PAGE 1 / 15

### **FEC** FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

	For Other Than An Au	thorized Committee	Office Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
OUTDOOR AMUSEM	ENT BUSINESS AS	SOCIATION INC PAG	
ADDRESS (number and street)	1305 Memorial Avenue		
▼ Check if different			
than previously reported. (ACC)	West Springfield		MA 01089 -
2. FEC IDENTIFICATION NU	JMBER ▼ CI	ITY ▲	STATE ▲ ZIP CODE ▲
C C00163212		IS THIS REPORT (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	b 20 (M2) May 20 ar 20 (M3) Jun 20	(Non-Election Year Only)
(a) Quarterly Reports:	An	or 20 (M4) Jul 20 (	Year Only)
April 15 Quarterly Report (C	21)	_	
July 15 Quarterly Report (C	(C) 12-Day	Primary (12P)  Convention (12C)	General (12G) Runoff (12R)  Special (12S)
October 15 Quarterly Report (C		Gentemen (126)	Gposiai (126)
January 31 Year-End Report (Y		ion on	in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	·	ion on	in the State of
5. Covering Period 04	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		06
I certify that I have examined th	nis Report and to the best of	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	Chiecko, Gregory, , ,		·
Signature of Treasurer Chied	cko, Gregory, , ,	[Electronically Filed]	Date 07 / 13 / 2023
NOTE: Submission of false, erron	eous, or incomplete information	on may subject the person sign	ning this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X
Only			Rev. 05/2016

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

#### OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

04 01 2023 06 30 2023 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 48842.68 January 1. 2023 (b) Cash on Hand at 105828.27 Beginning of Reporting Period..... 2892.80 60688.02 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 109530.70 108721.07 6(a) and 6(c) for Column B)..... 17462.06 18271.69 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 91259.01 91259.01 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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. 05/2016)

Write or Type Committee Name

#### OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

R	eport Covering the Period: From: 04	01 2023 To:	06 30 7 2023
	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(iii) TOTAL (add	0.00	0.00
	Lines 11(a)(i) and (ii)	1000.00	57933.00
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
40	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
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	23.99	23.99
	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.)  Transfers from Non-Federal and Levin Funds	1868.81	2731.03
	(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

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	Total This Period				
. Operating Expenditures: (a) Allocated Federal/Non-Federal		Calendar Year-to-Date			
Activity (from Schedule H4)	0.00	0.00			
(i) Federal Share		0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating  Expenditures	210.39	1020.02			
(c) Total Operating Expenditures	210.39	1020.02			
(add 21(a)(i), (a)(ii), and (b))▶  Transfers to Affiliated/Other Party	210.39	1020.02			
Committees	0.00	0.00			
Federal Candidates/Committees and Other Political Committees	16000.00	16000.00			
Independent Expenditures	0.00				
(use Schedule E)	0.00	0.00			
(use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loans MadeRefunds of Contributions To:	0.00	0.00			
(a) Individuals/Persons Other Than Political Committees	375.00	375.00			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees		1 1 1 1 1 1 1 1 1			
(such as PACs)(d) Total Contribution Refunds	0.00	0.00			
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	375.00	375.00			
Other Disbursements (Including					
Non-Federal Donations)	876.67	876.67			
Federal Election Activity (52 U.S.C. § 30101	(20))				
(a) Allocated Federal Election Activity (from Schedule H6)					
(i) Federal Share	0.00	0.00			
(*) III - : II OI					
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00			
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			
·	7 7 7	0.00			
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))					
20, 24, 20, 20, 21, 20(u), 29 and 50(c))	17462.06	18271.69			
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	17462.06	40074.00			
	17402.00	18271.69			

