

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Strategy 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="2014"/>	<input type="text" value="60040.55"/>	<input type="text" value="60040.55"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="63254.45"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="30300.00"/>	<input type="text" value="215505.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="93554.45"/>	<input type="text" value="275545.55"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="28487.22"/>	<input type="text" value="210478.32"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="65067.23"/>	<input type="text" value="65067.23"/>
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Strategy 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).....	800.00	95000.00
(ii) Unitemized	0.00	5.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	800.00	95005.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	24500.00	115500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	25300.00	210505.00
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.....	5000.00	5000.00
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))..... ▶	30300.00	215505.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	30300.00	215505.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	13487.22	50478.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	13487.22	50478.32
22. Transfers to Affiliated/Other Party Committees.....	5000.00	10000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	150000.00
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)) ..	28487.22	210478.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28487.22	210478.32

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	25300.00	210505.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25300.00	210505.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	13487.22	50478.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	13487.22	50478.32

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 17
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Strategy PAC

A. MR. DANIEL F. MCKEITHAN JR.

Full Name (Last, First, Middle Initial)
Mailing Address 777 E WISCONSIN AVENUE, STE 3020
SUITE 3020

City Milwaukee State WI Zip Code 53202-5302

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

Name of Employer TAMARACK PETROLEUM COMPANY, Occupation CHAIRMAN & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 03 / 2014
Transaction ID : SA11.72423

Amount of Each Receipt this Period
800.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	800.00

**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 17
<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)
Strategy PAC

A. AMERICAN BANKERS ASSOCIATION QUALIFIED MULTI-CANDIDATE COMM
 Full Name (Last, First, Middle Initial)
 Mailing Address 1120 CONNECTICUT AVENUE NW
 City WASHINGTON State DC Zip Code 20036-3902
 FEC ID number of contributing federal political committee. **C** C00004275
 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
 11 / 19 / 2014
Transaction ID : SA11.73258
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

B. BLUEPAC - BLUE CROSS & BLUE SHIELD ASSOC PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1310 G STREET NW FLOOR 12
 City WASHINGTON State DC Zip Code 20005-3007
 FEC ID number of contributing federal political committee. **C** C00194746
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2014
Transaction ID : SA11.73098
 Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. KPMG PARTNERS/PRINCIPALS & EMPLOYEES PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 18254
 City WASHINGTON State DC Zip Code 20036-8254
 FEC ID number of contributing federal political committee. **C** C00280222
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2014
Transaction ID : SA11.73096
 Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 17
<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)
Strategy PAC

Full Name (Last, First, Middle Initial)
A. NATIONAL ASSOCIATION OF HEALTH UNDERWRITER'S (NAHU) POLITICA

Mailing Address **PO BOX 20865**

City **INDIANAPOLIS** State **IN** Zip Code **46220-0865**

FEC ID number of contributing federal political committee. **C C00283135**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt
 / /
10 / 04 / 2014

Transaction ID : SA11.73099

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. NATIONAL ASSOCIATION OF CONVENIENCE STORES PAC (NACSPAC)

Mailing Address **1600 DUKE ST**

City **ALEXANDRIA** State **VA** Zip Code **22314-3466**

FEC ID number of contributing federal political committee. **C C00126763**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
 / /
11 / 19 / 2014

Transaction ID : SA11.73260

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. OCEAN SPRAY POLITICAL ACTION COMMITTEE

Mailing Address **1 OCEAN SPRAY DRIVE**

City **MIDDLEBORO** State **MA** Zip Code **02349-1000**

FEC ID number of contributing federal political committee. **C C00114702**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
 / /
10 / 28 / 2014

Transaction ID : SA11.73097

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	12000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 17
<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)
Strategy PAC

A. PRICEWATERHOUSECOOPERS POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 13TH STREET NW
 SUITE 1000
 City WASHINGTON State DC Zip Code 20005-3005
 FEC ID number of contributing federal political committee. **C** C00107235
 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
 11 / 19 / 2014
Transaction ID : SA11.73259
 Amount of Each Receipt this Period
 2500.00
CONTRIBUTION

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

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

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

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

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	24500.00

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

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

FOR LINE NUMBER: PAGE 10 OF 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Strategy PAC

A. THOM TILLIS VICTORY COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 97275
 City RALEIGH State NC Zip Code 27624
 FEC ID number of contributing federal political committee. **C** C00564633
 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
 11 / 19 / 2014
Transaction ID : SA16.4202
 Amount of Each Receipt this Period
 5000.00
 REFUND OF OCTOBER, 2014 DONATION

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

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

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

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

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**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)

Strategy PAC

Full Name (Last, First, Middle Initial)

