

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
Ann Wagner for Congress

ADDRESS (number and street) PO Box 50
Ballwin MO 63022
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C C00495846
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
MO MO 02

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)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 08 / 02 / 2016 in the State of MO
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 07 / 01 / 2016 through 07 / 13 / 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 Richard Magee
Signature of Treasurer Richard Magee [Electronically Filed] Date 07 / 21 / 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.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Ann Wagner for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2016 To: M M / D D / Y Y Y Y 07 / 13 / 2016

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 11805.00 | 1786881.70 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 8200.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 11805.00 | 1778681.70 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 39794.14 | 828538.80 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 4225.40 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 39794.14 | 824313.40 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 2339697.39 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |

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 3 (Revised 12/2003)

Write or Type Committee Name

Ann Wagner for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2016 To: M M / D D / Y Y Y Y 07 / 13 / 2016

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 5750.00 | 846725.00 |
| (ii) Unitemized..... | 555.00 | 4806.70 |
| (iii) TOTAL of contributions from individuals ▶ | 6305.00 | 851531.70 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 5500.00 | 935350.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 11805.00 | 1786881.70 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 4225.40 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 11805.00 | 1791107.10 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 39794.14 | 828538.80 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 7700.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 500.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 8200.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 17100.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 39794.14 | 853838.80 |

III. CASH SUMMARY

| | |
|---|------------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 2367686.53 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 11805.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 2379491.53 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 39794.14 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 2339697.39 |

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

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

FOR LINE NUMBER: PAGE 5 OF 27
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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 Wagner for Congress

A. Full Name (Last, First, Middle Initial)
WILLIAM SHOCKLEE

Mailing Address 13016 CLAYTON RD

City ST. LOUIS State MO Zip Code 63131-1126

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

Name of Employer DRUMTECH, INC. Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2016

Transaction ID : SA11A.6756

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PENNY PENNINGTON

Mailing Address 1206 S MAIN ST

City ST CHARLES State MO Zip Code 63301-3525

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

Name of Employer EDWARD JONES Occupation FINANCIAL ADVISOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2016

Transaction ID : SA11A.6785

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BRIAN BENCZKOWSKI

Mailing Address 3313 N KENSINGTON ST

City ARLINGTON State VA Zip Code 22207-1324

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

Name of Employer KIRKLAND & ELLIS LLP Occupation PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 12 / 2016

Transaction ID : SA11A.6784

Amount of Each Receipt this Period
 _____ 500.00

Memo Item
CONTRIBUTION

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

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

_____ 2500.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 27 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Ann Wagner for Congress

A. Full Name (Last, First, Middle Initial)
JOHN CHIAPEL

Mailing Address 357 LARIMORE VALLEY DR

City State Zip Code
WILDWOOD MO 63005-6228

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

Name of Employer Occupation
ST. LOUIS CENTER FOR ORAL & FACIAL SURGERY SURGEON

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : SA11A.6781

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DANIEL PFEIFER

Mailing Address 6539 SAGAMORE RD

City State Zip Code
MISSION HILLS KS 66208-1946

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

Name of Employer Occupation
SELF-EMPLOYED CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : SA11A.6783

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROSANA PRIVITERA BIONDO

Mailing Address 909 TROOST AVE

City State Zip Code
KANSAS CITY MO 64106-3048

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

Name of Employer Occupation
MARK ONE ELECTRIC CO., INC. PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : SA11A.6779

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 7 OF 27
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
Ann Wagner for Congress

A. Full Name (Last, First, Middle Initial)
KYLE ANDERSEN

Mailing Address **232 N KINGSHIGHWAY BLVD**
UNIT 1110

City **ST. LOUIS** State **MO** Zip Code **63108-1294**

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

Name of Employer **EDWARD JONES** Occupation **PRINCIPAL**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2016

Transaction ID : SA11A.6804

Amount of Each Receipt this Period
1000.00

Memo Item
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)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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)

Election Cycle-to-Date

Date of Receipt
 M M M / D 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).....