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)	or dispursements	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)											
	<b>X</b> 11a 11b					11c		12	2		
			13		14		15		16	6	17

	and Statements may not be sold or used by any pers g the name and address of any political committee t							
NAME OF COMMITTEE (In Full)	DI ICINICO ACCOCIATION INC. D. C							
/ OUTDOOR AMUSEMENT E	BUSINESS ASSOCIATION INC PAC	,						
Full Name of Individual (Last, First, Middle SINCLAIR, JAMES, , ,	le Initial) or Full Organization Name	Date of Receipt						
Mailing Address 2721 Selena Circle								
City	State Zip Code	05 12 2023 Transaction ID : SA11Al.5475						
White Bear Lake	MN 55110	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	1000.00						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
MINNESOTA STATE FAIR	FAIR MANAGER	Contribution						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General	1000.00							
Other (specify) ▼								
Full Name of Individual (Last, First, Middle	le Initial) or Full Organization Name	Date of Receipt						
Mailing Address		M M / D D / Y Y Y Y						
City	State Zip Code							
Oity	Zip Code	Amount of Each Receipt this Period						
FEC ID number of contributing		The second of th						
federal political committee.	C							
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
Receipt For:	Aggregate Year-to-Date ▼	-						
Primary General	33 9							
Other (specify) ▼								
Full Name of Individual (Last, First, Middle).	le Initial) or Full Organization Name	Date of Receipt						
Mailing Address		M = M / D = D / Y = Y = Y						
City	State Zip Code							
		Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C							
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
Receipt For:	Aggregate Year-to-Date ▼	-						
Primary General								
Other (specify)	4 4 4							
CUDTOTAL of Descints This Day ( )	.0	1000.00						
ODIVIAL OF Hecelpts This Page (optional	al)							
TOTAL This Period (last page this line num	nber only)	1000.00						

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

Mailing Address 7900 Xerxes Ave S

10th FL

B. Wells Fargo Advisors

City

State

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

mage# 202307139582523526 SCHEDULE A (FEC Form 3)	X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 OF 15						
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)  11a 11b 11c 12  13 14 15 16 🗶 17						
			erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) OUTDOOR AMUSEMENT E	BUSINESS A	SSOCIATION INC PA	С						
Full Name of Individual (Last, First, Midd Wells Fargo Advisors	le Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 7900 Xerxes Ave S  10th FL City	State	Zip Code	04 30 / 2023 Transaction ID : SA17.5497						
Bloomington	MN	55431	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		186.12						
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item Unrealized Gains						
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1048.34							
Full Name of Individual (Last, First, Midd	le Initial) or Full O	rganization Name							

Date of Receipt

30

Transaction ID: SA17.5505

2023

04

	Bloomington	MN	55431	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		81.07
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item Divident Income
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1129.41	
С.		itial) or Full Orga	anization Name	Date of Receipt
	Mailing Address 7900 Xerxes Ave S  10th FL			04 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Bloomington	State MN	Zip Code 55431	Transaction ID : SA17.5508  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		0.39
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item Interest Income
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 1129.80	
s	SUBTOTAL of Receipts This Page (optional)			267.58

Zip Code

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Managements asked a declaration			LINE			:	PAGE	8	OF		15
Use separate schedule(s) for each category of the	(c	he	ck only	or	ne)						
Detailed Summary Page			11a		11b		11c	12			
, 3			13		14		15	16		X	17

Ar	ny information copied from such Reports and Sta	atements ma	uv not be sold or used by any ne	rson for the purpose of soliciting contributions					
	for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full)	NECO A	COCCIATION INC DAG						
	OUTDOOR AMUSEMENT BUSI	INESS A	SSUCIATION INC PAC						
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name									
Α.	Wells Fargo Advisors  Mailing Address 7900 Xerxes Ave S			Date of Receipt					
	10th FL	04 30 2023							
	City	State	Zip Code	Transaction ID : SA17.5511					
	Bloomington	MN	55431	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		75.28					
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item Stock Sales					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General		1205.08						
	Other (specify) ▼		1203.00						
_	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name						
В.	Wells Fargo Advisors			Date of Receipt					
	Mailing Address 7900 Xerxes Ave S 10th FL			05 31 2023					
	City	State	Zip Code	Transaction ID : SA17.5506					
	Bloomington	loomington MN 55431							
	FEC ID number of contributing	62.11							
	federal political committee.	C							
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item Dividend Income					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		1267.19						
	Cities (Specify) \		1207.13						
<del>С</del> .	Full Name of Individual (Last, First, Middle Initial Wells Fargo Advisors	al) or Full O	rganization Name	Date of Receipt					
	Mailing Address 7900 Xerxes Ave S			M M / D D / Y Y Y Y Y					
	10th FL	State	Zip Code	05 31 2023 Transaction ID : SA17.5509					
	Bloomington	MN	55431	Amount of Each Receipt this Period					
	FEC ID number of contributing			0.62					
	federal political committee.	C		0.02					
	Name of Employer (for Individual)	Memo Item Interest Income							
	Receipt For:	7							
	Primary General Other (specify)								
	United (specify)		1207.01						
Г									
s	SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	138.01					
T	OTAL This Period (last page this line number o	nlv)							

