

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

ANN PAC

ADDRESS (number and street) ▼

P.O. Box 3535

Check if different than previously reported. (ACC)

Ballwin

MO

63022

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00531764

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:

- | | | | | | | | |
|-------------------------------------|-------------|--------------------------|-------------|--------------------------|--------------|--------------------------|--|
| <input checked="" type="checkbox"/> | Feb 20 (M2) | <input type="checkbox"/> | May 20 (M5) | <input type="checkbox"/> | Aug 20 (M8) | <input type="checkbox"/> | Nov 20 (M11)
(Non-Election Year Only) |
| <input type="checkbox"/> | Mar 20 (M3) | <input type="checkbox"/> | Jun 20 (M6) | <input type="checkbox"/> | Sep 20 (M9) | <input type="checkbox"/> | Dec 20 (M12)
(Non-Election Year Only) |
| <input type="checkbox"/> | Apr 20 (M4) | <input type="checkbox"/> | Jul 20 (M7) | <input type="checkbox"/> | Oct 20 (M10) | <input type="checkbox"/> | Jan 31 (YE) |

(c) 12-Day PRE-Election Report for the:

- | | | | | | |
|--------------------------|------------------|--------------------------|---------------|--------------------------|--------------|
| <input type="checkbox"/> | Primary (12P) | <input type="checkbox"/> | General (12G) | <input type="checkbox"/> | Runoff (12R) |
| <input type="checkbox"/> | Convention (12C) | <input type="checkbox"/> | Special (12S) | | |

Election on / / in the State of

(d) 30-Day POST-Election Report for the:

- | | | | | | |
|--------------------------|---------------|--------------------------|--------------|--------------------------|---------------|
| <input type="checkbox"/> | General (30G) | <input type="checkbox"/> | Runoff (30R) | <input type="checkbox"/> | Special (30S) |
|--------------------------|---------------|--------------------------|--------------|--------------------------|---------------|

Election on / / in the State of

5. Covering Period

01 / 01 / 2016

through

01 / 31 / 2016

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 Patrick McSwain

Signature of Treasurer

Patrick McSwain

[Electronically Filed]

Date

03 / 24 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X

Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

ANN 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"/>	<input type="text" value="76732.05"/>	<input type="text" value="76732.05"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="76732.05"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(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="76732.05"/>	<input type="text" value="76732.05"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="21306.31"/>	<input type="text" value="21306.31"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="55425.74"/>	<input type="text" value="55425.74"/>
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

ANN PAC

Report Covering the Period: From: 01 / 01 / 2016 To: 01 / 31 / 2016

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

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	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	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 Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
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))..... ▶	0.00	0.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	0.00	0.00

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	21306.31	21306.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	21306.31	21306.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	21306.31	21306.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21306.31	21306.31

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)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	21306.31	21306.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	21306.31	21306.31

**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)
ANN PAC

Full Name (Last, First, Middle Initial)

A. ARISTOTLE INTERNATIONAL, INC.

Mailing Address 205 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003-1164

Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 06 / 2016

Transaction ID : **SB21B.I158**

Amount of Each Disbursement this Period

300.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CAPITAL ENHANCEMENT, INC.

Mailing Address 150 LONG RD
STE 50

City CHESTERFIELD State MO Zip Code 63005-1239

Purpose of Disbursement
ADMINISTRATIVE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2016

Transaction ID : **SB21B.I221**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. COMMERCE BANK CREDIT CARDS

Mailing Address PO BOX 808009

City KANSAS CITY State MO Zip Code 64180-8009

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 04 / 2016

Transaction ID : **SB21B.I605**

Amount of Each Disbursement this Period

4097.63

Memo Item

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

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

4897.63

**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)
ANN PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVAR

City State Zip Code
FORT WORTH TX 76155-2605

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I615**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. AMTRAK

Mailing Address 50 MASSACHUSETTS AVE NE

City State Zip Code
WASHINGTON DC 20002-4214

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I617**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. CHARLIE PALMER STEAKHOUSE

