

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

NEW PAC

ADDRESS (number and street) P.O. BOX 7480

Check if different than previously reported. (ACC) VISALIA CA 93290

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00398750 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) General (12G) Runoff (12R) Convention (12C) Special (12S) 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 07 / 01 / 2013 through 12 / 31 / 2013

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 Toni Dian Nunes

Signature of Treasurer Toni Dian Nunes [Electronically Filed] Date 01 / 22 / 2014

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**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

NEW 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="2013"/>		84076.95
(b) Cash on Hand at Beginning of Reporting Period.....	149523.32	
(c) Total Receipts (from Line 19)	62191.82	266691.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	211715.14	350768.77
7. Total Disbursements (from Line 31).....	79004.65	218058.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	132710.49	132710.49
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	

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

Write or Type Committee Name

NEW PAC

Report Covering the Period: From: 07 / 01 / 2013 To: 12 / 31 / 2013

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).....	15250.00	47250.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15250.00	47250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	42000.00	214500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	57250.00	261750.00
12. Transfers From Affiliated/Other Party Committees.....	4941.82	4941.82
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))..... ▶	62191.82	266691.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	62191.82	266691.82

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	33004.65	120058.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	33004.65	120058.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46000.00	98000.00
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)) ..	79004.65	218058.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	79004.65	218058.28

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)	57250.00	261750.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	57250.00	261750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	33004.65	120058.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	33004.65	120058.28

**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 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
NEW PAC

Full Name (Last, First, Middle Initial)
A. BARONA BAND OF MISSION INDIANS

Mailing Address 1095 BARONA RD

City LAKESIDE	State CA	Zip Code 92040
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 11 / 2013
Transaction ID : SA11AI.8414

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
B. CHICKASAW NATION

Mailing Address P.O. BOX 1548

City ADA	State OK	Zip Code 74820
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 07 / 2013
Transaction ID : SA11AI.8410

Amount of Each Receipt this Period
5000.00

DATED: 6/25/13 REC'VD: 8/7/13

Full Name (Last, First, Middle Initial)
C. DAVID JORY

Mailing Address 499 S CAPITAL ST, SW - SUITE 608

City WASHINGTON	State DC	Zip Code 20003
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FEC ID number of contributing federal political committee. **C**

Name of Employer CAPITAL HILL CONSULTING GROUP	Occupation PRESIDENT
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 28 / 2013
Transaction ID : SA11AI.8403

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional).....▶	9000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW PAC

Full Name (Last, First, Middle Initial) A. VINCENT C SAMPSON		Date of Receipt
Mailing Address 65 12 LITTLE FALLS ROAD		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
ARLINGTON	VA	22213
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.8423
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
EDUCATION FINANCE COUNCIL	PRESIDENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DEBORAH KAYE WILLIAMS		Date of Receipt
Mailing Address 3805 FENCHURCH RD		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
BALTIMORE	MD	20218
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.8424
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
DENENTECH	DIRECTOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. YOCHA DEHE WINTUN NATION		Date of Receipt
Mailing Address P.O. BOX 18		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
BROOKS	CA	95606
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.8416
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="6250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="15250.00"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 46
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEW PAC

Full Name (Last, First, Middle Initial) A. AETNA INC. POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 09 / 24 / 2013 Transaction ID : SA11C.8415
Mailing Address 20 F STREET, N.W. SUITE 350		Amount of Each Receipt this Period 2500.00
City WASHINGTON State DC Zip Code 20001	FEC ID number of contributing federal political committee. C C00181826	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00

Full Name (Last, First, Middle Initial) B. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)		Date of Receipt MM / DD / YYYY 07 / 31 / 2013 Transaction ID : SA11C.8413
Mailing Address 1120 Connecticut Avenue NW Suite 600		Amount of Each Receipt this Period 2500.00
City Washington State DC Zip Code 20036	FEC ID number of contributing federal political committee. C C00004275	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00

Full Name (Last, First, Middle Initial) C. AMERICAN HOSPITAL ASSOCIATION PAC		Date of Receipt MM / DD / YYYY 10 / 29 / 2013 Transaction ID : SA11C.8420
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 1500.00
City Washington State DC Zip Code 20004	FEC ID number of contributing federal political committee. C C00106146	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00

SUBTOTAL of Receipts This Page (optional).....▶	6500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 46
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEW PAC