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	F	OR	LINE	NU	MBER	:	PAGE	9	OF		15	
	(0	he	ck only	or	ne)							
			11a		11b		11c	12				
			13		14		15	16	;	X	17	
not be sold or used by any person for the purpose of soliciting contributions												

	ny information copied from such Reports and St for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC									
Α.	Full Name of Individual (Last, First, Middle Initi Wells Fargo Advisors Mailing Address 7900 Xerxes Ave S	anization Name	Date of Receipt							
	10th FL			06 30 2023						
	City	State	Zip Code	Transaction ID : SA17.5500						
	Bloomington	MN	55431	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		1306.19						
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item Unrealized Gains						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2574.00							
В.	Full Name of Individual (Last, First, Middle Initi Wells Fargo Advisors	al) or Full Org	anization Name	Date of Receipt						
	Mailing Address 7900 Xerxes Ave S  10th FL	06 30 2023								
	City	State MN	Transaction ID : SA17.5507							
	Bloomington  FEC ID number of contributing federal political committee.	С	55431	Amount of Each Receipt this Period  156.26						
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item Divident Income						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2730,26							
<del></del>	Full Name of Individual (Last, First, Middle Initi Wells Fargo Advisors	al) or Full Org	anization Name	Date of Receipt						
	Mailing Address 7900 Xerxes Ave S 10th FL	10: 1		06 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City Bloomington	State MN	Zip Code 55431	Transaction ID : SA17.5510  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		0.77						
	Name of Employer (for Individual)	Name of Employer (for Individual)  Occupation (for Individual)								
	Receipt For:	Aggregate Ye	ear-to-Date ▼							
	Primary General Other (specify)	33 73 77	2731.03							
s	SUBTOTAL of Receipts This Page (optional)			1463.22						
Т	OTAL This Period (last page this line number of	only)		1868.81						

# 17

SCHEDULE B (FEC Form 3X)	lles :::	avoto oslassici - ( )	a)   TOTT EINE NOMBER.				PAGE	10 (	)F 15			
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	·	(check only one)			26 -	7 07				
		Summary Page		21b 28a	22 28b	23 28c		26 29	27 30b			
Any information copied from such Reports and Statem	l nents may i	not he sold or us								ions		
or for commercial purposes, other than using the nam												
NAME OF COMMITTEE (In Full)												
OUTDOOR AMUSEMENT BUSINE	ESS AS	SOCIATION	I INC P	AC		_						
Full Name (Last, First, Middle Initial)					Data of	Dieleuse						
A. AuthorizeNet			Disburs			Y						
Mailing Address P.O. Box 947					06		02		2023	Y		
,	State	Zip Code			FEC Ide	entification	on Nur	nber				
7 in one arr i one	UT	84003							-			
Purpose of Disbursement Merchant Services Fee			T	$\neg \bot$	С							
Candidate Name			Category			nsaction of Each				Period		
			Type	′′	Amount	oi Laci	וטפוט	ui seille				
	nent For: 2	2024			135.11							
	Primary	General										
State: District:	Other (spec	СІТУ) ▼			Me	mo Item						
Full Name (Last, First, Middle Initial)				+								
B.					Date of	Disburs	ement					
						M M / D D / Y Y Y Y						
Mailing Address						l L	_			_		
City	State	Zip Code			FEC Ide	entification	on Nur	mber				
Purpose of Disbursement							-		-			
. arpood of biobardomonic			T.		C							
Candidate Name Category/					Amount of Each Disbursement this Period							
Туре						7						
	Primary Other (spec	General										
State: District:	Other (spec	оп у <i>ј</i>			Memo Item							
Full Name (Last, First, Middle Initial)				$\dashv$								
C.					Date of	Disburs	ement					
-					M = M	/ D	D .	Y	Y   Y	Υ		
Mailing Address												
City	State	Zip Code		+	FEC Ide	entification	on Nur	mber				
Purpose of Disbursement		1			С							
						0						
Candidate Name			Category Type	//	Amount	of Each	n Disbi	urseme	nt this F	Period		
Office Sought: House Disbursen								7	1 40			
	Primary	General						,				
	Other (spec	cify) ▼			Me	mo Item						
State: District:												
SUBTOTAL of Disbursements This Page (optional)									135.	11		
COLICIAL OF BIODUISCINGING THIS I age (optional)					$\vdash$	-	<del>-</del>	7	- 4	#		
TOTAL This Period (last page this line number only).				•	Ι.				135.	11		