1000.00

5750.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 27 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Ann Wagner for Congress

A. Full Name (Last, First, Middle Initial)
QUICKEN LOANS INC. PAC

Mailing Address 101 S. WASHINGTON SQ.
SUITE 620

City LANSING State MI Zip Code 48933-1708

FEC ID number of contributing federal political committee. **C C00388827**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11C.6742

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION
SEE REDESIGNATION

B. Full Name (Last, First, Middle Initial)
QUICKEN LOANS INC. PAC

Mailing Address 101 S. WASHINGTON SQ.
SUITE 620

City LANSING State MI Zip Code 48933-1708

FEC ID number of contributing federal political committee. **C C00388827**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 06 / 2016

Transaction ID : SA11C.6746

Amount of Each Receipt this Period
-500.00

Memo Item
CONTRIBUTION
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
QUICKEN LOANS INC. PAC

Mailing Address 101 S. WASHINGTON SQ.
SUITE 620

City LANSING State MI Zip Code 48933-1708

FEC ID number of contributing federal political committee. **C C00388827**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 06 / 2016

Transaction ID : SA11C.6747

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION
REDESIGNATION FROM PRIMARY

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

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

0.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 27 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Ann Wagner for Congress

A. Full Name (Last, First, Middle Initial)
HSBC NORTH AMERICA

Mailing Address 1401 EYE STREET NW
SUITE 520

City WASHINGTON State DC Zip Code 20005-2213

FEC ID number of contributing federal political committee. **C C00033423**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 13 / 2016

Transaction ID : SA11C.6790

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARSH & MCLENNAN COMPANIES INC PAC

Mailing Address 1166 AVE OF THE AMERICAS

City NEW YORK State NY Zip Code 10036-2708

FEC ID number of contributing federal political committee. **C C00457234**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 13 / 2016

Transaction ID : SA11C.6792

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MONEYGRAM INTERNATIONAL, INC PAC

Mailing Address 1550 UTICA AVE S
SOUTH MS 8010

City MINNEAPOLIS State MN Zip Code 55416-5312

FEC ID number of contributing federal political committee. **C C00410316**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 13 / 2016

Transaction ID : SA11C.6791

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

4500.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 27 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Ann Wagner for Congress

A. Full Name (Last, First, Middle Initial)
THE FINANCIAL SERVICES ROUNDTABLE PAC

Mailing Address 600 13TH ST, NW
SUITE 400

City WASHINGTON State DC Zip Code 20005-3008

FEC ID number of contributing federal political committee. **C** C00193177

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2016

Transaction ID : SA11C.6789

Amount of Each Receipt this Period
1000.00

Memo Item
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)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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)

Election Cycle-to-Date

Date of Receipt
 M M M / D 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).....

1000.00

5500.00

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 27 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Ann Wagner for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. IMGE LLC | | Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016 |
| Mailing Address 108 SOUTH WASHINGTON ST. 3RD FLOOR | | Amount of Each Disbursement this Period 10000.00 |
| City ALEXANDRIA State VA Zip Code 22314-3029 | Purpose of Disbursement MEDIA | |
| Candidate Name | Category/Type | <input 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) | Transaction ID : SB17.I4700 |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. MARSHALL, ETC. INC. | | Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016 |
| Mailing Address 12825 FLUSHING MEADOWS DR | | Amount of Each Disbursement this Period 2500.00 |
| City ST. LOUIS State MO Zip Code 63131 | Purpose of Disbursement RENT | |
| Candidate Name | Category/Type | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.I4702 |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. T&P INCENTIVES, INC. | | Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016 |
| Mailing Address 2929 S BRENTWOOD BLVD | | Amount of Each Disbursement this Period 333.76 |
| City BRENTWOOD State MO Zip Code 63144 | Purpose of Disbursement PRINTING | |
| Candidate Name | Category/Type | <input 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) | Transaction ID : SB17.I4701 |
| State: District: | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 12833.76 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 12 OF 27 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Ann Wagner for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. MARSHALL, ETC. INC. | | Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016 |
| Mailing Address 12825 FLUSHING MEADOWS DR | | Amount of Each Disbursement this Period 447.13 |
| City ST. LOUIS State MO Zip Code 63131 | Purpose of Disbursement UTILITIES | |
| Candidate Name | Category/Type | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.I4699 |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. COMMERCE BANK CREDIT CARDS | | Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2016 |
| Mailing Address PO BOX 808009 | | Amount of Each Disbursement this Period 5562.17 |
| City KANSAS CITY State MO Zip Code 64180-8009 | Purpose of Disbursement CREDIT CARD PAYMENT | |
| Candidate Name | Category/Type | <input 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) | Transaction ID : SB17.I4706 |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. A STORAGE INN | | Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2016 |
| Mailing Address 14086 MANCHESTER RD | | Amount of Each Disbursement this Period 200.00 |
| City BALLWIN State MO Zip Code 63011-4514 | Purpose of Disbursement FACILITY RENTAL | |
| Candidate Name | Category/Type | <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) | Transaction ID : SB17.I4762 |
| State: District: | | |

