY 09 / 06 / 2016
Mailing Address N5070 CISCO LAKE ROAD		FEC Identification Number C 000614214 Transaction ID : SB23.4608
City WATERSMEET	State MI	Zip Code 49969
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 2000.00
Candidate Name BERGMAN, JOHN, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MI	District: 01	

Full Name (Last, First, Middle Initial) B. BRIAN MAST FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 06 / 2016
Mailing Address 2600 S DOUGLAS RD STE 900		FEC Identification Number C 000579896 Transaction ID : SB23.4611
City CORAL GABLES	State FL	Zip Code 33134
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 2000.00
Candidate Name MAST, BRIAN, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL	District: 18	

Full Name (Last, First, Middle Initial) C. DON BACON FOR CONGRESS		Date of Disbursement MM / DD / YYYY 07 / 15 / 2016
Mailing Address P.O. BOX 391368		FEC Identification Number C 000575167 Transaction ID : SB23.4646
City OMAHA	State NE	Zip Code 68139
Purpose of Disbursement Check Voided - Never Sent		Amount of Each Disbursement this Period -1000.00
Candidate Name BACON, DONALD, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NE	District: 02	

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BILL PAC

Full Name (Last, First, Middle Initial) A. FRIENDS OF PAT TOOMEY		Date of Disbursement MM / DD / YYYY 09 / 23 / 2016
Mailing Address 228 S. WASHINGTON ST., SUITE 115		FEC Identification Number C C00461046 Transaction ID : SB23.4635 Amount of Each Disbursement this Period 5000.00
City ALEXANDRIA	State VA	
Purpose of Disbursement Campaign Contribution		Category/ Type
Candidate Name TOOMEY, PATRICK JOSEPH, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>
State: PA District: 00		

Full Name (Last, First, Middle Initial) B. FRIENDS OF SCOTT ANGELLE, LLC		Date of Disbursement MM / DD / YYYY 09 / 15 / 2016
Mailing Address P.O. BOX 1385		FEC Identification Number C C00611145 Transaction ID : SB23.4623 Amount of Each Disbursement this Period 1000.00
City BREAUX BRIDGE	State LA	
Purpose of Disbursement Campaign Contribution		Category/ Type
Candidate Name ANGELLE, SCOTT MR., , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>
State: LA District: 03		

Full Name (Last, First, Middle Initial) C. FRIENDS OF STEWART MILLS		Date of Disbursement MM / DD / YYYY 09 / 15 / 2016
Mailing Address PO BOX 1039		FEC Identification Number C C00588871 Transaction ID : SB23.4620 Amount of Each Disbursement this Period 1000.00
City BRAINERD	State MN	
Purpose of Disbursement Campaign Contribution		Category/ Type
Candidate Name MILLS, STEWART MR., , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>
State: MN District: 08		

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BILL PAC

A. FRIENDS OF TODD YOUNG, INC.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1053

M M M	/	D D D	/	Y Y Y Y Y
09		15		2016

City BLOOMINGTON State IN Zip Code 47402

FEC Identification Number

Purpose of Disbursement
Campaign Contribution

C	C00459255
---	-----------

Candidate Name
YOUNG, TODD CHRISTOPHER, , ,

Category/
Type

Transaction ID : SB23.4617

Amount of Each Disbursement this Period

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

1000.00

Memo Item

B. LOBIONDO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P. O. BOX 550

M M M	/	D D D	/	Y Y Y Y Y
09		29		2016

City VINELAND State NJ Zip Code 08362

FEC Identification Number

Purpose of Disbursement
Campaign Contribution

C	C00269340
---	-----------

Candidate Name
LOBIONDO, FRANK A., , ,

Category/
Type

Transaction ID : SB23.4632

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NJ District: 02

1000.00

Memo Item

C. MIKE GALLAGHER FOR WISCONSIN

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1027

M M M	/	D D D	/	Y Y Y Y Y
09		06		2016

City GREEN BAY State WI Zip Code 54305

FEC Identification Number

Purpose of Disbursement
Campaign Contribution

C	C00610212
---	-----------

Candidate Name
GALLAGHER, MICHAEL JOHN, , ,

Category/
Type

Transaction ID : SB23.4605

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: WI District: 08

2000.00

Memo Item

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

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BILL PAC

A. PORTMAN FOR SENATE COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 9856 ARCHER LANE

M M M	/	D D D	/	Y Y Y Y Y
09		30		2016

City DUBLIN State OH Zip Code 43017

FEC Identification Number

Purpose of Disbursement
Campaign Contribution

C	C00458463
---	-----------

Candidate Name
PORTMAN, ROB, , ,

Category/
Type

Transaction ID : SB23.4638

Amount of Each Disbursement this Period

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

5000.00

Memo Item

B. TENNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 28 ROBINSON ROAD
PO BOX 128

M M M	/	D D D	/	Y Y Y Y Y
09		06		2016

City CLINTON State NY Zip Code 13323

FEC Identification Number

Purpose of Disbursement
Campaign Contribution

C	C00561183
---	-----------

Candidate Name
TENNEY, CLAUDIA, , ,

Category/
Type

Transaction ID : SB23.4614

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NY District: 22

2000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

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

City State Zip Code

FEC Identification Number

Purpose of Disbursement

C	
---	--

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

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

--

Memo Item

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

7000.00

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

24000.00
