

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. **12FE4M5**
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

ADDRESS (number and street) **1305 Memorial Avenue**
Check if different than previously reported. (ACC) **West Springfield MA 01089**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00163212 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 / / 2023 through / / 2023

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Chiecko, Gregory, , ,
Type or Print Name of Treasurer

Signature of Treasurer *Chiecko, Gregory, , ,* [Electronically Filed] Date / / 2023

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)

Write or Type Committee Name

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC 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="2023"/>	<input type="text" value="48842.68"/>	<input type="text" value="48842.68"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="105828.27"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2892.80"/>	<input type="text" value="60688.02"/>
(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="108721.07"/>	<input type="text" value="109530.70"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="17462.06"/>	<input type="text" value="18271.69"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="91259.01"/>	<input type="text" value="91259.01"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC 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).....	1000.00	57933.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1000.00	57933.00
(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)	1000.00	57933.00
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).....	23.99	23.99
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1868.81	2731.03
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)).....▶	2892.80	60688.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2892.80	60688.02

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	210.39	1020.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	210.39	1020.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	16000.00
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	375.00	375.00
(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)).....	375.00	375.00
29. Other Disbursements (Including Non-Federal Donations).....	876.67	876.67
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)) ..	17462.06	18271.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17462.06	18271.69

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)	1000.00	57933.00
34. Total Contribution Refunds (from Line 28(d))	375.00	375.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	625.00	57558.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	210.39	1020.02
37. Offsets to Operating Expenditures (from Line 15, page 3).....	23.99	23.99
38. Net Operating Expenditures (subtract Line 37 from Line 36)	186.40	996.03

**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 15
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SINCLAIR, JAMES, , ,

Mailing Address 2721 Selena Circle

City White Bear Lake	State MN	Zip Code 55110
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MINNESOTA STATE FAIR	Occupation (for Individual) FAIR MANAGER
-----------------------------------------------------------	---------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2023

Transaction ID : SA11AI.5475

Amount of Each Receipt this Period
1000.00

Memo Item Contribution

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).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

**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 type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. Wells Fargo Advisors
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7900 Xerxes Ave S
10th FL

City Bloomington	State MN	Zip Code 55431
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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 ▼
1048.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2023

Transaction ID : SA17.5497

Amount of Each Receipt this Period
186.12

Memo Item
Unrealized Gains

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

Mailing Address 7900 Xerxes Ave S
10th FL

City Bloomington	State MN	Zip Code 55431
---------------------	-------------	-------------------

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 ▼
1129.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2023

Transaction ID : SA17.5505

Amount of Each Receipt this Period
81.07

Memo Item
Divident Income

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

Mailing Address 7900 Xerxes Ave S
10th FL

City Bloomington	State MN	Zip Code 55431
---------------------	-------------	-------------------

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 ▼
1129.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2023

Transaction ID : SA17.5508

Amount of Each Receipt this Period
0.39

Memo Item
Interest Income

SUBTOTAL of Receipts This Page (optional).....	267.58
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 type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. Wells Fargo Advisors
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7900 Xerxes Ave S
10th FL

City Bloomington State MN Zip Code 55431

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 ▼
1205.08

Date of Receipt
MM / DD / YYYY
04 / 30 / 2023
Transaction ID : SA17.5511

Amount of Each Receipt this Period
75.28

Memo Item
Stock Sales

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

Mailing Address 7900 Xerxes Ave S
10th FL

City Bloomington State MN Zip Code 55431

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 ▼
1267.19

Date of Receipt
MM / DD / YYYY
05 / 31 / 2023
Transaction ID : SA17.5506

Amount of Each Receipt this Period
62.11

Memo Item
Dividend Income

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

Mailing Address 7900 Xerxes Ave S
10th FL

City Bloomington State MN Zip Code 55431

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 ▼
1267.81

Date of Receipt
MM / DD / YYYY
05 / 31 / 2023
Transaction ID : SA17.5509

Amount of Each Receipt this Period
0.62

Memo Item
Interest Income

SUBTOTAL of Receipts This Page (optional).....▶ 138.01

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 15
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. Wells Fargo Advisors
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7900 Xerxes Ave S
10th FL

City Bloomington State MN Zip Code 55431

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 ▼
2574.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2023

Transaction ID : SA17.5500

Amount of Each Receipt this Period
1306.19

Memo Item
Unrealized Gains

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

Mailing Address 7900 Xerxes Ave S
10th FL

City Bloomington State MN Zip Code 55431

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 ▼
2730.26

Date of Receipt
MM / DD / YYYY
06 / 30 / 2023

Transaction ID : SA17.5507

Amount of Each Receipt this Period
156.26

Memo Item
Divident Income

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

Mailing Address 7900 Xerxes Ave S
10th FL

City Bloomington State MN Zip Code 55431

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 ▼
2731.03

Date of Receipt
MM / DD / YYYY
06 / 30 / 2023

Transaction ID : SA17.5510

Amount of Each Receipt this Period
0.77

Memo Item
Interest Income

SUBTOTAL of Receipts This Page (optional).....	1463.22
TOTAL This Period (last page this line number only).....	1868.81