| | |
|---|----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 6009.30 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 13 OF 27 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Ann Wagner for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES | | Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2015 |
| Mailing Address 4333 AMON CARTER BOULEVAR | | Amount of Each Disbursement this Period 150.00 |
| City FORT WORTH State TX Zip Code 76155-2605 | Purpose of Disbursement TRAVEL | |
| Candidate Name | | <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) | Transaction ID : SB17.I4755 |
| State: District: | Category/Type | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES | | Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2016 |
| Mailing Address 4333 AMON CARTER BOULEVAR | | Amount of Each Disbursement this Period 5.60 |
| City FORT WORTH State TX Zip Code 76155-2605 | Purpose of Disbursement TRAVEL | |
| Candidate Name | | <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) | Transaction ID : SB17.I4756 |
| State: District: | Category/Type | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. AT&T | | Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016 |
| Mailing Address 5565 GLENRIDGE CONNECTOR NE | | Amount of Each Disbursement this Period 50.00 |
| City ATLANTA State GA Zip Code 30342-1651 | Purpose of Disbursement PHONE SVC | |
| Candidate Name | | <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) | Transaction ID : SB17.I4758 |
| State: District: | Category/Type | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 14 OF 27 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Ann Wagner for Congress

A. AT&T MOBILITY

Full Name (Last, First, Middle Initial)
Ann Wagner for Congress

Mailing Address PO BOX 650553

City DALLAS State TX Zip Code 75265-0553

Purpose of Disbursement PHONE EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 20 / 2016

Amount of Each Disbursement this Period: 178.80

Memo Item

Transaction ID : SB17.I4760

B. AT&T MOBILITY

Full Name (Last, First, Middle Initial)
Ann Wagner for Congress

Mailing Address PO BOX 650553

City DALLAS State TX Zip Code 75265-0553

Purpose of Disbursement PHONE EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 20 / 2016

Amount of Each Disbursement this Period: 73.46

Memo Item

Transaction ID : SB17.I4761

C. AT&T MOBILITY

Full Name (Last, First, Middle Initial)
Ann Wagner for Congress

Mailing Address PO BOX 650553

City DALLAS State TX Zip Code 75265-0553

Purpose of Disbursement PHONE EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 19 / 2016

Amount of Each Disbursement this Period: 178.73

Memo Item

Transaction ID : SB17.I4788

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 15 OF 27 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Ann Wagner for Congress

A. CAPITOL HILL CLUB

Full Name (Last, First, Middle Initial)
Mailing Address 300 FIRST ST SE

City WASHINGTON State DC Zip Code 20003-1801

Purpose of Disbursement CATERING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 17 / 2016

Amount of Each Disbursement this Period: 489.88

Memo Item

Transaction ID : SB17.I4744

B. CAPITOL HILL CLUB

Full Name (Last, First, Middle Initial)
Mailing Address 300 FIRST ST SE

City WASHINGTON State DC Zip Code 20003-1801

Purpose of Disbursement CATERING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 17 / 2016

Amount of Each Disbursement this Period: 195.67

Memo Item

Transaction ID : SB17.I4745

C. CHARTER COMMUNICATIONS

Full Name (Last, First, Middle Initial)
Mailing Address 3300 SUNSWEPT PARK DR

City FLORISSANT State MO Zip Code 63033

Purpose of Disbursement WEB SERVICE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 01 / 2016

Amount of Each Disbursement this Period: 378.76

Memo Item

Transaction ID : SB17.I4773

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

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

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|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 27 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Ann Wagner for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. ENTERPRISE RENT-A-CAR | | Date of Disbursement |
| Mailing Address 600 CORPORATE PARK DR | | M M / D D / Y Y Y Y 06 / 03 / 2016 |
| City SAINT LOUIS | State MO | Amount of Each Disbursement this Period 626.80 |
| Zip Code 63105-4204 | | |
| Purpose of Disbursement TRAVEL | Category/Type | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | | Transaction ID : SB17.I4749 |
| 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. ENTERPRISE RENT-A-CAR | | Date of Disbursement |
| Mailing Address 600 CORPORATE PARK DR | | M M / D D / Y Y Y Y 05 / 23 / 2016 |
| City SAINT LOUIS | State MO | Amount of Each Disbursement this Period 572.02 |
| Zip Code 63105-4204 | | |
| Purpose of Disbursement TRAVEL | Category/Type | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | | Transaction ID : SB17.I4775 |
| 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. EXXON MOBIL | | Date of Disbursement |
| Mailing Address 660 N GLEBE RD | | M M / D D / Y Y Y Y 06 / 13 / 2016 |
| City ARLINGTON | State VA | Amount of Each Disbursement this Period 37.30 |
| Zip Code 22203-2126 | | |
| Purpose of Disbursement TRAVEL | Category/Type | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | | Transaction ID : SB17.I4746 |
| 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 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 17 OF 27 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Ann Wagner for Congress

