

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**
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

ADDRESS (number and street) **1035 S SEMORAN BLVD**
SUITE 1045A
 Check if different than previously reported. (ACC) **WINTER PARK** **FL** **32792**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C **C00163212** 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.
JOHNSON, ROBERT, W, ,
Type or Print Name of Treasurer

Signature of Treasurer JOHNSON, ROBERT, W, , [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC 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="2017"/>		109344.45
(b) Cash on Hand at Beginning of Reporting Period.....	100454.45	
(c) Total Receipts (from Line 19)	54850.00	72960.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	155304.45	182304.45
7. Total Disbursements (from Line 31).....	27731.33	54731.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	127573.12	127573.12
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

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC 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).....	54150.00	71460.00
(ii) Unitemized	700.00	1500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	54850.00	72960.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	54850.00	72960.00
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)).....▶	54850.00	72960.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	54850.00	72960.00

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27000.00	54000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	731.33	731.33
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	27731.33	54731.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27731.33	54731.33

DETAILED SUMMARY PAGE
of Disbursements

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)	54850.00	72960.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	54850.00	72960.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 6 OF 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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

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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. Anderson, Candice, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11323 Veronica Ave
 City Tampa, State FL Zip Code 33612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Candy Anderson & Co. Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 10 / 23 / 2017
Transaction ID : SA11AI.4709
 Amount of Each Receipt this Period 1600.00
 Memo Item

B. BISHOP, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 850 FM 2537
 City SAN ANTONIO State TX Zip Code 78221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BISHOP AMUSEMENT RIDES Occupation (for Individual) INDEPENDENT RIDE OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 23 / 2017
Transaction ID : SA11AI.4620
 Amount of Each Receipt this Period 1500.00
 Memo Item

C. BURBACK, RONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3407 SE 108th Ave
 City Portland State OR Zip Code 97266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FUNTASTIC SHOWS Occupation (for Individual) CARNIVAL OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5500.00

Date of Receipt 09 / 29 / 2017
Transaction ID : SA11AI.4605
 Amount of Each Receipt this Period 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5100.00
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 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. Clair, Jean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 190 Ocean Key Way
 City Jupiter State FL Zip Code 33477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Clair's Classic Concessions Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 05 / 2017**
Transaction ID : SA11AI.4699
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Crabtree, Pat & Cheryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 100
 City Staples State TX Zip Code 78670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Crabtree Amusements Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : SA11AI.4713
 Amount of Each Receipt this Period 3000.00
 Memo Item

C. Dean, E.J., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 460
 City Seabrook State NH Zip Code 03874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fiesta Shows Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 27 / 2017**
Transaction ID : SA11AI.4712
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
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 8 OF 33
	<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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. Doolan, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 699

City Jensen Beach	State FL	Zip Code 34958
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Big Fun, Inc.	Occupation (for Individual) Owner
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2017

Transaction ID : SA11AI.4703

Amount of Each Receipt this Period
1000.00

Memo Item

B. Dyer, Carmel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1403 E. Bay Ave

City Balboa	State CA	Zip Code 92661
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Australian Potatoes	Occupation (for Individual) Owner
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017

Transaction ID : SA11AI.4692

Amount of Each Receipt this Period
500.00

Memo Item

C. FERA, HAROLD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Red Oak Dr

City Johnston	State RI	Zip Code 02919
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ROCKWELL AMUSEMENTS	Occupation (for Individual) CARNIVAL OWNER
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2017