Full Name (Last, First, Middle Initial)
A. AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 175 E. Houston Street
Room 7-A-50

City San Antonio State TX Zip Code 78205

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 12 / 2013

Transaction ID : SA11C.8407

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Mailing Address 1310 G Street NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00194746

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2013

Transaction ID : SA11C.8408

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
C. CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL PAC (CAPG FEDERAL PAC)

Mailing Address 915 WILSHIRE BLVD SUITE 1620

City LOS ANGELES State CA Zip Code 90017

FEC ID number of contributing federal political committee. **C** C00461756

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2013

Transaction ID : SA11C.8409

Amount of Each Receipt this Period
2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 46
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEW PAC

Full Name (Last, First, Middle Initial)
A. CME GROUP, INC. PAC (CME/CBOT/NYMEX PAC)

Mailing Address 20 South Wacker Drive

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C** C00076299

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2013

Transaction ID : SA11C.8412

Amount of Each Receipt this Period
 2500.00

Full Name (Last, First, Middle Initial)
B. DIAGEO NORTH AMERICA INC EMPLOYEES' POLITICAL PARTICIPATION COMMITTEE

Mailing Address 801 MAIN AVENUE
PO BOX 778

City NORWALK State CT Zip Code 06851

FEC ID number of contributing federal political committee. **C** C00034470

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2013

Transaction ID : SA11C.8419

Amount of Each Receipt this Period
 3000.00

DATED: 9/30/13 REC'VD: 10/5/13

Full Name (Last, First, Middle Initial)
C. EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC

Mailing Address 2980 FAIRVIEW PARK DRIVE

City FALLS CHURCH State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2013

Transaction ID : SA11C.8417

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....	8000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 46
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEW PAC

Full Name (Last, First, Middle Initial)
A. GENENTECH INC POLITICAL ACTION COMMITTEE (GENENPAC)

Mailing Address 460 POINT SAN BRUNO BLVD

City SO SAN FRANCISCO	State CA	Zip Code 94080
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FEC ID number of contributing federal political committee. **C** C00199257

Name of Employer	Occupation
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	19	/	2013

Transaction ID : SA11C.8411

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
B. LORILLARD TOBACCO COMPANY PUBLIC AFFAIRS COMMITTEE

Mailing Address 714 GREEN VALLEY ROAD

City GREENSBORO	State NC	Zip Code 27408
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FEC ID number of contributing federal political committee. **C** C00112888

Name of Employer	Occupation
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2013

Transaction ID : SA11C.8405

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
C. NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 51 Madison Ave.
Room 1109

City New York	State NY	Zip Code 10010
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FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer	Occupation
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2013

Transaction ID : SA11C.8421

Amount of Each Receipt this Period
5000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 46
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEW PAC

A. RIO TINTO AMERICA INC. PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 4700 DAYBREAK PARKWAY
 City SOUTH JORDAN State UT Zip Code 84095
 FEC ID number of contributing federal political committee. **C** C00243675
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2013
Transaction ID : SA11C.8422
 Amount of Each Receipt this Period
 2500.00

B. WESTERN UNITED DAIRYMEN'S ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1315 K STREET
 City MODESTO State CA Zip Code 95354
 FEC ID number of contributing federal political committee. **C** C00186072
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11C.8406
 Amount of Each Receipt this Period
 5000.00

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

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

SUBTOTAL of Receipts This Page (optional).....▶	7500.00
TOTAL This Period (last page this line number only).....▶	42000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NEW PAC

A. NUNES VICTORY FUND
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 6545
 City VISALIA State CA Zip Code 93290
 FEC ID number of contributing federal political committee. **C** C00544031
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4941.82

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2013
Transaction ID : SA12.8427
 Amount of Each Receipt this Period
 4941.82
 TRANSFER FROM AFFILIATED COMMITTEE

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	4941.82
TOTAL This Period (last page this line number only).....▶	4941.82

**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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. STEHPANIE AMARAL

Mailing Address 362 VALLEY VIEW DRIVE

City EXETER State CA Zip Code 93221

Purpose of Disbursement
TRAVEL: REIMBURSEMENT FOR GROUND TRAVEL

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : SB21B.8356

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. BUCKMAN - MITCHELL, INC.

