

# 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.   
**JEFF 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 David Bauer

Signature of Treasurer David Bauer [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

**JEFF PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		119442.95
(b) Cash on Hand at Beginning of Reporting Period.....	111212.86	
(c) Total Receipts (from Line 19) .....	33500.00	38500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	144712.86	157942.95
7. Total Disbursements (from Line 31).....	18478.21	31708.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	126234.65	126234.65
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	6997.63	

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

JEFF PAC

Report Covering the Period: From: 02 / 01 / 2016 To: 02 / 29 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	5000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	5000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	33500.00	33500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	33500.00	38500.00
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))..... ▶	33500.00	38500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	33500.00	38500.00

**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 .....	3478.21	16708.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3478.21	16708.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	15000.00
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)) ..	18478.21	31708.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18478.21	31708.30

**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) .....	33500.00	38500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	33500.00	38500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	3478.21	16708.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3478.21	16708.30

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

Form/Schedule: F3XA  
Transaction ID :

Accrued expense/in-kind to candidate not included in original

Form/Schedule:  
Transaction ID:

**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 18
<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)  
**JEFF PAC**

**A. AIR LINE PILOTS ASSOC. INT'L PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1625 MASSACHUSETTS AVE. N.W.  
 City WASHINGTON State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C** C00035451  
 Name of Employer Occupation  
 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  
 02 / 16 / 2016  
**Transaction ID : INCA583**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**B. AMERICAN COLLEGE OF RADIOLOGY PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 505 9TH ST. NW #910  
 City WASHINGTON State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C** C00343459  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2016  
**Transaction ID : INCA580**  
 Amount of Each Receipt this Period  
 3500.00  
 Memo Item

**C. FARMERS INSURANCE PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2350 KERNER BLVD. #250  
 City SAN RAFAEL State CA Zip Code 94901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation C00135681  
 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  
 02 / 16 / 2016  
**Transaction ID : INCA582**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	13500.00
<b>TOTAL</b> 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 18
<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)  
**JEFF PAC**

Full Name (Last, First, Middle Initial)  
**A. NAT'L ELECTRICAL CONTRACTORS PAC**

Mailing Address 3 BETHESDA METRO CTR. #1100

City	State	Zip Code
BETHESDA	MD	20814

FEC ID number of contributing federal political committee. **C** C00113811

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2016

**Transaction ID : INCA581**

Amount of Each Receipt this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. THE HOME DEPOT INC. PAC**

Mailing Address 1155 F ST. NW, STE. 400

City	State	Zip Code
Washington	DC	20004

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

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2016

**Transaction ID : INCA584**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address P. O. BOX 961039

City	State	Zip Code
FT. WORTH	TX	76161

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2016

**Transaction ID : INCA592**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<b>TOTAL</b> 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 9 OF 18  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. CSX CORP. GOOD GOV'T FUND**

Mailing Address 1331 PENNSYLVANIA AVE. NW #560

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer Occupation

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  
 02 / 26 / 2016

**Transaction ID : INCA593**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

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

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5000.00

**TOTAL** This Period (last page this line number only)..... ▶ 33500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. CHASE CARDMEMBER SERVICES**

Mailing Address P. O. BOX 94014

City PALATINE State IL Zip Code 60094

Purpose of Disbursement  
CREDIT CARD PAYMENT

002

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2016

Transaction ID : EXPB573

Amount of Each Disbursement this Period

161.05

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address BOX 0001

City LOS ANGELES State CA Zip Code 90096

Purpose of Disbursement  
CREDIT CARD PAYMENT

003

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2016

Transaction ID : EXPB576

Amount of Each Disbursement this Period

763.66

Memo Item

Full Name (Last, First, Middle Initial)

**C. GOLFBALLS.COM**

Mailing Address WWW.GOLFBALLS.COM

City CYBERSPACE State CA Zip Code 90000

Purpose of Disbursement  
FUNDRAISING EXPENSE

003

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2016

Transaction ID : EDTB259EXPB576

Amount of Each Disbursement this Period

670.80

Memo Item

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

924.71

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. JASON LARRABEE**

Mailing Address 3204 STEPHENSON PL. NW

City WASHINGTON State DC Zip Code 20015

Purpose of Disbursement  
CAMPAIGN CONSULTING

001

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2016

Transaction ID : EXPB575

Amount of Each Disbursement this Period

2250.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. DAVID BAUER**

Mailing Address 2150 RIVER PLAZA DR. #150

City SACRAMENTO State CA Zip Code 95833

Purpose of Disbursement  
ACCOUNTING SVC.

