

**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

PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

ADDRESS (number and street) ▼

8600 HILLCREST ROAD

☐ Check if different than previously reported. (ACC)

KANSAS CITY

MO

64138

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00206177

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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
04 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
06 30 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 SCOTT FORBES

Signature of Treasurer

SCOTT FORBES

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
07 08 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)

Page 2

Write or Type Committee Name

PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
04 01 2016 To: M M / D D / Y Y Y Y Y Y  
06 30 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">700806.89</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">702678.43</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">54844.48</span>	<span style="border: 1px solid black; padding: 2px;">103486.23</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">757522.91</span>	<span style="border: 1px solid black; padding: 2px;">804293.12</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">42479.28</span>	<span style="border: 1px solid black; padding: 2px;">89249.49</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">715043.63</span>	<span style="border: 1px solid black; padding: 2px;">715043.63</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



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)

Page 3

Write or Type Committee Name

PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
04 / 01 / 2016

To:

M M / D D / Y Y Y Y Y  
06 / 30 / 2016
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

-200.00

(ii) Unitemized .....

54240.68

102471.96

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

54240.68

102271.96

(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) ..... ►

54240.68

102271.96

## 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.....

-19.40

-19.40

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

623.20

1233.67

## 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))..... ►

54844.48

103486.23

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ►

54844.48

103486.23

**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 .....	2629.28	2629.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2629.28	2629.28
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 .....	39850.00	86620.21
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)) ..	42479.28	89249.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42479.28	89249.49

**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) .....	54240.68	102271.96
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	54240.68	102271.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	2629.28	2629.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	2629.28	2629.28

# **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 6 OF 13

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND**

Full Name (Last, First, Middle Initial)

## **A. BANK MIDWEST**

Mailing Address 11th & Walnut

City State Zip Code  
 Kansas City MO 64106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

814.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2016

**Transaction ID : SA17.44741**

Amount of Each Receipt this Period

203.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. BANK MIDWEST**

Mailing Address 11th & Walnut

City State Zip Code  
 Kansas City MO 64106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1027.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2016

**Transaction ID : SA17.44742**

Amount of Each Receipt this Period

213.27

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. BANK MIDWEST**

Mailing Address 11th & Walnut

City State Zip Code  
 Kansas City MO 64106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1233.67

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA17.44743**

Amount of Each Receipt this Period

206.35

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

623.20

623.20

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

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

FOR LINE NUMBER: PAGE 7 OF 13  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND**

Full Name (Last, First, Middle Initial)

**A. WILSON-MCSHANE**

Mailing Address 3100 BROADWAY

City

KANSAS CITY

State

MO

Zip Code

64111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

-19.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 26 / 2016

Transaction ID : SA16.44772

Amount of Each Receipt this Period

-19.40

☐ Memo Item

DEPOSIT CORRECTION FROM AUDIT

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

-19.40

-19.40

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 13

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND**

Full Name (Last, First, Middle Initial)

**A. PIPEFITTERS GENERAL ACCOUNT**

Mailing Address 8600 HILLCREST ROAD

City State Zip Code  
KANSAS CITY MO 64138Purpose of Disbursement  
Reimburse General Account for travel expenses for National Legislative  
Conference/R. Tallav  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 26 2016**Transaction ID : SB21B.44751**

Amount of Each Disbursement this Period

1198.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PIPEFITTERS LOCAL 533 GEN'L. ACCOUNT**

Mailing Address 8600 HILLCREST ROAD

City State Zip Code  
KANSAS CITY MO 64138Purpose of Disbursement  
Reimburse General Account for travel expenses for National Legislative  
Conference/S. Graden  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 26 2016**Transaction ID : SB21B.44750**

Amount of Each Disbursement this Period

1210.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2408.78

2408.78



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 13

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND**

Full Name (Last, First, Middle Initial)

**A. CITIZENS FOR DIANE KRIZEK**

Mailing Address P.O. BOX 11541

City	State	Zip Code
KANSAS CITY	MO	64138

Purpose of Disbursement  
MISSOURI: FOR STATE REPR. DISTRICT 28

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB29.44768**

Amount of Each Disbursement this Period

500.00
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CITIZENS TO ELECT MIKE O'MARA**

Mailing Address 19 LOWERY ESTATES

City	State	Zip Code
ST. LOUIS	MO	63031

Purpose of Disbursement  
MISSOURI: FOR ST. LOUIS COUNTY COUNCILMAN, 4TH DISTRICT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2016

**Transaction ID : SB29.44761**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Contreras for Treasurer**

Mailing Address P.O. Box 22546

City	State	Zip Code
Kansas City	MO	64113

Purpose of Disbursement  
MISSOURI: FOR MO STATE TREASURER

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2016

**Transaction ID : SB29.44762**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 13

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND**

Full Name (Last, First, Middle Initial)