**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)

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial)

A. DAN NEWHOUSE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2023

Mailing Address PO BOX 10949

FEC Identification Number

C	C00559393
---	-----------

City YAKIMA	State WA	Zip Code 98909
----------------	-------------	-------------------

Transaction ID : SB23.5493

Purpose of Disbursement
Contribution

Amount of Each Disbursement this Period

2000.00

Candidate Name

NEWHOUSE, DANIEL MILTON, , ,

Category/
Type

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: WA District: 04	

Memo Item

Full Name (Last, First, Middle Initial)

B. JOHN DUARTE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	11	/	2023

Mailing Address 9460 TEGNER ROAD

FEC Identification Number

C	C00808279
---	-----------

City HILMAR	State CA	Zip Code 95324
----------------	-------------	-------------------

Transaction ID : SB23.5480

Purpose of Disbursement
Contribution

Amount of Each Disbursement this Period

1000.00

Candidate Name

DUARTE, JOHN, , ,

Category/
Type

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: CA District: 13	

Memo Item

Full Name (Last, First, Middle Initial)

C. KAY GRANGER CAMPAIGN FUND

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	13	/	2023

Mailing Address 1701 RIVER RUN
STE 308

FEC Identification Number

C	C00310532
---	-----------

City FORT WORTH	State TX	Zip Code 76107
--------------------	-------------	-------------------

Transaction ID : SB23.5476

Purpose of Disbursement
Contribution

Amount of Each Disbursement this Period

5000.00

Candidate Name

GRANGER, KAY, , ,

Category/
Type

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX District: 12	

Memo Item

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

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

8000.00

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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)

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial)

A. MANCHIN FOR WEST VIRGINIA

Mailing Address PO BOX 5202

City
CHARLESTON

State
WV

Zip Code
25361

Purpose of Disbursement
Contribution

Candidate Name

MANCHIN, JOE III, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: WV District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			07			2023			

FEC Identification Number

C C00486563

Transaction ID : SB23.5490

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ROBERT ADERHOLT FOR CONGRESS

Mailing Address P. O. BOX 1158

City
HALEYVILLE

State
AL

Zip Code
35565

Purpose of Disbursement
Contribution

Candidate Name

ADERHOLT, ROBERT B. REP., , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: AL District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			01			2023			

FEC Identification Number

C C00313247

Transaction ID : SB23.5483

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SALAZAR FOR CONGRESS

Mailing Address 3725 WEST FLAGLER STREET
#281

City
MIAMI

State
FL

Zip Code
33134

Purpose of Disbursement
Contribution

Candidate Name

SALAZAR, MARIA ELVIRA, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: FL District: 27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
05			08			2023			

FEC Identification Number

C C00714261

Transaction ID : SB23.5479

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6000.00

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"/> 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)

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial)

A. VERONICA ESCOBAR FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2023

Mailing Address PO BOX 3961

FEC Identification Number

C	C00653923
---	-----------

Transaction ID : SB23.5486

Amount of Each Disbursement this Period

2000.00

Memo Item

City EL PASO State TX Zip Code 79923

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name

ESCOBAR, VERONICA, , ,

Office Sought: House Senate President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: TX District: 16

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

FEC Identification Number

C	
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Amount of Each Disbursement this Period

--

Memo Item

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

FEC Identification Number

C	
---	--

Amount of Each Disbursement this Period

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Memo Item

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

2000.00

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

16000.00

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. Miller, Kathleen, , ,

Full Name (Last, First, Middle Initial)

Date of Disbursement: / /

Mailing Address: 95 McNabs Rd.
Keilor

City: Melbourne State: Zip Code: 03036

Purpose of Disbursement: Refund of Contribution

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type:

FEC Identification Number: Transaction ID : SB28A.5502

Amount of Each Disbursement this Period:

Memo Item

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement: / /

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type:

FEC Identification Number:

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement: / /

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type:

FEC Identification Number:

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="375.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="375.00"/>

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

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NAME OF COMMITTEE (In Full)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. Wells Fargo Advisors

Full Name (Last, First, Middle Initial)

Mailing Address 7900 Xerxes Ave S
10th FL

City Bloomington State MN Zip Code 55431

Purpose of Disbursement Unrealized Loss

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement: 05 / 31 / 2023

FEC Identification Number: C

Transaction ID : SB29.5504

Amount of Each Disbursement this Period: 876.67

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify)

Category/Type

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	876.67
TOTAL This Period (last page this line number only).....▶	876.67