



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**THE COMMITTEE TO ELECT DELEGATES**

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"/>	<input type="text" value="35338.80"/>	<input type="text" value="35338.80"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="35338.80"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="60000.00"/>	<input type="text" value="60000.00"/>
(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="95338.80"/>	<input type="text" value="95338.80"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="83623.94"/>	<input type="text" value="83623.94"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="11714.86"/>	<input type="text" value="11714.86"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**THE COMMITTEE TO ELECT DELEGATES**

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).....	60000.00	60000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	60000.00	60000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	60000.00	60000.00
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))..... ▶	60000.00	60000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	60000.00	60000.00

**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 .....	83623.94	83623.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	83623.94	83623.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	83623.94	83623.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	83623.94	83623.94

**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) .....	60000.00	60000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	60000.00	60000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	83623.94	83623.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	83623.94	83623.94

**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 18  
(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)  
**THE COMMITTEE TO ELECT DELEGATES**

**A. SUE M. COBB**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 TAHITI BEACH ISLAND  
 City State Zip Code  
 CORAL GABLES FL 33143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 COBB PARTNERS LLP EXECUTIVE  
 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  
 01 / 11 / 2016  
**Transaction ID : SA11AI.4175**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**B. JEANINE S. CUSHMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 S FIGUEROA ST #4700  
 City State Zip Code  
 LOS ANGELES CA 90017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 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  
 01 / 29 / 2016  
**Transaction ID : SA11AI.4196**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**C. JOHN C. CUSHMAN III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 S FIGUEROA ST #4700  
 City State Zip Code  
 LOS ANGELES CA 90017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CUSHMAN & WAKEFIELD COMMERCIAL REAL ESTATE  
 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  
 01 / 29 / 2016  
**Transaction ID : SA11AI.4195**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10000.00  
**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: PAGE 7 OF 18  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**THE COMMITTEE TO ELECT DELEGATES**

**A. KATHY DEWITT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 MAIN STREET  
 City State Zip Code  
 CINCINNATI OH 45202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 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  
 01 / 28 / 2016  
**Transaction ID : SA11AI.4198**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**B. WILLIAM DEWITT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 MAIN STREET  
 City State Zip Code  
 CINCINNATI OH 45202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ST LOUIS CARDINALS EXECUTIVE  
 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  
 01 / 28 / 2016  
**Transaction ID : SA11AI.4190**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**C. REMEDIOS DIAZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 GROVE ISLE DRIVE  
 #1701  
 City State Zip Code  
 MIAMI FL 33133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ALL AMERICAN CONTAINERS INC. PRESIDENT  
 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  
 01 / 21 / 2016  
**Transaction ID : SA11AI.4186**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15000.00  
**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: PAGE 8 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**THE COMMITTEE TO ELECT DELEGATES**

**A. ELIZABETH FAGO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 372 REGATTA DRIVE  
 City JUPITER State FL Zip Code 33477  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOME QUALITY MANAGEMENT Occupation FOUNDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 19 / 2016  
**Transaction ID : SA11AI.4180**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. JONATHAN K. HAGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2841 NE 38TH ST  
 City FT LAUDERDALE State FL Zip Code 33308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CHARTER SCHOOLS USA Occupation PRESIDENT & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 02 / 2016  
**Transaction ID : SA11AI.4200**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. JOHN F. KIRTLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 511 W BAY ST STE 350  
 City TAMPA State FL Zip Code 33606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer K.L.H. CAPITAL Occupation PRINCIPAL & FOUNDER/SENIOR PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 17 / 2016  
**Transaction ID : SA11AI.4177**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 15000.00  
**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 9 OF 18
<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

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NAME OF COMMITTEE (In Full)  
**THE COMMITTEE TO ELECT DELEGATES**

**A. PETER S. RUMMELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2538 RIVER ROAD

City JACKSONVILLE State FL Zip Code 32207

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

Name of Employer RUMMELL COMPANY Occupation PRINCIPAL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2016  
**Transaction ID : SA11AI.4182**

Amount of Each Receipt this Period  
 5000.00

Memo Item

**B. PETER F. SECCHIA**  
Full Name (Last, First, Middle Initial)

Mailing Address 220 LYON NW STE 510

City GRAND RAPIDS State MI Zip Code 49503

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

Name of Employer SIBSCO LLC Occupation MANAGING PARTNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2016  
**Transaction ID : SA11AI.4188**