001

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2016

Transaction ID : EXPB577

Amount of Each Disbursement this Period

300.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

2550.00

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

3474.71

**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)  
**JEFF PAC**

Full Name (Last, First, Middle Initial) <b>A. 814 CONSULTING LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2016
Mailing Address 5827 COLFAX AVE.		<b>Transaction ID : PDTB4</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement FUNDRAISING EVENT	Category/ Type 24Z	Amount of Each Disbursement this Period 3024.71
Candidate Name <b>LOU BARLETTA</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: PA District: 11	

Full Name (Last, First, Middle Initial) <b>B. 814 CONSULTING LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2016
Mailing Address 5827 COLFAX AVE.		<b>Transaction ID : PDTB5</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement FUNDRAISING EVENT	Category/ Type 24Z	Amount of Each Disbursement this Period 3024.71
Candidate Name <b>FRANK LOBIONDO</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: NJ District: 02	

Full Name (Last, First, Middle Initial) <b>C. 814 CONSULTING LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2016
Mailing Address 5827 COLFAX AVE.		<b>Transaction ID : PDTB6</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement FUNDRAISING EVENT	Category/ Type 24Z	Amount of Each Disbursement this Period 3024.71
Candidate Name <b>PETE SESSIONS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: TX District: 32	

**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 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)  
**JEFF PAC**

Full Name (Last, First, Middle Initial) <b>A. 814 CONSULTING LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2016
Mailing Address 5827 COLFAX AVE.		<b>Transaction ID : PDTB7</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement FUNDRAISING EVENT	Category/ Type 24Z	Amount of Each Disbursement this Period 3024.71
Candidate Name <b>RYAN COSTELLO</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: PA District: 06	

Full Name (Last, First, Middle Initial) <b>B. 814 CONSULTING LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2016
Mailing Address 5827 COLFAX AVE.		<b>Transaction ID : PDTB8</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement FUNDRAISING EVENT	Category/ Type 24Z	Amount of Each Disbursement this Period 3024.71
Candidate Name <b>DUNCAN HUNTER</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: CA District: 50	

Full Name (Last, First, Middle Initial) <b>C. 814 CONSULTING LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2016
Mailing Address 5827 COLFAX AVE.		<b>Transaction ID : PDTB9</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement FUNDRAISING EVENT	Category/ Type 24Z	Amount of Each Disbursement this Period 3024.71
Candidate Name <b>KEVIN MCCARTHY</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: CA District: 23	

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

Full Name (Last, First, Middle Initial) <b>A. 814 CONSULTING LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2016	
Mailing Address 5827 COLFAX AVE.		Transaction ID : <b>PDTB10</b>	
City ALEXANDRIA State VA Zip Code 22311	Purpose of Disbursement FUNDRAISING EVENT	Category/Type 24Z	Amount of Each Disbursement this Period 3024.71
Candidate Name <b>KEVIN MCCARTHY</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. 814 CONSULTING LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2016	
Mailing Address 5827 COLFAX AVE.		Transaction ID : <b>PDTB11</b>	
City ALEXANDRIA State VA Zip Code 22311	Purpose of Disbursement FUNDRAISING EVENT	Category/Type 24Z	Amount of Each Disbursement this Period 3024.71
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. 814 CONSULTING LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2016	
Mailing Address 5827 COLFAX AVE.		Transaction ID : <b>PDTB12</b>	
City ALEXANDRIA State VA Zip Code 22311	Purpose of Disbursement FUNDRAISING EVENT	Category/Type 24Z	Amount of Each Disbursement this Period 3024.71
Candidate Name <b>MARIO DIAZ-BALART</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 25	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 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)  
**JEFF PAC**