Mailing Address 101 CONSTITUTION AVE NW

City State Zip Code
WASHINGTON DC 20001-2133

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I616**

Amount of Each Disbursement this Period

Memo Item

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

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)
ANN PAC

Full Name (Last, First, Middle Initial)

A. EUROPA

Mailing Address 515 MADISON AVE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement
TRAVEL

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.I618

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. LOTTE NY PALACE

Mailing Address 455 MADISON AVE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement
TRAVEL

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.I610

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. LOTTE NY PALACE

Mailing Address 455 MADISON AVE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement
TRAVEL

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.I613

Amount of Each Disbursement this Period

Memo Item

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

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)
ANN PAC

Full Name (Last, First, Middle Initial) A. MALONEY & PORCELLI		Date of Disbursement MM / DD / YYYY 12 / 03 / 2015
Mailing Address 37 EAST 50TH STREET		Transaction ID : SB21B.I609
City NEW YORK	State NY	
Zip Code 10022-6820	Purpose of Disbursement FOOD/BEVERAGE	Amount of Each Disbursement this Period 388.94
Candidate Name	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. NYC-TAXI		Date of Disbursement MM / DD / YYYY 12 / 05 / 2015
Mailing Address 33 BEAVER STREET		Transaction ID : SB21B.I611
City NEW YORK	State NY	
Zip Code 10004-2736	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 25.30
Candidate Name	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. THE MIAMI BEACH EDITION		Date of Disbursement MM / DD / YYYY 11 / 17 / 2015
Mailing Address 2901 COLLINS AVE		Transaction ID : SB21B.I607
City MIAMI BEACH	State FL	
Zip Code 33140	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 96.47
Candidate Name	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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)
ANN PAC

Full Name (Last, First, Middle Initial)

A. THE MIAMI BEACH EDITION

Mailing Address 2901 COLLINS AVE

City MIAMI BEACH State FL Zip Code 33140

Purpose of Disbursement
TRAVEL

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.I608**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. THE MIAMI BEACH EDITION

Mailing Address 2901 COLLINS AVE

City MIAMI BEACH State FL Zip Code 33140

Purpose of Disbursement
TRAVEL

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.I614**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. GULA GRAHAM GROUP

Mailing Address 499 S CAPITOL ST SW
STE 420

City WASHINGTON State DC Zip Code 20003-4027

Purpose of Disbursement
FUNDRAISING FEE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.I344**

Amount of Each Disbursement this Period

Memo Item

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

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)
ANN PAC

Full Name (Last, First, Middle Initial)

A. THE GULA GRAHAM GROUP

Mailing Address 499 S CAPITOL ST SW
STE 420

City WASHINGTON State DC Zip Code 20003-4027

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

003
Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	0			2	0	1	6		

Transaction ID : SB21B.I4231

Amount of Each Disbursement this Period

1	4	6	1	8	.	6	8
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Memo Item
FUNDRAISING EVENT EXPENSES REIMBURSEMENT

Full Name (Last, First, Middle Initial)

B. CHARLESTON PLACE HOTEL

Mailing Address 205 MEETING STREET

City CHARLESTON State SC Zip Code 29401-3110

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

003
Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	5			2	0	1	5		

Transaction ID : SB21B.I4363

Amount of Each Disbursement this Period

4	0	8	9	.	2	1
---	---	---	---	---	---	---

Memo Item
EVENT EXPENSE IRI CHARLESTON

Full Name (Last, First, Middle Initial)

C. THE EDITION MIAMI BEACH

Mailing Address 2901 COLLINS AVE

City MIAMI BEACH State FL Zip Code 33140

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

002
Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	1	5		

Transaction ID : SB21B.I4364

Amount of Each Disbursement this Period

1	0	5	2	9	.	4	7
---	---	---	---	---	---	---	---

Memo Item
LODGING

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

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

1	4	6	1	8	.	6	8
---	---	---	---	---	---	---	---

2	1	3	0	6	.	3	1
---	---	---	---	---	---	---	---