Mailing Address P.O. BOX 629

City VISALIA State CA Zip Code 93279

Purpose of Disbursement
OFFICE EXP: INSURANCE COSTS

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : SB21B.8321

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CARDMEMBER SERVICES - CREDIT CARD

Mailing Address P.O. BOX 94014

City PALANTINE State IL Zip Code 60094

Purpose of Disbursement
TRAVEL: AIR TRANSPORTATION

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : SB21B.8322

Amount of Each Disbursement this Period

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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. CARDMEMBER SERVICES - CREDIT CARD

Mailing Address P.O. BOX 94014

City PALANTINE State IL Zip Code 60094

Purpose of Disbursement
TRAVEL: FOOD/MEALS

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		08		2013

Transaction ID : SB21B.8324

Amount of Each Disbursement this Period

637.69

Full Name (Last, First, Middle Initial)

B. ROSA'S RISTORANTE ITALIANO

Mailing Address 491 PRICE STREET

City PISMO BEACH State CA Zip Code 93449

Purpose of Disbursement
TRAVEL: MEAL

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		08		2013

Transaction ID : SB21B.8324.0

Amount of Each Disbursement this Period

217.54

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CAPITAL GRILLE

Mailing Address 601 PENNSYLVANIA AVE., NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
TRAVEL: MEAL

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		08		2013

Transaction ID : SB21B.8324.1

Amount of Each Disbursement this Period

114.60

[MEMO ITEM]

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

637.69

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

--

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.8324

BALANCE NOT ITEMIZED UNDER \$200

Form/Schedule:

Transaction ID:

**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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. CARDMEMBER SERVICES - CREDIT CARD

Mailing Address P.O. BOX 94014

City PALANTINE State IL Zip Code 60094

Purpose of Disbursement
TRAVEL: FUEL

002
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 08 / 2013

Transaction ID : SB21B.8329

Amount of Each Disbursement this Period

65.52

Full Name (Last, First, Middle Initial)

B. CARDMEMBER SERVICES - CREDIT CARD

Mailing Address P.O. BOX 94014

City PALANTINE State IL Zip Code 60094

Purpose of Disbursement
PAC FUNDRAISING EXP: CATERING/FOOD/BEV/ROOM USAGE

003
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 08 / 2013

Transaction ID : SB21B.8330

Amount of Each Disbursement this Period

434.52

Full Name (Last, First, Middle Initial)

C. CAPITOL HILL CLUB

Mailing Address 300 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAC FUNDRAISING EXP: CATERING/FOOD/BEV/ROOM USAGE

003
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 08 / 2013

Transaction ID : SB21B.8330.0

Amount of Each Disbursement this Period

434.52

[MEMO ITEM]

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

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

500.04

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.8329

NOT ITEMIZED UNDER \$200

Form/Schedule:

Transaction ID:

**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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. CARDMEMBER SERVICES - CREDIT CARD

Mailing Address P.O. BOX 94014

City PALANTINE State IL Zip Code 60094

Purpose of Disbursement
PAC FUNDRAISER: CATERING/FOOD/BEV/ROOM USAGE

003
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8309

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CAPITOL HILL CLUB

Mailing Address 300 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAC FUNDRAISING EXP: CATERING/FOOD/BEV/ROOM USAGE

003
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8309.0

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CARDMEMBER SERVICES - CREDIT CARD

Mailing Address P.O. BOX 94014

City PALANTINE State IL Zip Code 60094

Purpose of Disbursement
PAC FUNDRAISING EXP: CATERING/FOOD/BEV/ROOM USAGE

003
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8311

Amount of Each Disbursement this Period

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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. CAPITAL GRILLE

Mailing Address 601 PENNSYLVANIA AVE., NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
PAC FUNDRAISING EXP: CATERING/FOOD/BEV/ROOM USAGE

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8311.0

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CAPITOL HILL CLUB

Mailing Address 300 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAC FUNDRAISING EXP: CATERING/FOOD/BEV/ROOM USAGE

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8311.1

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CARDMEMBER SERVICES - CREDIT CARD

Mailing Address P.O. BOX 94014

City PALANTINE State IL Zip Code 60094

Purpose of Disbursement
PAC FUNDRAISING EXP: CATERING/FOOD/BEV/ROOM USAGE

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8390

Amount of Each Disbursement this Period

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

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.8390

BALANCE NOT ITEMIZED UNDER \$200

Form/Schedule:

Transaction ID:

**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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. CAPITOL HILL CLUB

Mailing Address 300 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAC FUNDRAISING EXP: CATERING/FOOD/BEV/ROOM USAGE

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	1	3

Transaction ID : SB21B.8390.0

Amount of Each Disbursement this Period

1268.94

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CAPITAL GRILLE

Mailing Address 601 PENNSYLVANIA AVE., NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
PAC FUNDRAISING EXP; CATERING/FOOD/BEV/ROOM USAGE

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	1	3

Transaction ID : SB21B.8390.1

Amount of Each Disbursement this Period

664.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CARDMEMBER SERVICES - CREDIT CARD

Mailing Address P.O. BOX 94014

City PALANTINE State IL Zip Code 60094

Purpose of Disbursement
PAC FUNDRAISING EXP: CATERING/FOOD/BEV/ROOM USAGE

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	0		2	0	1	3

Transaction ID : SB21B.8385

Amount of Each Disbursement this Period

6238.01

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

6238.01

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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. FOGO DE CHAO BRAZILIAN STEAKHOUSE

Mailing Address 1101 PENNSYLVANIA AVE., NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
PAC FUNDRAISING EXP: FOOD/BEV/ROOM USAGE

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2013

Transaction ID : **SB21B.8385.0**

Amount of Each Disbursement this Period

2719.06

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. TD GARDEN BOX OFFICE

Mailing Address 100 LEGENDS WAY

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAC FUNDRAISING EXP: ROOM USAGE

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2013

Transaction ID : **SB21B.8385.1**

Amount of Each Disbursement this Period

2545.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CAPITOL HILL CLUB

Mailing Address 300 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAC FUNDRAISING EXP: CATERING/FOOD/BEV/ROOM USAGE

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2013

Transaction ID : **SB21B.8385.2**

Amount of Each Disbursement this Period

973.95

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NEW PAC

Full Name (Last, First, Middle Initial)

A. CARDMEMBER SERVICES - CREDIT CARD

Mailing Address P.O. BOX 94014

City PALANTINE State IL Zip Code 60094

Purpose of Disbursement
TRAVEL: AIR TRANSPORTATION

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : **SB21B.8389**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CENTRAL VALLEY BUSINESS FORMS

Mailing Address 7500 W SUNNYVIEW AVE

City VISALIA State CA Zip Code 93291

Purpose of Disbursement
SOLICITATION: PRINTING SOLICITATION MATERIAL

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : **SB21B.8365**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CLARISSA N HENDERSON

Mailing Address P.O. Box 7474

City VISALIA State CA Zip Code 93291

Purpose of Disbursement
OFFICE EXP: INCK, STAMP, PAPER, POSTAGE, SHIPPING, SOFTWARE

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : **SB21B.8314**

Amount of Each Disbursement this Period

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

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.8314

BALANCE NOT ITEMIZED UNDER \$200

Form/Schedule:

Transaction ID:

**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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. OFFICE DEPOT

Mailing Address 2425 S MOONEY BLVD

City VISALIA State CA Zip Code 93277

Purpose of Disbursement
OFFICE EXP: INK STAMP, PAPER, ETC

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2013

Transaction ID : SB21B.8314.0

Amount of Each Disbursement this Period

154.84

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. USPS - U.S. POSTAL SERVICE

Mailing Address GENERAL DELIVERY

City VISALIA State CA Zip Code 93290

Purpose of Disbursement
OFFICE EXP: SHIPPING COSTS

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2013

Transaction ID : SB21B.8314.1

Amount of Each Disbursement this Period

185.31

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CLARISSA N HENDERSON

Mailing Address P.O. Box 7474

City VISALIA State CA Zip Code 93291

Purpose of Disbursement
TRAVEL: REIMBURSEMENT FOR MEALS

002
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2013

Transaction ID : SB21B.8317

Amount of Each Disbursement this Period

151.52

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

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

151.52

**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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. CLARISSA N HENDERSON

Mailing Address P.O. Box 7474

City VISALIA State CA Zip Code 93291

Purpose of Disbursement
PAC FUNDRAISING EXP: CATERING/FOOD/SUPPLIES

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2013

Transaction ID : **SB21B.8318**

Amount of Each Disbursement this Period

328.84

Full Name (Last, First, Middle Initial)