# ľ

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 28a	22 <b>X</b> 23 26 27 28b 28c 29 30b					
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full) OUTDOOR AMUSEMENT BUSINE	ESS ASSOCIATION	N INC PAC						
Full Name (Last, First, Middle Initial)  A. DAN NEWHOUSE FOR CONGRES	SS		Date of Disbursement					
Mailing Address PO BOX 10949			06 22 2023					
YAKIMA	State Zip Code WA 98909		FEC Identification Number					
Purpose of Disbursement Contribution			C C00559393  Transaction ID : SB23.5493					
Candidate Name NEWHOUSE, DANIEL MILTON, , ,		Category/ Type	Amount of Each Disbursement this Period					
Senate	nent For: 2024 Primary General Other (specify) ▼		2000.00  Memo Item					
State: WA District: 04			Wellio Itelli					
B. JOHN DUARTE FOR CONGRESS	3		Date of Disbursement					
Mailing Address 9460 TEGNER ROAD	_		05 11 2023					
HILMAR	State Zip Code CA 95324		FEC Identification Number					
Purpose of Disbursement Contribution			C C00808279  Transaction ID : SB23.5480					
Candidate Name DUARTE, JOHN, , ,		Category/ Type	Amount of Each Disbursement this Period					
Senate x	nent For: 2024 Primary General		1000.00					
State: CA District: 13	Other (specify)		Memo Item					
Full Name (Last, First, Middle Initial)  C. KAY GRANGER CAMPAIGN FUNI	D		Date of Disbursement					
Mailing Address 1701 RIVER RUN STE 308			04 13 2023					
FORT WORTH	State Zip Code TX 76107		FEC Identification Number					
Purpose of Disbursement Contribution  Candidate Name  GRANGER, KAY, , ,	oose of Disbursement outribution Category/							
Office Sought: House Disbursem	nent For: 2024 Primary General	Туре	5000.00					
	Other (specify) ▼		Memo Item					
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).			8000.00					

# ľ

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE (check only one)							
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	Check only one)	27 30b						
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam									
NAME OF COMMITTEE (In Full) OUTDOOR AMUSEMENT BUSINE	ESS ASSOCIATION	INC PAC							
Full Name (Last, First, Middle Initial)  A. MANCHIN FOR WEST VIRGINIA			M   M   / D   D / Y   Y   Y   Y						
Mailing Address PO BOX 5202		06 07 20	023						
CHARLESTON	State Zip Code WV 25361	FEC Identification Number	FEC Identification Number						
Purpose of Disbursement Contribution		C C00486563  Transaction ID : SB23.549	90						
Candidate Name MANCHIN, JOE III, , ,		Category/ Type  Amount of Each Disbursement							
x Senate	nent For: 2024  Primary General  Other (specify)	Memo Item	1000.00						
State: WV District: 00  Full Name (Last, First, Middle Initial)									
B. ROBERT ADERHOLT FOR CONG	BRESS	Date of Disbursement							
Mailing Address P. O. BOX 1158		06 01 20	023						
HALEYVILLE	State Zip Code AL 35565	FEC Identification Number	FEC Identification Number						
Purpose of Disbursement Contribution		C C00313247  Transaction ID : SB23.548	33						
Candidate Name ADERHOLT, ROBERT B. REP., , ,		Category/ Type  Amount of Each Disbursement							
Senate X	nent For: 2024 Primary General Other (specify)	Memo Item	2500.00						
Full Name (Last, First, Middle Initial)  C. SALAZAR FOR CONGRESS		Date of Disbursement							
Mailing Address 3725 WEST FLAGLER STREET #281			023						
City S MIAMI	State Zip Code FL 33134	FEC Identification Number							
Purpose of Disbursement Contribution  Candidate Name  SALAZAR, MARIA ELVIRA, , ,		Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type							
Senate	nent For: 2024  Primary General  Other (specify)		2500.00						
State: FL District: 27		Memo Item							
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).			6000.00						