Full Name (Last, First, Middle Initial) <b>A. 814 CONSULTING LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2016
Mailing Address 5827 COLFAX AVE.		<b>Transaction ID : PDTB13</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement FUNDRAISING EVENT	Category/ Type 24Z	Amount of Each Disbursement this Period 3024.71
Candidate Name <b>TODD ROKITA</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: IN District: 04	

Full Name (Last, First, Middle Initial) <b>B. 814 CONSULTING LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2016
Mailing Address 5827 COLFAX AVE.		<b>Transaction ID : PDTB14</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement FUNDRAISING EVENT	Category/ Type 24Z	Amount of Each Disbursement this Period 3024.71
Candidate Name <b>DAVID ROUZER</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: NC District: 07	

Full Name (Last, First, Middle Initial) <b>C. CHASE CARD SERVICES</b>		Date of Disbursement MM / DD / YYYY 02 / 18 / 2016
Mailing Address P. O. BOX 15153		<b>Transaction ID : PDTB16</b>
City WILMINGTON	State DE	
Purpose of Disbursement LODGING FOR PATRICK MCHENRY	Category/ Type 24Z	Amount of Each Disbursement this Period 1147.96
Candidate Name <b>PATRICK MCHENRY</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: NC District: 10	

**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 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)  
**JEFF PAC**

Full Name (Last, First, Middle Initial)

**A. INN AT SPANISH BAY**

Mailing Address 17 MILE DR.

City State Zip Code  
PEBBLE BEACH CA 93953

Purpose of Disbursement  
LODGING FOR PATRICK MCHENRY

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 18 / 2016

Transaction ID : PDTB15PDTB16

Amount of Each Disbursement this Period

1147.96

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE DOUG LAMALFA COMMITTEE**

Mailing Address 2150 RIVER PLAZA DR. #150

City State Zip Code  
SACRAMENTO CA 95833

Purpose of Disbursement

Candidate Name

**DOUG LAMALFA**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 19 / 2016

Transaction ID : EXPB579

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. VOLUNTEERS FOR SHIMKUS**

Mailing Address P. O. BOX 661

City State Zip Code  
COLLINSVILLE IL 62234

Purpose of Disbursement

Candidate Name

**JOHN SHIMKUS**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 19 / 2016

Transaction ID : EXPB578

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

10000.00



**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)  
**A. BRADY FOR CONGRESS**

Mailing Address P. O. BOX 877

City THE WOODLANDS State TX Zip Code 77387

Purpose of Disbursement  Category/Type

Candidate Name **KEVIN BRADY**

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

State: TX District: 08

Date of Disbursement MM / DD / YYYY  
02 / 22 / 2016

Transaction ID : **EXPB585**

Amount of Each Disbursement this Period

Memo Item

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

Mailing Address P. O. BOX 877

City THE WOODLANDS State TX Zip Code 77387

Purpose of Disbursement  Category/Type

Candidate Name **KEVIN BRADY**

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

State: TX District: 08

Date of Disbursement MM / DD / YYYY  
02 / 22 / 2016

Transaction ID : **EXPB586**

Amount of Each Disbursement this Period

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

Candidate Name

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

State: District:

Date of Disbursement MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 18
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD597</b>	
Amount Incurred This Period 3024.71	Payment This Period 0.00	Outstanding Balance at Close of This Period 3024.71

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

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD598</b>	
Amount Incurred This Period 2824.96	Payment This Period 0.00	Outstanding Balance at Close of This Period 2824.96

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

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD618</b>	
Amount Incurred This Period 1147.96	Payment This Period 0.00	Outstanding Balance at Close of This Period 1147.96

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	6997.63
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	6997.63
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	6997.63