Amount of Each Receipt this Period  
 5000.00

Memo Item

**C. ANTHONY TRAVIESA**  
Full Name (Last, First, Middle Initial)

Mailing Address 416 S ROYAL PALM WAY

City TAMPA State FL Zip Code 33609

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

Name of Employer CEO Occupation V-3 PARTNERS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 07 / 2016  
**Transaction ID : SA11AI.4173**

Amount of Each Receipt this Period  
 5000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15000.00

**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: PAGE 10 OF 18  
(check only one)

<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
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NAME OF COMMITTEE (In Full)  
**THE COMMITTEE TO ELECT DELEGATES**

**A.** Full Name (Last, First, Middle Initial)  
**NINA TRAVIESA**

Mailing Address 416 S ROYAL PALM WAY

City TAMPA State FL Zip Code 33609

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

Name of Employer SELF-EMPLOYED Occupation INTERIOR DESIGN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 07 / 2016

**Transaction ID : SA11AI.4174**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	60000.00

**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)  
**THE COMMITTEE TO ELECT DELEGATES**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address 200 VESEY ST

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2016

Transaction ID : SB21B.4224

Amount of Each Disbursement this Period

2995.96

Memo Item

Full Name (Last, First, Middle Initial)

**B. UNITED AIRLINES**

Mailing Address 233 S WACKER DR

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2016

Transaction ID : SB21B.4224.0

Amount of Each Disbursement this Period

2281.58

Memo Item

Full Name (Last, First, Middle Initial)

**C. HAWAIIAN AIRLINES**

Mailing Address PO BOX 30008

City HONOLULU State HI Zip Code 96820

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2016

Transaction ID : SB21B.4224.1

Amount of Each Disbursement this Period

699.38

Memo Item

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

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

2995.96

**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)  
**THE COMMITTEE TO ELECT DELEGATES**

Full Name (Last, First, Middle Initial)

**A. A MILANO STRATEGIES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2016

Mailing Address 7491 N FEDERAL HIGHWAY  
SUITE C5143

**Transaction ID : SB21B.4202**

City BOCA RATON State FL Zip Code 33487

Amount of Each Disbursement this Period

6500.00
---------

Purpose of Disbursement  
FINANCE CONSULTING

Category/ Type
-------------------

Candidate Name

Memo Item

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

Full Name (Last, First, Middle Initial)

**B. MARY KATE ANDERSON BROWN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		05		2016

Mailing Address 117 CEDAR CREEK DRIVE

**Transaction ID : SB21B.4147**

City FRANKLIN State TN Zip Code 37067

Amount of Each Disbursement this Period

10000.00
----------

Purpose of Disbursement  
DELEGATE CONSULTING

Category/ Type
-------------------

Candidate Name

Memo Item

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

Full Name (Last, First, Middle Initial)

**C. COLLINS ANDERSON PHILIP PUBLIC AFFAIRS LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		21		2016

Mailing Address 1800 M STREET NW  
SUITE 500 S

**Transaction ID : SB21B.4184**

City WASHINGTON State DC Zip Code 20036

Amount of Each Disbursement this Period

15000.00
----------

Purpose of Disbursement  
DELEGATE CONSULTING

Category/ Type
-------------------

Candidate Name

Memo Item

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

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

31500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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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 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)  
**THE COMMITTEE TO ELECT DELEGATES**

Full Name (Last, First, Middle Initial)

**A. COLLINS ANDERSON PHILIP PUBLIC AFFAIRS LLC**

Mailing Address 1800 M STREET NW  
SUITE 500 S

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
DELEGATE CONSULTING

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  
03 / 02 / 2016

Transaction ID : SB21B.4232

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. COMMUNITY NETWORKING RESOURCES LLC**

Mailing Address PO BOX 7365

City STEELTON State PA Zip Code 17113

Purpose of Disbursement  
BALLOT ACCESS CONSULTING

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  
02 / 17 / 2016

Transaction ID : SB21B.4229

Amount of Each Disbursement this Period

7500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. COMPLIANCE CONSULTING SERVICES**

Mailing Address 300 S BISCAYNE BLVD STE 3208

City MIAMI State FL Zip Code 33131

Purpose of Disbursement  
COMPLIANCE CONSULTING

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  
01 / 05 / 2016

Transaction ID : SB21B.4151

Amount of Each Disbursement this Period

1008.17

Memo Item

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

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

13508.17

**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)  
**THE COMMITTEE TO ELECT DELEGATES**

Full Name (Last, First, Middle Initial)

**A. COMPLIANCE CONSULTING SERVICES**

Mailing Address 300 S BISCAYNE BLVD STE 3208

City MIAMI State FL Zip Code 33131

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2016

Transaction ID : SB21B.4212

Amount of Each Disbursement this Period

2181.34

Memo Item

Full Name (Last, First, Middle Initial)