B. ALPHA OMAGA

Mailing Address 1155 MEE LANE

City RUTHERFORD State CA Zip Code 94513

Purpose of Disbursement
PAC FUNDRAISING EXP: CATERING/BEV

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2013

Transaction ID : **SB21B.8318.0**

Amount of Each Disbursement this Period

303.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. SMART & FINAL

Mailing Address 600 W CENTER ST

City VISALIA State CA Zip Code 93279

Purpose of Disbursement
PAC FUNDRAISING EXP: CATERING/SUPPLIES

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2013

Transaction ID : **SB21B.8318.1**

Amount of Each Disbursement this Period

25.84

[MEMO ITEM]

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

328.84

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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. CLARISSA N HENDERSON

Mailing Address P.O. Box 7474

City VISALIA State CA Zip Code 93291

Purpose of Disbursement
CONSULTING: OFFICE MANAGEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2013

Transaction ID : SB21B.8332

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CLARISSA N HENDERSON

Mailing Address P.O. Box 7474

City VISALIA State CA Zip Code 93291

Purpose of Disbursement
OFFICE EXP: MAILING/SHIPPING SUPPLIES/SOFTWARE/INSURANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2013

Transaction ID : SB21B.8358

Amount of Each Disbursement this Period

2231.37

Full Name (Last, First, Middle Initial)

C. UPS - SHIPPING SERVICE

Mailing Address 55 GLENLAKE PARKWAY, NE

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
SHIPPING COSTS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2013

Transaction ID : SB21B.8358.0

Amount of Each Disbursement this Period

53.72

[MEMO ITEM]

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

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

3231.37

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.8358

BALANCE NOT ITEMIZED UNDER \$200

Form/Schedule:

Transaction ID:

**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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. ULINE

Mailing Address 12575 ULINE DRIVE

City PLEASANT PRAIRIE State WI Zip Code 53158

Purpose of Disbursement
SHIPPING SUPPLIES

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	2			2	0	1	3		

Transaction ID : SB21B.8358.1

Amount of Each Disbursement this Period

4	1	6	.	7	5
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FUNDRAISER SOFTWARE

Mailing Address P.O. BOX 901

City WEST PLAINS State MO Zip Code 65775

Purpose of Disbursement
SOFTWARE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	2			2	0	1	3		

Transaction ID : SB21B.8358.2

Amount of Each Disbursement this Period

3	2	5	.	0	0
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ALLIED INSURANCE

Mailing Address P.O. BOX 10479

City DES MOINES State IA Zip Code 50306

Purpose of Disbursement
INSURANCE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	2			2	0	1	3		

Transaction ID : SB21B.8358.3

Amount of Each Disbursement this Period

1	3	5	.	3	4	0
---	---	---	---	---	---	---

[MEMO ITEM]

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

0	.	0	0
---	---	---	---

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

0	.	0	0
---	---	---	---

**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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. CLARISSA N HENDERSON

Mailing Address P.O. Box 7474

City VISALIA State CA Zip Code 93291

Purpose of Disbursement
TRAVEL: REIMBURSEMENT LODGING

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 12 / 2013

Transaction ID : SB21B.8364

Amount of Each Disbursement this Period

290.86

Full Name (Last, First, Middle Initial)

B. CLARISSA N HENDERSON

Mailing Address P.O. Box 7474

City VISALIA State CA Zip Code 93291

Purpose of Disbursement
CONSULTING: OFFICE MANAGMENT

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2013

Transaction ID : SB21B.8357

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. CLARISSA N HENDERSON

Mailing Address P.O. Box 7474

City VISALIA State CA Zip Code 93291

Purpose of Disbursement
OFFICE EXP: SHIPPING COSTS/SUPPLIES

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2013

Transaction ID : SB21B.8349

Amount of Each Disbursement this Period

85.09

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

1875.95

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.8349

BALANCE NOT ITEMIZED UNDER \$200

Form/Schedule:

Transaction ID:

**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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. UPS - SHIPPING SERVICE

Mailing Address 55 GLENLAKE PARKWAY, NE

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
OFFICE EXP: SHIPPING COSTS

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SB21B.8349.0

Amount of Each Disbursement this Period
35.31

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CLARISSA N HENDERSON

Mailing Address P.O. Box 7474

City VISALIA State CA Zip Code 93291

Purpose of Disbursement
SOLICITATION: HEADGEAR & FAIR FEES

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SB21B.8352

Amount of Each Disbursement this Period
5925.86

Full Name (Last, First, Middle Initial)