Transaction ID : SA11AI.4616

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3500.00
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 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. GILLETTE, ELIZABETH, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 291 PECKS RD
 City PITTSFIELD State MA Zip Code 01201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GILLETTE SHOWS Occupation (for Individual) CARNIVAL OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 05 / 2017
Transaction ID : SA11AI.4609
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. GILLETTE, ELIZABETH, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 291 PECKS RD
 City PITTSFIELD State MA Zip Code 01201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GILLETTE SHOWS Occupation (for Individual) CARNIVAL OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 05 / 2017
Transaction ID : SA11AI.4610
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. JANOUSEK, NATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1659 State Highway 46 W
 City New Braunfels State TX Zip Code 78132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FUN BIZ CONCESSIONS Occupation (for Individual) CONCESSION OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 05 / 2017
Transaction ID : SA11AI.4612
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. JOHNSON, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 629 N FORREST AVE
 City ARLINGTON HEIGHTS State IL Zip Code 60004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ARLINGTON'S BEST CONCESSIONS Occupation (for Individual) CONCESSION OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 06 / 2017
Transaction ID : SA11AI.4614
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Joseph, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 514 Tremont Cir
 City Annapolis State MD Zip Code 21409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jolly Shows Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 11 / 2017
Transaction ID : SA11AI.4704
 Amount of Each Receipt this Period 500.00
 Memo Item

C. KALIFF, MITCHELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2009 NW Military Hwy.
 City SAN ANTONIO State TX Zip Code 78213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KALIFF INSURANCE Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2017
Transaction ID : SA11AI.4613
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. Kastl, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23905 Clinton Keith #114-520

City Wildomar	State CA	Zip Code 92595
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kastl Amusements	Occupation (for Individual) Owner
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2017

Transaction ID : SA11AI.4691

Amount of Each Receipt this Period
500.00

Memo Item

B. Kastl, Kay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23905 Clinton Keith #114-520

City Wildomar	State CA	Zip Code 92595
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kastl Amusements	Occupation (for Individual) Owner
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2017

Transaction ID : SA11AI.4711

Amount of Each Receipt this Period
500.00

Memo Item

C. KISSEL, TAMMY, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 2340

City Clanton	State AL	Zip Code 34046
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) KISSEL ENTERTAINMENT	Occupation (for Individual) CARNIVAL OWNER
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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
 10 / 03 / 2017

Transaction ID : SA11AI.4607

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	6000.00
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 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. LEAVITT, CHARLENE, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 10
 City Laveen State AZ Zip Code 85339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RAY CAMMACK SHOWS Occupation (for Individual) CHIEF OPERATING OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **12 / 11 / 2017**
Transaction ID : SA11AI.4627
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Moyer, Lance, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15715 La Tierra Dr
 City Morgan Hill State CA Zip Code 95037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Butler Amusements Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 09 / 2017**
Transaction ID : SA11AI.4701
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Negus, Dale, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15062 SE 103rd Street Rd
 City Ocklawaha State FL Zip Code 32179
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fairplay Games Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt **10 / 23 / 2017**
Transaction ID : SA11AI.4708
 Amount of Each Receipt this Period 1600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	7600.00
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 13 OF 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. Nemeth, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24719 Player Oaks
 City San Antonio State TX Zip Code 78260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Paul's Concessions Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 27 / 2017**
Transaction ID : SA11AI.4694
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Otterbacher, Judy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25542 Madison St.,
 City Astatula State FL Zip Code 34705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Big O Amusements Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 05 / 2017**
Transaction ID : SA11AI.4697
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. OUSEY, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 CLAREMONT
 City SAN MARCOS State TX Zip Code 78666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MAD HATTER Occupation (for Individual) FOOD CONCESSIONS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **12 / 01 / 2017**
Transaction ID : SA11AI.4625
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 14 OF 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. Pittroff, Fred, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1403 E. Bay Ave
 City Balboa State CA Zip Code 92661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Giant Slide Occupation (for Individual) Independent Ride Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.4693
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Purdy, Lisa & William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13007 Whitnell Wy
 City Riverview State FL Zip Code 33579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Amusement Attractions Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 13 / 2017**
Transaction ID : SA11AI.4705
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. ROWLAND, DENNIS, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1543 BARTOW RD
 City LAKELAND State FL Zip Code 33801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARRETT'S EAST COAST FOODS Occupation (for Individual) FOOD CONCESSION OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt **10 / 23 / 2017**
Transaction ID : SA11AI.4619
 Amount of Each Receipt this Period 1600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3100.00
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 15 OF 33
	<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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. Russell, Jay, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 296

City Hughes Springs	State TX	Zip Code 75656
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Russell Foods	Occupation (for Individual) Owner
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2017

