

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.
Ann PAC

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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 / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Patrick McSwain

Signature of Treasurer Patrick McSwain [Electronically Filed] Date / /

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

Ann PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		24167.32
(b) Cash on Hand at Beginning of Reporting Period.....	10682.89	
(c) Total Receipts (from Line 19)	17500.00	19500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	28182.89	43667.32
7. Total Disbursements (from Line 31).....	1916.73	17401.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	26266.16	26266.16
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Ann PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15000.00	15500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15000.00	15500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	4000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	17500.00	19500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	17500.00	19500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	17500.00	19500.00

DETAILED SUMMARY PAGE
of Disbursements

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	6916.73	12401.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6916.73	12401.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-5000.00	5000.00
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)) ..	1916.73	17401.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1916.73	17401.16

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)	17500.00	19500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17500.00	19500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6916.73	12401.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6916.73	12401.16

**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 17
	<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)
Ann PAC

A. Kerry Holekamp
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Barclay Wood Drive
 City Saint Louis State MO Zip Code 63124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/a Occupation Community Volunteer
 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
 02 / 06 / 2015
Transaction ID : AE3C4C2D8F7FE437A82C
 Amount of Each Receipt this Period
 5000.00

B. William F. Holekamp
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Barclay Woods
 City Saint Louis State MO Zip Code 63124-1108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Holekamp Capital Occupation retired-owner
 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
 02 / 06 / 2015
Transaction ID : AE8149CADE4664BF3B3C
 Amount of Each Receipt this Period
 5000.00

C. Roy Pfautch
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 Portland Place
 City Saint Louis State MO Zip Code 63108-1242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Civic Services Occupation Consultant
 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
 02 / 13 / 2015
Transaction ID : A84C0DDA77AEB486D860
 Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	15000.00

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

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

FOR LINE NUMBER: PAGE 7 OF 17
(check only one)

<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)
Ann PAC

Full Name (Last, First, Middle Initial)
A. Investment Company Institute Political Action Committee

Mailing Address 1401 H Street NW
#1200

City Washington State DC Zip Code 20005-2110

FEC ID number of contributing federal political committee. **C** C00105981

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
02 / 19 / 2015

Transaction ID : A0E73EEE348D4433A98D

Amount of Each Receipt this Period
2500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary 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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

**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)
Ann PAC

Full Name (Last, First, Middle Initial)

A. Commerce Bank Credit Cards

Mailing Address PO Box 808009

City Kansas City State MO Zip Code 64180-8009

Purpose of Disbursement
Credit Card Payment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2015

Transaction ID : **B2F9E89658E904576A86**

Amount of Each Disbursement this Period

153.65

Category/
Type

Full Name (Last, First, Middle Initial)

B. Capital Enhancement, Inc.

Mailing Address 150 Long Rd
Ste 50

City Chesterfield State MO Zip Code 63005-1239

Purpose of Disbursement
Administrative Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2015

Transaction ID : **B588ADC4228424372AF6**

Amount of Each Disbursement this Period

410.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Deluxe

Mailing Address P.O. Box 742572

City Cincinnati State OH Zip Code 45274-2572

Purpose of Disbursement
Check printing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2015

Transaction ID : **B9983FB0E396E442CB21**

Amount of Each Disbursement this Period

314.50

Category/
Type

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

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

878.15

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Ann PAC

Full Name (Last, First, Middle Initial)

A. Gula Graham Group

Mailing Address 499 S Capitol St SW
Ste 420

City Washington State DC Zip Code 20003-4027

Purpose of Disbursement
Fundraising Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2015

Transaction ID : BAD89084AB10646FD8CD

Amount of Each Disbursement this Period

850.00

Full Name (Last, First, Middle Initial)

B. Aristotle International, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
database services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2015

Transaction ID : B6EE9258909C9469E8F0

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

C. Aristotle International, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
database services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2015