C. PUKKA HEADWEAR

Mailing Address 337 S MAIN STREET

City FINDLEY State OH Zip Code 45840

Purpose of Disbursement
SOLICITATION: HEADGEAR

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SB21B.8352.0

Amount of Each Disbursement this Period
5855.86

[MEMO ITEM]

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

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

5925.86

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.8352

BALANCE NOT ITEMIZED UNDER \$200

Form/Schedule:

Transaction ID:

**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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. CLARISSA N HENDERSON

Mailing Address P.O. Box 7474

City VISALIA State CA Zip Code 93291

Purpose of Disbursement
OFFICE EXP: SUBSCRIPTION & REMBURSEMENT FOR VOLUNTEER
EXP

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 08 / 2013

Transaction ID : SB21B.8395

Amount of Each Disbursement this Period

45.87

Full Name (Last, First, Middle Initial)

B. CLARISSA N HENDERSON

Mailing Address P.O. Box 7474

City VISALIA State CA Zip Code 93291

Purpose of Disbursement
CONSULTING: OFFICE MANAGEMENT

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2013

Transaction ID : SB21B.8397

Amount of Each Disbursement this Period

2250.00

Full Name (Last, First, Middle Initial)

C. CLARISSA N HENDERSON

Mailing Address P.O. Box 7474

City VISALIA State CA Zip Code 93291

Purpose of Disbursement
OFFICE EXP:
SUPPLIES/SHIPPING/COMMUNICATIONS/SOFTWARE/SUBSCRIPTION
Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2013

Transaction ID : SB21B.8398

Amount of Each Disbursement this Period

1780.31

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

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

4076.18

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.8395

NOT ITEMIZED UNDER \$200

Form/Schedule: SB21B

Transaction ID: SB21B.8398

BALANCE NOT ITEMIZED UNDER \$200

**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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. OFFICE DEPOT

Mailing Address 2425 S MOONEY BLVD

City VISALIA State CA Zip Code 93277

Purpose of Disbursement
OFFICE EXP: LAPTOP/PRINTER/INK/SUPPLIES

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2013

Transaction ID : SB21B.8398.0

Amount of Each Disbursement this Period

1399.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UPS - SHIPPING SERVICE

Mailing Address 55 GLENLAKE PARKWAY, NE

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
SHIPPING COSTS

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2013

Transaction ID : SB21B.8398.1

Amount of Each Disbursement this Period

30.90

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CAITLIN SHANNON

Mailing Address 201 I STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
CONSULTING: FUNDRAISING

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2013

Transaction ID : SB21B.8381

Amount of Each Disbursement this Period

2250.00

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

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

2250.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NEW PAC

Full Name (Last, First, Middle Initial)

A. CAITLIN SHANNON

Mailing Address 201 I STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
PAC FUNDRAISING EXP: REIMBURSEMENT OF CATERING SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

003

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 22 / 2013

Transaction ID : SB21B.8376

Amount of Each Disbursement this Period

44.95

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

44.95

32814.85

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.8376

NOT ITEMIZED UNDER \$200

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NEW PAC

Full Name (Last, First, Middle Initial)

A. BENISHEK FOR CONGRESS

Mailing Address 802 Pentoga Trail

City State Zip Code
Crystal Falls MI 49920

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Candidate Name

DANIEL J BENISHEK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		13		2013

Transaction ID : **SB23.8339**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. BILL SHUSTER FOR CONGRESS

Mailing Address PO BOX 27

City State Zip Code
HOLLIDAYSBURGH PA 16648

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		12		2013

Transaction ID : **SB23.8374**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. CARL DEMAIO FOR CONGRESS

Mailing Address PO BOX 27227

City State Zip Code
SAN DIEGO CA 92198

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Candidate Name

CARL DEMAIO

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		09		2013

Transaction ID : **SB23.8382**

Amount of Each Disbursement this Period

2500.00

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

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NEW PAC

Full Name (Last, First, Middle Initial) A. DAVID ROUZER FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 30 / 2013
Mailing Address PO BOX 2267		Transaction ID : SB23.8338
City SMITHFIELD	State NC	
Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name DAVID CHESTON MR. ROUZER	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: NC District: 07	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ED ROYCE FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 30 / 2013
Mailing Address PO BOX 2525		Transaction ID : SB23.8337
City ORANGE	State CA	
Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name ED MR ROYCE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: CA District: 40	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FL-13 NOMINEE FUND		Date of Disbursement MM / DD / YYYY 12 / 19 / 2013
Mailing Address 320 FIRST ST SE		Transaction ID : SB23.8372
City WASHINGTON	State DC	
Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	6000.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW PAC