Transaction ID : SA11AI.4707

Amount of Each Receipt this Period
1600.00

Memo Item

B. SALERNO, ANTHONY & KAREN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 914 W. Main Street

City St. Charles	State IL	Zip Code 60174
---------------------	-------------	-------------------

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

Name of Employer (for Individual) WINDY CITY AMUSEMENTS	Occupation (for Individual) CARNIVAL OWNER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2017

Transaction ID : SA11AI.4602

Amount of Each Receipt this Period
1000.00

Memo Item

C. SALERNO, ANTHONY & KAREN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 914 W. Main Street

City St. Charles	State IL	Zip Code 60174
---------------------	-------------	-------------------

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

Name of Employer (for Individual) WINDY CITY AMUSEMENTS	Occupation (for Individual) CARNIVAL OWNER
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2017

Transaction ID : SA11AI.4615

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3600.00
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 16 OF 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. Salerno, Mark, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 43
 City Maple Park State IL Zip Code 60151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Windy City Amusements Occupation (for Individual) Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 08 / 2017
Transaction ID : SA11AI.4696
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Salerno, Michael, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 394 Prairievew Dr
 City Geneva State IL Zip Code 60134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Windy City Amusements Occupation (for Individual) Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 08 / 2017
Transaction ID : SA11AI.4695
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. SCHOENDIENST, ANDREW & LORELEI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 407 Belt Line Rd., Suite 357
 City Collinsville State IL Zip Code 62234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LUEHRS IDEAL RIDES Occupation (for Individual) CARNIVAL OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 29 / 2017
Transaction ID : SA11AI.4603
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 17 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. SHERIDAN, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 722 Colwyn Pass
 City San Antonio State TX Zip Code 78216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALAMO AMUSEMENTS Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 10 / 2017
Transaction ID : SA11AI.4623
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Siefker, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 Genesis Dr.
 City LaPorte State IN Zip Code 46350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Showmen Supplies Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 05 / 2017
Transaction ID : SA11AI.4698
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Siefker, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 Genesis Dr.
 City LaPorte State IN Zip Code 46350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Showmen Supplies Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 11 / 2017
Transaction ID : SA11AI.4702
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 18 OF 33
	<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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. SINCLAIR, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2721 Selena Circle
 City White Bear Lake State MN Zip Code 55110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MINNESOTA STATE FAIR Occupation (for Individual) FAIR MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 27 / 2017
Transaction ID : SA11AI.4622
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Skerbeck, Nicole, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 1062
 City Escanaba State MI Zip Code 49829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Skerbeck Entertainment Group Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 09 / 2017
Transaction ID : SA11AI.4700
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. SWARTZ, HOLLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10065 RAPP RD
 City NEW MIDDLETOWN State OH Zip Code 44442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HITCH-HIKER MFG Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 05 / 2017
Transaction ID : SA11AI.4608
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 19 OF 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. SWYEAR, TERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2622 KAISER RD
 City NEW ATHENS State IL Zip Code 62264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SWYER AMUSEMENTS Occupation (for Individual) CARNIVAL OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 01 / 2017
Transaction ID : SA11AI.4624
 Amount of Each Receipt this Period 750.00
 Memo Item

B. VANDERVORSTE, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 310641
 City NEW BRAUNFELS State TX Zip Code 78131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SJ ENTERTAINMENT Occupation (for Individual) RIDE OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 05 / 2017
Transaction ID : SA11AI.4611
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Vivona, Dominic, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Bradford Ln
 City Plainsboro State NJ Zip Code 08536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Amusements of America Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 13 / 2017
Transaction ID : SA11AI.4706
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2750.00
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: PAGE 20 OF 33
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WOOD, MICHAEL, , ,

Mailing Address 111 OSIANA DR

City SAN ANTONIO	State TX	Zip Code 78248
---------------------	-------------	-------------------

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

Name of Employer (for Individual) WOOD ENTERTAINMENT CO	Occupation (for Individual) RIDE OWNER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2017

Transaction ID : SA11AI.4606

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	54150.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. ALAMO PAC

Full Name (Last, First, Middle Initial)