### S П

S	CHEDULE B (FEC Form 3X)	FOR LINE					NUMBER: PAGE 13 OF 15									
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			(check only			ly one)								
		Detailed S			21b 28a		22 28b	×	23 28c	-		?6 !9	27 30b			
Δr	ry information copied from such Reports and State	ments may n	not he sold or us	ed by	anv				nur		Of				tions	
or	for commercial purposes, other than using the nar	me and addre	ess of any politic	al cor	nmit	tee to	solic	it co	ntrib	outions	s f	rom	such (	commit	tee.	
	NAME OF COMMITTEE (In Full)															
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC																
A	Full Name (Last, First, Middle Initial)  VERONICA ESCOBAR FOR CONGRESS								Date of Disbursement							
	VERUNICA ESCUBAR FUR CUNGRESS							M M / D D / Y Y Y Y								
	Mailing Address PO BOX 3961							06 03 2023								
	,						FEC Identification Number									
	EL PASO Purpose of Disbursement	TX	79923					T	CO	16520	100					
	Contribution						C	_		06539			B23.54	196		
	Candidate Name			Cat	egor	y/	An					_		186 nt this	Period	
	ESCOBAR, VERONICA, , ,		2004		ype	-		-	-	-		-	-	2000.0	10	
	Office Sought:    X   House   Disburse     Senate   X	ment For: 2 Primary	2024 General				L	-			_		7	2000.0	00	
	President	Other (spec						1.40	ma	Item						
	State: TX District: 16	1					Ш	IVIE	1110	nem						
Р	Full Name (Last, First, Middle Initial)						,		۲.							
B.							Date of Disbursement									
Mailing Address							M = M / D = D / Y = Y = Y						Y			
	City	State	Zip Code				FE	C ld	lenti	ficatio	n	Num	ber			
	Purpose of Disbursement							C								
							0									
	Candidate Name Category/							Amount of Each Disbursement this Period								
	Type Office Sought:   House   Disbursement For:						Г									
			Primary General					7 7 7								
	President	Other (spec	cify)					Memo Item								
_	State: District:						Womo Rom									
C.	Full Name (Last, First, Middle Initial)						Da	ite o	f Di	sburse	em	ent				
٥.								M M	_	D		_	Υ	YY	Υ	
	Mailing Address						Ĺ		]	L	_	_	L.			
	City	State	Zip Code				FE	C Id	lenti	ficatio	n	Num	ber			
	Purpose of Disbursement				_		C	;		-						
Candidate Name Category/							O									
							An	noun	t of	Each	D	isbu	rseme	nt this	Period	
	Office Sought:   House   Disbursement For:															
	Senate Stagnis	Primary					7 7									
	President	Other (spec	Other (specify) ▼					Memo Item								
_	State: District:															
s	UBTOTAL of Disbursements This Page (optional)					<b>•</b>		Ι	Ξ	7		Ι	<del></del>	2000.	00	
Ļ	OTAL This Pariod (last page this line number only	<i>'</i> )				_				-			-	16000.	00	
1 '	OTAL This Period (last page this line number only	J			• • • • • • • • • • • • • • • • • • • •				-				1			