Full Name (Last, First, Middle Initial)

A. GORELL FOR CONGRESS

Mailing Address 30151 TOMAS

City RANCHO STA MARGARI State CA Zip Code 92688

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Category/
Type

Candidate Name

JEFF GORELL

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	30	/	2013

Transaction ID : **SB23.8369**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. IOWANS FOR LATHAM

Mailing Address PO BOX 8237

City DES MOINES State IA Zip Code 50301

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Category/
Type

Candidate Name

TOM LATHAM

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	13	/	2013

Transaction ID : **SB23.8343**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. JAIME FOR CONGRESS

Mailing Address PO BOX 1614

City RIDGEFIELD State WA Zip Code 98642

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Category/
Type

Candidate Name

JAIME HERRERA BEUTLER

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	04	/	2013

Transaction ID : **SB23.8428**

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NEW PAC

Full Name (Last, First, Middle Initial)

A. JASON SMITH FOR CONGRESS

Mailing Address PO BOX 1324

City CAPE GIRARDEAU State MO Zip Code 63702

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Candidate Name

JASON SMITH

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2013

Transaction ID : **SB23.8333**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. JOHNSON FOR CONGRESS COMMITTEE

Mailing Address P. O. Box 1986

City New Britain State CT Zip Code 06050

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Candidate Name

NANCY L. JOHNSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 05

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2013

Transaction ID : **SB23.8342**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. LEE TERRY FOR CONGRESS

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Candidate Name

LEE TERRY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2013

Transaction ID : **SB23.8348**

Amount of Each Disbursement this Period

2000.00

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

6000.00

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

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NAME OF COMMITTEE (In Full)
NEW PAC

Full Name (Last, First, Middle Initial)

A. LOBIONDO FOR CONGRESS

Mailing Address P. O. BOX 550

City VINELAND State NJ Zip Code 08362

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Candidate Name
FRANK A. LOBIONDO

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NJ District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2013

Transaction ID : **SB23.8378**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. MICHAEL GRIMM FOR CONGRESS

Mailing Address 560 9th Street

City Brooklyn State NY Zip Code 11215

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Candidate Name
MICHAEL GRIMM

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NY District: 13

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2013

Transaction ID : **SB23.8340**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. NESTANDE FOR CONGRESS

Mailing Address 2150 RIVER PLAZA DR. #150

City SACRAMENTO State CA Zip Code 95833

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Candidate Name
BRIAN NESTANDE

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: CA District: 36

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2013

Transaction ID : **SB23.8366**

Amount of Each Disbursement this Period

2000.00

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

9000.00

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

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NAME OF COMMITTEE (In Full)
NEW PAC

Full Name (Last, First, Middle Initial) A. ROTHFUS FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 13 / 2013
Mailing Address PO BOX 435		Transaction ID : SB23.8347
City SEWICKLEY	State PA	
Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name KEITH MR. ROTHFUS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: PA District: 12	

Full Name (Last, First, Middle Initial) B. SCOTT RIGELL FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 13 / 2013
Mailing Address 915 First Colonial Road Suite 100		Transaction ID : SB23.8346
City Virginia Beach	State VA	
Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name EDWARD SCOTT RIGELL	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: VA District: 02	

Full Name (Last, First, Middle Initial) C. TOM REED FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 13 / 2013
Mailing Address 99 W 1st Street		Transaction ID : SB23.8345
City Corning	State NY	
Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name THOMAS W II REED	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: NY District: 29	

SUBTOTAL of Disbursements This Page (optional).....▶	6000.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEW PAC

Full Name (Last, First, Middle Initial)

A. VALADAO FOR CONGRESS

Mailing Address 504 VAN NESS AVE

City FRESNO State CA Zip Code 93721

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Category/
Type

Candidate Name

DAVID VALADAO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : SB23.8336

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

5000.00

46000.00