| | | |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial) A. EXXON MOBIL | | Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2016 |
| Mailing Address 660 N GLEBE RD | | Amount of Each Disbursement this Period 33.50 |
| City ARLINGTON | State VA Zip Code 22203-2126 | |
| Purpose of Disbursement TRAVEL | Candidate Name | <input checked="" type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.I4752 |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) B. FEDEX (CORPORATE) | | Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2016 |
| Mailing Address 3875 AIRWAY MODULE H3 | | Amount of Each Disbursement this Period 52.25 |
| City MEMPHIS | State TN Zip Code 38116 | |
| Purpose of Disbursement DELIVERY | Candidate Name | <input checked="" type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.I4771 |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) C. FEDEX (CORPORATE) | | Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2016 |
| Mailing Address 3875 AIRWAY MODULE H3 | | Amount of Each Disbursement this Period 60.25 |
| City MEMPHIS | State TN Zip Code 38116 | |
| Purpose of Disbursement DELIVERY | Candidate Name | <input checked="" type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.I4774 |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 18 OF 27 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Ann Wagner for Congress

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) A. METROPOLITAN GRILL | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016 | |
| Mailing Address 2931 E BATTLEFIELD RD | | | Amount of Each Disbursement this Period 517.21 | |
| City SPRINGFIELD | State MO | Zip Code 65804 | <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I4759 | |
| Purpose of Disbursement FOOD/BEVERAGE | | Category/ Type | | |
| Candidate Name | | | | |
| 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. MONSANTO CAFE | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2016 | |
| Mailing Address 3501 LACLEDE AVE | | | Amount of Each Disbursement this Period 372.12 | |
| City ST. LOUIS | State MO | Zip Code 63103 | <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I4754 | |
| Purpose of Disbursement CATERING | | Category/ Type | | |
| Candidate Name | | | | |
| 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. NOODLES & COMPANY | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016 | |
| Mailing Address 13307 MANCHESTER ROAD | | | Amount of Each Disbursement this Period 64.09 | |
| City SAINT LOUIS | State MO | Zip Code 63131-1710 | <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I4763 | |
| Purpose of Disbursement FOOD/BEVERAGE | | Category/ Type | | |
| Candidate Name | | | | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 19 OF 27 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Ann Wagner for Congress

| | | | | |
|---|--|------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. PARTY CITY #561 | | | Date of Disbursement MM / DD / YYYY 06 / 13 / 2016 | |
| Mailing Address 9612 OLIVE BLVD | | | Amount of Each Disbursement this Period 200.91 | |
| City SAINT LOUIS | State MO | Zip Code 63132-3002 | <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I4769 | |
| Purpose of Disbursement DECORATIONS | | Category/ Type | | |
| Candidate Name | | | | |
| 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. PAYPAL | | | Date of Disbursement MM / DD / YYYY 06 / 06 / 2016 | |
| Mailing Address 2211 NORTH FIRST STREET | | | Amount of Each Disbursement this Period 479.90 | |
| City SAN JOSE | State CA | Zip Code 95131-2021 | <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I4748 | |
| Purpose of Disbursement PHONE EXPENSE | | Category/ Type | | |
| Candidate Name | | | | |
| 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. UNITED AIRLINES | | | Date of Disbursement MM / DD / YYYY 05 / 20 / 2016 | |
| Mailing Address 233 S. WACKER DRIVE | | | Amount of Each Disbursement this Period 592.60 | |
| City CHICAGO | State IL | Zip Code 60606-7147 | <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I4783 | |
| Purpose of Disbursement TRAVEL | | Category/ Type | | |
| Candidate Name | | | | |
| 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: _____ | | | |