Transaction ID : B88E4040A35124109BD6

Amount of Each Disbursement this Period

300.00

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

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

1450.00

**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)
Ann PAC

Full Name (Last, First, Middle Initial)

A. Commerce Bank Credit Cards

Mailing Address PO Box 808009

City State Zip Code
Kansas City MO 64180-8009

Purpose of Disbursement
credit card payment: see below

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	25	/	2015

Transaction ID : **BD1A39C899B2B48E1963**

Amount of Each Disbursement this Period

4468.58

Full Name (Last, First, Middle Initial)

B. Hilton Hotel Crystal City

Mailing Address 2399 Jefferson Davis Hwy

City State Zip Code
Arlington VA 22202-3813

Purpose of Disbursement
hotel stay

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	13	/	2015

Transaction ID : **B9ABFCD04C76F4A8F9C7**

Amount of Each Disbursement this Period

183.37

[MEMO ITEM]
hotel stay

Full Name (Last, First, Middle Initial)

C. Hilton Hotel Crystal City

Mailing Address 2399 Jefferson Davis Hwy

City State Zip Code
Arlington VA 22202-3813

Purpose of Disbursement
hotel stay

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	13	/	2015

Transaction ID : **B68581C4F563E480FA09**

Amount of Each Disbursement this Period

151.42

[MEMO ITEM]
hotel stay

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

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

4468.58

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Ann PAC

Full Name (Last, First, Middle Initial) A. Enterprise rent-a-car, Arlington, VA		Date of Disbursement MM / DD / YYYY 01 / 13 / 2015
Mailing Address 700 N Glebe Rd		Transaction ID : BA6BDA57543044C2DAA4
City Arlington	State VA	
Zip Code 22203-2119	Purpose of Disbursement car rental	Amount of Each Disbursement this Period 524.46
Candidate Name	Category/Type	[MEMO ITEM] car rental
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. American Airlines		Date of Disbursement MM / DD / YYYY 01 / 15 / 2015
Mailing Address 4333 Amon Carter Boulevard		Transaction ID : B839FD93262874978846
City Fort Worth	State TX	
Zip Code 76155-2605	Purpose of Disbursement airline ticket	Amount of Each Disbursement this Period 414.80
Candidate Name	Category/Type	[MEMO ITEM] airline ticket
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. American Airlines		Date of Disbursement MM / DD / YYYY 01 / 15 / 2015
Mailing Address 4333 Amon Carter Boulevard		Transaction ID : B9E3B91FAB1BE4862AEE
City Fort Worth	State TX	
Zip Code 76155-2605	Purpose of Disbursement airline ticket	Amount of Each Disbursement this Period 345.10
Candidate Name	Category/Type	[MEMO ITEM] airline ticket
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Ann PAC

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address 4333 Amon Carter Boulevar

City Fort Worth State TX Zip Code 76155-2605

Purpose of Disbursement
airline ticket

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : B66646E4ED0E046B1B0A

Amount of Each Disbursement this Period

414.80

[MEMO ITEM]
airline ticket

Full Name (Last, First, Middle Initial)

B. Enterprise rent-a-car, Arlington, VA

Mailing Address 700 N Glebe Rd

City Arlington State VA Zip Code 22203-2119

Purpose of Disbursement
car rental

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2015

Transaction ID : B2BED1204A65A44D3801

Amount of Each Disbursement this Period

730.92

[MEMO ITEM]
car rental

Full Name (Last, First, Middle Initial)

C. American Airlines

Mailing Address 4333 Amon Carter Boulevar

City Fort Worth State TX Zip Code 76155-2605

Purpose of Disbursement
airline credit

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2015

Transaction ID : B61D5B966266B44FEAFF

Amount of Each Disbursement this Period

-66.90

[MEMO ITEM]
airline credit

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)
Ann PAC

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address 4333 Amon Carter Boulevar