**A. FRIENDS FOR JUDY MORGAN**

Mailing Address 3837 CAMPBELL

City	State	Zip Code
KANSAS CITY	MO	64109

Purpose of Disbursement  
MISSOURI: FOR STATE REPR. 24TH DISTRICT RE-ELECTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : SB29.44770**

Amount of Each Disbursement this Period

500.00
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Koster for Missouri**

Mailing Address P.O. Box 440173 St

City	State	Zip Code
St. Louis	MO	63144

Purpose of Disbursement  
MISSOURI: FOR MISSOURI GOVERNOR CAMPAIGN/FUNDRAISER

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	26	/	2016

**Transaction ID : SB29.44765**

Amount of Each Disbursement this Period

5000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LABOR'S EDUCATION & POLITICAL CLUB**

Mailing Address 4501 EMANUEL CLEAVER II BLDG

City	State	Zip Code
KANSAS CITY	MO	64130

Purpose of Disbursement  
MISSOURI: TABLE/2016 LABOR'S REPR OF THE AWARDS DINNER

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	26	/	2016

**Transaction ID : SB29.44764**

Amount of Each Disbursement this Period

250.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5750.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 13

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND**

Full Name (Last, First, Middle Initial)

**A. LEPCI**

Mailing Address 4501 EMANUEL CLEAVER II BLVD.

City	State	Zip Code
KANSAS CITY	MO	64130

Purpose of Disbursement  
MISSOURI: TABLE 2016 LABOR'S REPR OF THE YEAR AWARDS  
DINNER

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2016

**Transaction ID : SB29.44760**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Missouri Democratic Party**

Mailing Address PO Box 719

City	State	Zip Code
Jefferson City	MO	65102

Purpose of Disbursement  
MISSOURI: MDB TRUMAN DINNER 2016 @ BUSH STADIU,

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2016

**Transaction ID : SB29.44766**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Nicole Galloway for Missouri**

Mailing Address P.O. Box 11723

City	State	Zip Code
St. Louis	MO	63105

Purpose of Disbursement  
MISSOURI: FOR STATE AUDITOR

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2016

**Transaction ID : SB29.44759**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 13

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND**

Full Name (Last, First, Middle Initial)

**A. Podhola for Missouri**

Mailing Address P.O. Box 302

City Independence	State MO	Zip Code 64051
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Purpose of Disbursement  
MISSOURI: FOR STATE SENATE DISTRICT 11

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

**Transaction ID : SB29.44767**

Amount of Each Disbursement this Period

1	2	3	4	5	6	7	8	9	0	.	0	0

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SENATE DEMOCRATS**

Mailing Address P.O. BOX 1911

City TOPEKA	State KS	Zip Code 66601
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Purpose of Disbursement  
KANSAS: HELP GAIN SENATE SEATS IN KANSAS

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

**Transaction ID : SB29.44757**

Amount of Each Disbursement this Period

1	2	3	4	5	6	7	8	9	0	.	0	0

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SHARP FOR SHERIFF**

Mailing Address 15704 E. 76TH ST.

City KANSAS CITY	State MO	Zip Code 64139
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Purpose of Disbursement  
RE-ELECTION FOR SHERIFF OF JACKSON COUNTY MO

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2016

**Transaction ID : SB29.44752**

Amount of Each Disbursement this Period

1	2	3	4	5	6	7	8	9	0	.	0	0

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1	2	3	4	5	6	7	8	9	0	.	0	0

1	2	3	4	5	6	7	8	9	0	.	0	0

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 13

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND**

Full Name (Last, First, Middle Initial)

**A. TERESA HENSLEY FOR MISSOURI**

Mailing Address P.O. Box 410070

City	State	Zip Code
Kansas City	MO	64141

Purpose of Disbursement  
MISSOURI: FOR ATTORNEY GENERAL OF MISSOURI 2016

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2016

**Transaction ID : SB29.44763**

Amount of Each Disbursement this Period

5000.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. THE BLUESTEM FUND**

Mailing Address P.O. BOX 2481

City	State	Zip Code
TOPEKA	KS	66601

Purpose of Disbursement  
KANSAS SUPPRT CANDIDATES FRIENDLY TO LABOR & WORKING  
FAMILIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2016

**Transaction ID : SB29.44753**

Amount of Each Disbursement this Period

5000.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. THE BLUESTEM FUND**

Mailing Address P.O. BOX 2481

City	State	Zip Code
TOPEKA	KS	66601

Purpose of Disbursement  
KANSAS: CONTRIBUTION - HELP LEGISLATIVE CANDIDATES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

**Transaction ID : SB29.44756**

Amount of Each Disbursement this Period

5000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00
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39750.00
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