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|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 20 OF 27 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Ann Wagner for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. UNITED AIRLINES | | Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016 |
| Mailing Address 233 S. WACKER DRIVE | | Amount of Each Disbursement this Period -592.60 |
| City CHICAGO State IL Zip Code 60606-7147 | Purpose of Disbursement CREDIT | |
| Candidate Name | | <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) | Transaction ID : SB17.I4784 |
| State: District: | Category/Type | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. THE BOGEY CLUB | | Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2016 |
| Mailing Address PO BOX 78429 | | Amount of Each Disbursement this Period 600.00 |
| City SAINT LOUIS State MO Zip Code 63178-8429 | Purpose of Disbursement FOOD/BEVERAGE | |
| Candidate Name | | <input 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) | Transaction ID : SB17.I4698 |
| State: District: | Category/Type | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. IMG E LLC | | Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2016 |
| Mailing Address 108 SOUTH WASHINGTON ST. 3RD FLOOR | | Amount of Each Disbursement this Period 5180.00 |
| City ALEXANDRIA State VA Zip Code 22314-3029 | Purpose of Disbursement WEB SERVICE | |
| Candidate Name | | <input 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) | Transaction ID : SB17.I4696 |
| State: District: | Category/Type | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 5780.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 21 OF 27 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Ann Wagner for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. IMGE LLC | | Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2016 |
| Mailing Address 108 SOUTH WASHINGTON ST. 3RD FLOOR | | Amount of Each Disbursement this Period 5180.00 |
| City ALEXANDRIA | State VA | |
| Zip Code 22314-3029 | Purpose of Disbursement WEB SERVICE | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.I4697 |
| 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. GULA GRAHAM GROUP | | Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016 |
| Mailing Address 499 S CAPITOL ST SW STE 420 | | Amount of Each Disbursement this Period 2000.00 |
| City WASHINGTON | State DC | |
| Zip Code 20003-4027 | Purpose of Disbursement FUNDRAISING FEE | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.I4703 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. GULA GRAHAM GROUP | | Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016 |
| Mailing Address 499 S CAPITOL ST SW STE 420 | | Amount of Each Disbursement this Period 2000.00 |
| City WASHINGTON | State DC | |
| Zip Code 20003-4027 | Purpose of Disbursement FUNDRAISING FEE | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.I4704 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 9180.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 27 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Ann Wagner for Congress

| | | | |
|---|--|------------------------|---|
| Full Name (Last, First, Middle Initial) A. GULA GRAHAM GROUP | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016 |
| Mailing Address 499 S CAPITOL ST SW STE 420 | | | Amount of Each Disbursement this Period 2702.43 |
| City WASHINGTON | State DC | Zip Code 20003-4027 | |
| Purpose of Disbursement REIMBURSEMENT | | Category/ Type | <input type="checkbox"/> Memo Item |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Transaction ID : SB17.I4707 |
| State: District: | | | |

| | | | |
|---|--|------------------------|---|
| Full Name (Last, First, Middle Initial) B. CAPITAL GRILLE | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2016 |
| Mailing Address 601 PENNSYLVANIA AVE NW | | | Amount of Each Disbursement this Period 1352.20 |
| City WASHINGTON | State DC | Zip Code 20004-2601 | |
| Purpose of Disbursement FOOD/BEVERAGE | | Category/ Type | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | | | |
| 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) | | Transaction ID : SB17.I4708 |
| State: District: | | | |

| | | | |
|---|--|------------------------|---|
| Full Name (Last, First, Middle Initial) C. CAPITAL GRILLE | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2016 |
| Mailing Address 601 PENNSYLVANIA AVE NW | | | Amount of Each Disbursement this Period 12.92 |
| City WASHINGTON | State DC | Zip Code 20004-2601 | |
| Purpose of Disbursement FOOD/BEVERAGE | | Category/ Type | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | | | |
| 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) | | Transaction ID : SB17.I4712 |
| State: District: | | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2702.43 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 23 OF 27 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Ann Wagner for Congress

Full Name (Last, First, Middle Initial)
A. FEDERAL CITY CATERERS

Mailing Address 1119 12TH ST NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 24 / 2016

Amount of Each Disbursement this Period: 533.50

Memo Item

Transaction ID : SB17.I4717

Full Name (Last, First, Middle Initial)
B. FEDEX (CORPORATE)

Mailing Address 3875 AIRWAY MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement DELIVERY

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 16 / 2016

Amount of Each Disbursement this Period: 19.12

Memo Item

Transaction ID : SB17.I4709

Full Name (Last, First, Middle Initial)
C. FEDEX (CORPORATE)

Mailing Address 3875 AIRWAY MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement DELIVERY