Mailing Address 919 CONGRESS AVE
SUITE 1400

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement 011 Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 03 / 2017

FEC Identification Number: C00387464
Transaction ID : SB23.4585
Amount of Each Disbursement this Period: 2000.00

Memo Item

B. ANDY HARRIS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 426

City STEVENSVILLE State MD Zip Code 21666

Purpose of Disbursement 011 Category/Type

Candidate Name HARRIS, ANDREW P, , ,

Office Sought: House Senate President Disbursement For: 2018 Primary General Other (specify) ▼

State: MD District: 01

Date of Disbursement: 10 / 18 / 2017

FEC Identification Number: C00435974
Transaction ID : SB23.4563
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. ANGUS KING FOR US SENATE CAMPAIGN

Full Name (Last, First, Middle Initial)

Mailing Address 114 MAINE STREET SUITE 1A
PO BOX 368

City BRUNSWICK State ME Zip Code 04011

Purpose of Disbursement 011 Category/Type

Candidate Name KING, ANGUS STANLEY JR, , ,

Office Sought: House Senate President Disbursement For: 2018 Primary General Other (specify) ▼

State: ME District: 00

Date of Disbursement: 12 / 08 / 2017

FEC Identification Number: C00516047
Transaction ID : SB23.4601
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

5500.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial) A. BERGMANFORCONGRESS		Date of Disbursement MM / DD / YYYY 12 / 08 / 2017
Mailing Address 3585 BUNKER HILL RD, #434		FEC Identification Number C 000614214 Transaction ID : SB23.4599
City ACME	State MI	Zip Code 49610
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name BERGMAN, JOHN, , ,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MI	District: 01	

Full Name (Last, First, Middle Initial) B. BILL CASSIDY FOR US SENATE		Date of Disbursement MM / DD / YYYY 12 / 08 / 2017
Mailing Address PO BOX 80505		FEC Identification Number C 000543983 Transaction ID : SB23.4600
City BATON ROUGE	State LA	Zip Code 70898
Purpose of Disbursement		Amount of Each Disbursement this Period 2000.00
Candidate Name CASSIDY, WILLIAM M, , ,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: LA	District: 00	

Full Name (Last, First, Middle Initial) C. COLLINS FOR SENATOR		Date of Disbursement MM / DD / YYYY 11 / 09 / 2017
Mailing Address PO BOX 1096		FEC Identification Number C 000314575 Transaction ID : SB23.4587
City BANGOR	State ME	Zip Code 04402
Purpose of Disbursement		Amount of Each Disbursement this Period 2000.00
Candidate Name COLLINS, SUSAN M, , ,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: ME	District: 00	

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
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"/> 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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. FAMILIES FOR JAMES LANKFORD

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1639

City BETHANY State OK Zip Code 73008

Purpose of Disbursement 011 Category/Type

Candidate Name LANKFORD, JAMES PAUL, , ,

Office Sought: House Senate President Disbursement For: 2022 Primary General Other (specify) ▼

State: OK District: 00

Date of Disbursement: 11 / 09 / 2017

FEC Identification Number: C00466482
Transaction ID : SB23.4589
Amount of Each Disbursement this Period: 2000.00

Memo Item

B. FRELINGHUYSEN FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 19 CATTANO AVENUE

City MORRISTOWN State NJ Zip Code 07960

Purpose of Disbursement 011 Category/Type

Candidate Name FRELINGHUYSEN, RODNEY P., , ,

Office Sought: House Senate President Disbursement For: 2018 Primary General Other (specify) ▼

State: NJ District: 11

Date of Disbursement: 09 / 19 / 2017

FEC Identification Number: C00148684
Transaction ID : SB23.4720
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial)
Mailing Address 129 CHURCH ST, STE 818

City NEW HAVEN State CT Zip Code 06510

Purpose of Disbursement 011 Category/Type

Candidate Name DELAURO, ROSA L, , ,

Office Sought: House Senate President Disbursement For: 2018 Primary General Other (specify) ▼

State: CT District: 03

Date of Disbursement: 12 / 08 / 2017

FEC Identification Number: C00238865
Transaction ID : SB23.4596
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