A. SEN. RON H. JOHNSON

Mailing Address 5171 ISLAND VIEW DRIVE

City OSHKOSH State WI Zip Code 54901-1355

Purpose of Disbursement
TRAVEL REIMBURSEMENT WITH DETAIL

002

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2014

Transaction ID : SB21B.I4174

Amount of Each Disbursement this Period

1423.08

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address PO BOX 619612

City DFW AIRPORT State TX Zip Code 75261-9612

Purpose of Disbursement
TRAVEL EXPENSE - AIR FARE

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2014

Transaction ID : SB21B.I4177

Amount of Each Disbursement this Period

585.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. HILTON GARDEN INN

Mailing Address 201 EAST 8TH STREET

City SIOUX FALLS State SD Zip Code

Purpose of Disbursement
TRAVEL EXPENSE - LODGING

002

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2014

Transaction ID : SB21B.I4180

Amount of Each Disbursement this Period

210.96

[MEMO ITEM]

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

1423.08

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)

Strategy PAC

Full Name (Last, First, Middle Initial)

A. US AIRWAYS

Mailing Address 4000 E SKY HARBOR BOULEVARD

City PHOENIX State AZ Zip Code 85034-3802

Purpose of Disbursement
TRAVEL EXPENSE - AIR FARE

002

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2014			

Transaction ID : SB21B.I4176

Amount of Each Disbursement this Period

282.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DAVID A. HAYFORD

Mailing Address 3048 SHOREWOOD DRIVE

City OSHKOSH State WI Zip Code 54901-1648

Purpose of Disbursement
POSTAGE REIMBURSEMENT

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2014			

Transaction ID : SB21B.I4173

Amount of Each Disbursement this Period

59.98

Full Name (Last, First, Middle Initial)

C. ASPECT CONSULTING, LLC

Mailing Address 8401 EXELSIOR DR
SUITE 103

City MADISON State WI Zip Code 53717-9569

Purpose of Disbursement
CONSULTING - COMPLIANCE

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2014			

Transaction ID : SB21B.I4212

Amount of Each Disbursement this Period

500.00

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

559.98

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Strategy PAC

Full Name (Last, First, Middle Initial)

A. ASSOCIATED BANK NA

Mailing Address 200 N ADAMS STREET

City GREEN BAY State WI Zip Code 54301-5142

Purpose of Disbursement
CRADIT CARD PAYMENT WITH DETAIL

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2014			

Transaction ID : SB21B.I4204

Amount of Each Disbursement this Period

3450.37

Full Name (Last, First, Middle Initial)

B. ENTERPRISE CAR RENTAL

Mailing Address 140 N KOELLER STREET

City OSHKOSH State WI Zip Code 54902-4108

Purpose of Disbursement
TRAVEL EXPENSE - AUTO RENTAL

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2014			

Transaction ID : SB21B.I4209

Amount of Each Disbursement this Period

243.45

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. HILTON GARDEN INN

Mailing Address 201 EAST 8TH STREET

City SIOUX FALLS State SD Zip Code

Purpose of Disbursement
TRAVEL EXPENSE - LODGING

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2014			

Transaction ID : SB21B.I4208

Amount of Each Disbursement this Period

228.42

[MEMO ITEM]

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

3450.37

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

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

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

FOR LINE NUMBER:
(check only one)

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

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)

Strategy PAC

Full Name (Last, First, Middle Initial)

A. HOLIDAY INN & SUITES

Mailing Address 200 PEARL STREET

City LA CROSSE State WI Zip Code 54601-3216

Purpose of Disbursement
TRAVEL EXPENSE - LODGING

002

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2014

Transaction ID : SB21B.I4210

Amount of Each Disbursement this Period

242.16

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address 900 GRAND PLAZA DR

City HOUSTON State TX Zip Code 77067

Purpose of Disbursement
TRAVEL EXPENSE - AIR FARE

002

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2014

Transaction ID : SB21B.I4206

Amount of Each Disbursement this Period

937.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. US AIRWAYS

Mailing Address 4000 SKY HARBOR DR

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement
TRAVEL EXPENSE - AIR FARE

002

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2014

Transaction ID : SB21B.I4205

Amount of Each Disbursement this Period

1604.40

[MEMO ITEM]

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 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)

Strategy PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CAMPAIGN SOFTWARE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : SB21B.I4158

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CAMPAIGN SOFTWARE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2014

Transaction ID : SB21B.I4203

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. GULA GRAHAM

Mailing Address 499 S CAPITOL ST SW
SUITE 420

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
FUNDRAISING COMMISSION AND COSTS

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : SB21B.I4159

Amount of Each Disbursement this Period

7553.79

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

8053.79

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

13487.22

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 checked="" 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)

Strategy PAC

Full Name (Last, First, Middle Initial)

A. REPUBLICAN PARTY OF KENTUCKY

Mailing Address 105 W 3RD ST

City FRANKFORT State KY Zip Code 40601

Purpose of Disbursement
POLITICAL DONATION

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2014			

Transaction ID : SB22.I4171

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

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

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

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

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

5000.00

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

5000.00

**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)
Strategy PAC

Full Name (Last, First, Middle Initial)

A. MCCONNELL SENATE COMMITTEE '14

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement
POLITICAL DONATION

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 28 / 2014

Transaction ID : SB23.I4160

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. THOM TILLIS VICTORY COMMITTEE

Mailing Address PO BOX 97275

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement
POLITICAL DONATION

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 28 / 2014

Transaction ID : SB23.I4172

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

10000.00

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

10000.00