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 28 / 2016

Amount of Each Disbursement this Period: 33.21

Memo Item

Transaction ID : SB17.I4710

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 24 OF 27 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Ann Wagner for Congress

| | | |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial) A. FEDEX (CORPORATE) | | Date of Disbursement MM / DD / YYYY 06 / 10 / 2016 |
| Mailing Address 3875 AIRWAY MODULE H3 | | Amount of Each Disbursement this Period 19.12 |
| City MEMPHIS | State TN Zip Code 38116 | |
| Purpose of Disbursement DELIVERY | Candidate Name | <input checked="" type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.I4713 |

| | | |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial) B. MENUS CATERING | | Date of Disbursement MM / DD / YYYY 06 / 08 / 2016 |
| Mailing Address 655 TAYLOR ST NE | | Amount of Each Disbursement this Period 429.69 |
| City WASHINGTON | State DC Zip Code 20017 | |
| Purpose of Disbursement FOOD/BEVERAGE | Candidate Name | <input checked="" type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.I4715 |

| | | |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial) C. MENUS CATERING | | Date of Disbursement MM / DD / YYYY 06 / 22 / 2016 |
| Mailing Address 655 TAYLOR ST NE | | Amount of Each Disbursement this Period 241.06 |
| City WASHINGTON | State DC Zip Code 20017 | |
| Purpose of Disbursement FOOD/BEVERAGE | Candidate Name | <input checked="" type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.I4716 |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 27 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Ann Wagner for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. GULA GRAHAM GROUP | | Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016 |
| Mailing Address 499 S CAPITOL ST SW STE 420 | | Amount of Each Disbursement this Period 3194.65 |
| City WASHINGTON State DC Zip Code 20003-4027 | Purpose of Disbursement REIMBURSEMENT | |
| Candidate Name | | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.I4727 |
| State: District: | Category/Type | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. CAPITAL GRILLE | | Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016 |
| Mailing Address 601 PENNSYLVANIA AVE NW | | Amount of Each Disbursement this Period 466.10 |
| City WASHINGTON State DC Zip Code 20004-2601 | Purpose of Disbursement FOOD/BEVERAGE | |
| Candidate Name | | <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) | Transaction ID : SB17.I4793 |
| State: District: | Category/Type | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. CAPITAL GRILLE | | Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016 |
| Mailing Address 601 PENNSYLVANIA AVE NW | | Amount of Each Disbursement this Period 304.60 |
| City WASHINGTON State DC Zip Code 20004-2601 | Purpose of Disbursement FOOD/BEVERAGE | |
| Candidate Name | | <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) | Transaction ID : SB17.I4796 |
| State: District: | Category/Type | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3194.65 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 26 OF 27 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Ann Wagner for Congress

Full Name (Last, First, Middle Initial)
A. CAPITAL GRILLE

Mailing Address 601 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20004-2601

Purpose of Disbursement
FOOD/BEVERAGE

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
06 / 15 / 2016

Amount of Each Disbursement this Period
1529.95

Memo Item

Transaction ID : SB17.I4800

Full Name (Last, First, Middle Initial)
B. CONGRESSIONAL LIQUORS

Mailing Address 404 FIRST ST SE

City WASHINGTON State DC Zip Code 20003-1826

Purpose of Disbursement
FOOD/BEVERAGE

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
06 / 15 / 2016

Amount of Each Disbursement this Period
505.91

Memo Item

Transaction ID : SB17.I4797

Full Name (Last, First, Middle Initial)
C. FEDEX (CORPORATE)

Mailing Address 3875 AIRWAY MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
DELIVERY

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
06 / 15 / 2016

Amount of Each Disbursement this Period
19.02

Memo Item

Transaction ID : SB17.I4794

SUBTOTAL of Disbursements This Page (optional)..... 0.00

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

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 27 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Ann Wagner for Congress

| | | |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial) A. FEDEX (CORPORATE) | | Date of Disbursement MM / DD / YYYY 06 / 15 / 2016 |
| Mailing Address 3875 AIRWAY MODULE H3 | | Amount of Each Disbursement this Period 19.02 |
| City MEMPHIS | State TN Zip Code 38116 | |
| Purpose of Disbursement DELIVERY | Candidate Name | <input checked="" type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.I4798 |

| | | |
|--|----------------|---|
| Full Name (Last, First, Middle Initial) B. | | Date of Disbursement MM / DD / YYYY |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State Zip Code | |
| Purpose of Disbursement | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | |

| | | |
|--|----------------|---|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement MM / DD / YYYY |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State Zip Code | |
| Purpose of Disbursement | Candidate Name | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | 39700.14 |