4000.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. ISSA FOR CONGRESS

Full Name (Last, First, Middle Initial)
ISSA FOR CONGRESS

Mailing Address PO BOX 760

City VISTA State CA Zip Code 92085

Purpose of Disbursement 011 Category/Type

Candidate Name
ISSA, DARRELL, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 49

Date of Disbursement: MM / DD / YYYY
09 / 19 / 2017

FEC Identification Number
C C00350520
Transaction ID : SB23.4721
Amount of Each Disbursement this Period
1000.00

Memo Item

B. MAJORITY COMMITTEE PAC--MC PAC

Full Name (Last, First, Middle Initial)
MAJORITY COMMITTEE PAC--MC PAC

Mailing Address PO BOX 10134

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement 011 Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
11 / 09 / 2017

FEC Identification Number
C C00428052
Transaction ID : SB23.4590
Amount of Each Disbursement this Period
5000.00

Memo Item

C. NITA LOWEY FOR CONGRESS

Full Name (Last, First, Middle Initial)
NITA LOWEY FOR CONGRESS

Mailing Address PO BOX 271

City WHITE PLAINS State NY Zip Code 10605

Purpose of Disbursement 011 Category/Type

Candidate Name
LOWEY, NITA M, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: NY District: 17

Date of Disbursement: MM / DD / YYYY
12 / 08 / 2017

FEC Identification Number
C C00219881
Transaction ID : SB23.4598
Amount of Each Disbursement this Period
1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7000.00

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"/> 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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. SCALISE FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 23219

City: JEFFERSON State: LA Zip Code: 70183

Purpose of Disbursement: 011 Category/Type

Candidate Name: SCALISE, STEVE MR., , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: LA District: 01

Date of Disbursement: 12 / 08 / 2017

FEC Identification Number: C00394957
Transaction ID : SB23.4595
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. SENSENBRENNER COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 575

City: BROOKFIELD State: WI Zip Code: 53008

Purpose of Disbursement: 011 Category/Type

Candidate Name: SENSENBRENNER, F. JAMES JR., , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: WI District: 05

Date of Disbursement: 11 / 09 / 2017

FEC Identification Number: C00083428
Transaction ID : SB23.4588
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. THE BILL KEATING COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 3065

City: BUZZARDS BAY State: MA Zip Code: 02532

Purpose of Disbursement: 011 Category/Type

Candidate Name: KEATING, WILLIAM RICHARD, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MA District: 09

Date of Disbursement: 11 / 28 / 2017

FEC Identification Number: C00479063
Transaction ID : SB23.4591
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3000.00

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"/> 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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. THOM TILLIS COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 97396

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement 011 Category/Type

Candidate Name TILLIS, THOM R, , ,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: NC District: 00

Date of Disbursement: 12 / 08 / 2017

FEC Identification Number: C C00545772

Transaction ID : SB23.4592

Amount of Each Disbursement this Period: 2500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

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:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

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:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	27000.00

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

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NAME OF COMMITTEE (In Full)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 303 Peachtree St NW

City Atlanta State GA Zip Code 30308

Purpose of Disbursement
Merchant Fees

001
Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 05 / 2017

FEC Identification Number
C
Transaction ID : SB29.4642
Amount of Each Disbursement this Period
106.10

Memo Item

Full Name (Last, First, Middle Initial)

B. SunTrust Bank

Mailing Address 303 Peachtree St NW

City Atlanta State GA Zip Code 30308

Purpose of Disbursement
Merchant Fees

001
Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 06 / 2017

FEC Identification Number
C
Transaction ID : SB29.4643
Amount of Each Disbursement this Period
0.18

Memo Item

Full Name (Last, First, Middle Initial)

C. SunTrust Bank

Mailing Address 303 Peachtree St NW

City Atlanta State GA Zip Code 30308

Purpose of Disbursement
Merchant Fees

001
Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 11 / 2017

FEC Identification Number
C
Transaction ID : SB29.4644
Amount of Each Disbursement this Period
0.56