### S 17

SCHEDULE B (FEC Form 3X)			FOR LINE	PAGE 14 OF 15						
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	· _ ·	(check only one)						
		Summary Page	21b <b>x</b> 28a	22 28b	23 26 27 28c 29 30b					
Any information conicd from such Departs and Olsh										
Any information copied from such Reports and State or for commercial purposes, other than using the na	ame and add	from be sold or us	ed by any pers cal committee to	solicit contrib	utions from such committee.					
NAME OF COMMITTEE (In Full)										
$ \hspace{.05cm} \rangle$ OUTDOOR AMUSEMENT BUSIN	IESS AS	SOCIATION	I INC PAC							
Full Name (Last, First, Middle Initial)										
A. Miller, Kathleen, , ,	Date of Disbursement									
Mailing Address 95 McNabs Rd. Keilor				04	17 2023					
City Melbourne	State	Zip Code 03036		FEC Identif	fication Number					
Purpose of Disbursement Refund of Contribution	se of Disbursement									
Candidate Name			Category/ Type	Transaction ID : SB28A.5502 Amount of Each Disbursement this Period						
Office Sought: House Disburse	ement For:		туре		375.00					
Senate President	Primary Other (spe	General cify) ▼								
State: District:				Memo	item					
Full Name (Last, First, Middle Initial) <b>B.</b>				Data of Dia	- le					
ь.				Date of Disbursement						
Mailing Address										
City	City State Zip Code									
Purpose of Disbursement	C									
Candidate Name	Category/ Type	Amount of Each Disbursement this Period								
Office Sought: House Disburse	ement For:		.,,,,	1   : : . : : . : : . :						
Senate President										
State: District:	Other (spe	ony)		Memo	Item					
Full Name (Last, First, Middle Initial) C.				Date of Dis	sbursement					
				M = M /	D D / Y Y Y Y Y					
Mailing Address										
City	State	Zip Code		FEC Identif	fication Number					
Purpose of Disbursement				С						
Candidate Name			Category/	Amount of	Each Disbursement this Period					
Office Sought: House Disburse	ement For:		Type							
Senate	Primary	General								
State: President	Other (spe	ecify) 🔻		Memo	Item					
					275.00					
SUBTOTAL of Disbursements This Page (optional)			·····•		375.00					
TOTAL This Period (last page this line number onl	v)			' '	375.00					

### S 17

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 15 (								
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check or								
		Summary Page	211		23 26 27 28c <b>x</b> 29 30b						
Any information copied from such Reports and State	ments may	not be sold or use			<b>~</b>   •   •   •						
or for commercial purposes, other than using the na											
NAME OF COMMITTEE (In Full)											
$ \hspace{.05cm} \rangle$ OUTDOOR AMUSEMENT BUSIN	ESS AS	SOCIATION	I INC PAC								
Full Name (Last, First, Middle Initial)											
A. Wells Fargo Advisors	Date of Di	Date of Disbursement									
<u> </u>	M = M /	D D / Y Y Y Y Y									
Mailing Address 7900 Xerxes Ave S 10th FL				05	31 2023						
City	State	Zip Code		FEC Identi	ification Number						
Bloomington	MN	55431			modion Number						
Purpose of Disbursement Unrealized Loss				C							
Candidate Name			Oata :::::::/		action ID : SB29.5504						
			Category/ Type	Amount of	Each Disbursement this Period						
	ment For:		<u> </u>	1	876.67						
Senate x	Primary	General									
State: District:	Other (spe	cony) 🔻		Memo	Item						
Full Name (Last, First, Middle Initial)											
В.				Date of Di	sbursement						
Mailing Address				M = M /	M = M / D = D / Y = Y = Y						
Mailing Address											
City	State	Zip Code		FEC Identi	ification Number						
Purpose of Disbursement				C							
,											
Candidate Name	Amount of	Each Disbursement this Period									
Office Sought: House Disburse											
Senate											
President	Other (spe			Memo	Memo Item						
State: District:				Wichilo							
Full Name (Last, First, Middle Initial)  C.				Date of Di	sbursement						
				M M /							
Mailing Address											
City	State	Zip Code			· · · · · · · · · · · · · · · · · · ·						
				FEC Identi	ification Number						
Purpose of Disbursement				C							
Candidate Name			Cotogg	Amount of	Each Disbursement this Period						
			Category/ Type	Amount of	Lacii Disbuisement this Pendd						
	ment For:				<del></del>						
Senate President	Primary Other (spe	General									
State: District:	Julier (spe	,ony) ▼		Memo	Item						
,				·							
SUBTOTAL of Disbursements This Page (optional).			·····•		876.67						
TOTAL This Period (last page this line number only	<i>(</i> )				876.67						