**B. EDONATION.COM**

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2016

Transaction ID : SB21B.4179

Amount of Each Disbursement this Period

750.70

Memo Item

Full Name (Last, First, Middle Initial)

**C. EDONATION.COM**

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2016

Transaction ID : SB21B.4199

Amount of Each Disbursement this Period

698.79

Memo Item

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

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

3630.83

**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)  
**THE COMMITTEE TO ELECT DELEGATES**

Full Name (Last, First, Middle Initial)

**A. EDONATION.COM**

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 03 / 2016

Transaction ID : SB21B.4214

Amount of Each Disbursement this Period

896.53

Memo Item

Full Name (Last, First, Middle Initial)

**B. ERIC ELK**

Mailing Address 1211 W 22ND ST STE 620

City OAK BROOK State IL Zip Code 60523

Purpose of Disbursement  
TRAVEL REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 06 / 2016

Transaction ID : SB21B.4155

Amount of Each Disbursement this Period

1239.10

Memo Item

Full Name (Last, First, Middle Initial)

**C. ERIC ELK**

Mailing Address 1211 W 22ND ST STE 620

City OAK BROOK State IL Zip Code 60523

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 06 / 2016

Transaction ID : SB21B.4155.0

Amount of Each Disbursement this Period

414.40

Memo Item

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

2135.63

**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)  
**THE COMMITTEE TO ELECT DELEGATES**

Full Name (Last, First, Middle Initial)

**A. HOUSE OF BLUES**

Mailing Address 329 NORTH DEARBORN AVE

City CHICAGO State IL Zip Code 60610

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 06 / 2016

Transaction ID : SB21B.4155.1

Amount of Each Disbursement this Period

471.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FULCRUM ILLINOIS**

Mailing Address 220 E ADAMS ST  
STE 250

City SPRINGFIELD State IL Zip Code 62701

Purpose of Disbursement  
DELEGATE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 06 / 2016

Transaction ID : SB21B.4152

Amount of Each Disbursement this Period

11250.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FULCRUM ILLINOIS**

Mailing Address 220 E ADAMS ST  
STE 250

City SPRINGFIELD State IL Zip Code 62701

Purpose of Disbursement  
DELEGATE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2016

Transaction ID : SB21B.4213

Amount of Each Disbursement this Period

3750.00

Memo Item

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

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

15000.00



**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)  
**THE COMMITTEE TO ELECT DELEGATES**

Full Name (Last, First, Middle Initial)

**A. ALAN PHILP**

Mailing Address 1320 N VEITCH STREET  
UNIT 608

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
TRAVEL REIMBURSEMENT

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  
02 / 09 / 2016

Transaction ID : SB21B.4204

Amount of Each Disbursement this Period

1853.35

Memo Item

Full Name (Last, First, Middle Initial)

**B. TRADEWINDS HOTEL**

Mailing Address 2365 PINETREE DR

City MIAMI BEACH State FL Zip Code 33140

Purpose of Disbursement  
TRAVEL

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  
02 / 09 / 2016

Transaction ID : SB21B.4204.0

Amount of Each Disbursement this Period

296.30

Memo Item

Full Name (Last, First, Middle Initial)

**C. EQUATOR RESTAURANT**

Mailing Address PO BOX 999

City OTTOVILLE State AS Zip Code 99999

Purpose of Disbursement  
FOOD/BEVERAGE

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  
02 / 09 / 2016

Transaction ID : SB21B.4204.1

Amount of Each Disbursement this Period

472.25

Memo Item

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

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

1853.35

**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)  
**THE COMMITTEE TO ELECT DELEGATES**

Full Name (Last, First, Middle Initial)

**A. GODFATHER' S BAR**

Mailing Address GARAPAN ROAD

City SAIPAN State MP Zip Code 96950

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2016

Transaction ID : SB21B.4204.2

Amount of Each Disbursement this Period

200.63

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE INGRAM GROUP**

Mailing Address 511 UNION STREET  
SUITE 1900

City NASHVILLE State TN Zip Code 37219

Purpose of Disbursement  
DELEGATE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2016

Transaction ID : SB21B.4231

Amount of Each Disbursement this Period

7500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LES WILLIAMSON**

Mailing Address 150 V STREET NW  
APT V101

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 05 / 2016

Transaction ID : SB21B.4149

Amount of Each Disbursement this Period

5500.00

Memo Item

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

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

13000.00

83623.94