City Fort Worth State TX Zip Code 76155-2605

Purpose of Disbursement
airline ticket

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2015

Transaction ID : B22590C4A23954500B1C

Amount of Each Disbursement this Period

506.10

[MEMO ITEM]
airline ticket

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address 4333 Amon Carter Boulevar

City Fort Worth State TX Zip Code 76155-2605

Purpose of Disbursement
airline credit

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2015

Transaction ID : B5A623C608C4546198B5

Amount of Each Disbursement this Period

-174.90

[MEMO ITEM]
airline credit

Full Name (Last, First, Middle Initial)

C. US Airways

Mailing Address 4000 E. Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement
airline credit

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2015

Transaction ID : BEDD923772FEA4E85A22

Amount of Each Disbursement this Period

-385.10

[MEMO ITEM]
airline credit

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)
Ann PAC

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 4000 E. Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement
airline ticket

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2015

Transaction ID : **BC6CAFB9D68224021B56**

Amount of Each Disbursement this Period

385.10

[MEMO ITEM]
airline ticket

Full Name (Last, First, Middle Initial)

B. US Airways

Mailing Address 4000 E. Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement
airline credit

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2015

Transaction ID : **BBE3BD3CCA35649B0890**

Amount of Each Disbursement this Period

-385.10

[MEMO ITEM]
airline credit

Full Name (Last, First, Middle Initial)

C. US Airways

Mailing Address 4000 E. Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement
airline ticket

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2015

Transaction ID : **B5DF51A46919E41A0AAB**

Amount of Each Disbursement this Period

660.96

[MEMO ITEM]
airline ticket

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)
Ann PAC

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 4000 E. Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement
airline ticket

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
02 / 09 / 2015

Transaction ID : B8B06D5C6401349C987B

Amount of Each Disbursement this Period

660.96

[MEMO ITEM]
airline ticket

Full Name (Last, First, Middle Initial)

B. US Airways

Mailing Address 4000 E. Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement
airline ticket

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
02 / 09 / 2015

Transaction ID : B5B110B3309704DB4A58

Amount of Each Disbursement this Period

385.10

[MEMO ITEM]
airline ticket

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)..... ▶

0.00

6796.73

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)
Ann PAC

Full Name (Last, First, Middle Initial)

A. Friends of Mia Love

Mailing Address PO BOX 255

City Riverton State UT Zip Code 84065-0255

Purpose of Disbursement
VOID - political contribution: general 2014

Candidate Name

Mia Love

Office Sought: House
 Senate
 President
State: UT District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **BB77DAAFA43FC4DC2A24**

Amount of Each Disbursement this Period

-	1	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Westrom for Congress

Mailing Address PO Box 210

City Elbow Lake State MN Zip Code 56531-0210

Purpose of Disbursement
VOID - political contribution: general 2014

Candidate Name

Torrey Westrom

Office Sought: House
 Senate
 President
State: MN District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **B8057F64B7D24412C98D**

Amount of Each Disbursement this Period

-	1	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. SHELLEY MOORE CAPITO FOR CONGRESS

Mailing Address P.O. BOX 11519

City CHARLESTON State WV Zip Code 25339

Purpose of Disbursement
VOID - political contribution: general 2014

Candidate Name

Sen. Shelley Moore Capito

Office Sought: House
 Senate
 President
State: WV District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **B6346CBDA1D05494B9A6**

Amount of Each Disbursement this Period

-	2	0	0	.	0	0
---	---	---	---	---	---	---

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

-	4	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

-	4	0	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 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)
Ann PAC

Full Name (Last, First, Middle Initial)

A. GIBBS FOR CONGRESS

Mailing Address 13871 TR 473

City LAKEVILLE State OH Zip Code 44638

Purpose of Disbursement
VOID - political contribution: general 2014

Candidate Name
Rep. Bob B. Gibbs

Office Sought: House
 Senate
 President
State: OH District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
02 / 05 / 2015

Transaction ID : B97E4B011DB62473C9B8

Amount of Each Disbursement this Period

-1000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

-1000.00

-5000.00