Memo Item

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

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

106.84

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 303 Peachtree St NW

City Atlanta State GA Zip Code 30308

Purpose of Disbursement
Merchant Fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.4645
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SunTrust Bank

Mailing Address 303 Peachtree St NW

City Atlanta State GA Zip Code 30308

Purpose of Disbursement
Merchant Fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.4646
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SunTrust Bank

Mailing Address 303 Peachtree St NW

City Atlanta State GA Zip Code 30308

Purpose of Disbursement
Merchant Fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.4647
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 303 Peachtree St NW

City Atlanta State GA Zip Code 30308

Purpose of Disbursement
Merchant Fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.4648

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SunTrust Bank

Mailing Address 303 Peachtree St NW

City Atlanta State GA Zip Code 30308

Purpose of Disbursement
Merchant Fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.4649

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SunTrust Bank

Mailing Address 303 Peachtree St NW

City Atlanta State GA Zip Code 30308

Purpose of Disbursement
Merchant Fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.4650

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2017

Mailing Address 303 Peachtree St NW

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.4651

Amount of Each Disbursement this Period

[REDACTED] 0.59

Memo Item

City Atlanta State GA Zip Code 30308

Purpose of Disbursement Merchant Fees

001
Category/Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

B. SunTrust Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		25		2017

Mailing Address 303 Peachtree St NW

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.4652

Amount of Each Disbursement this Period

[REDACTED] 0.18

Memo Item

City Atlanta State GA Zip Code 30308

Purpose of Disbursement Merchant Fees

001
Category/Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

C. SunTrust Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2017

Mailing Address 303 Peachtree St NW

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.4653

Amount of Each Disbursement this Period

[REDACTED] 11.45

Memo Item

City Atlanta State GA Zip Code 30308

Purpose of Disbursement Merchant Fees

001
Category/Type

Candidate Name

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

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

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

[REDACTED] 12.22

[REDACTED]

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

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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2017

Mailing Address 303 Peachtree St NW

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.4654

Amount of Each Disbursement this Period

[REDACTED] 0.18

Memo Item

City Atlanta State GA Zip Code 30308

Purpose of Disbursement
Merchant Fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. SunTrust Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2017

Mailing Address 303 Peachtree St NW

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.4655

Amount of Each Disbursement this Period

[REDACTED] 22.80

Memo Item

City Atlanta State GA Zip Code 30308

Purpose of Disbursement
Merchant Fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. SunTrust Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2017

Mailing Address 303 Peachtree St NW

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.4656

Amount of Each Disbursement this Period

[REDACTED] 26.70

Memo Item

City Atlanta State GA Zip Code 30308

Purpose of Disbursement
Merchant Fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

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

[REDACTED] 49.68

[REDACTED]

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. SunTrust Bank

Full Name (Last, First, Middle Initial)

Mailing Address 303 Peachtree St NW

City Atlanta State GA Zip Code 30308

Purpose of Disbursement Merchant Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 13 / 2017

FEC Identification Number: C

Transaction ID : SB29.4657

Amount of Each Disbursement this Period: 25.00

Memo Item

B. SunTrust Bank

Full Name (Last, First, Middle Initial)

Mailing Address 303 Peachtree St NW

City Atlanta State GA Zip Code 30308

Purpose of Disbursement Merchant Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 17 / 2017

FEC Identification Number: C

Transaction ID : SB29.4658

Amount of Each Disbursement this Period: 15.00

Memo Item

C. SunTrust Bank

Full Name (Last, First, Middle Initial)

Mailing Address 303 Peachtree St NW

City Atlanta State GA Zip Code 30308

Purpose of Disbursement Merchant Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 04 / 2017

FEC Identification Number: C

Transaction ID : SB29.4659

Amount of Each Disbursement this Period: 25.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 65.00

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

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NAME OF COMMITTEE (In Full)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. SunTrust Bank

Full Name (Last, First, Middle Initial)

Mailing Address 303 Peachtree St NW

City Atlanta State GA Zip Code 30308

Purpose of Disbursement Merchant Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 05 / 2017

FEC Identification Number: C

Transaction ID : SB29.4660

Amount of Each Disbursement this Period: 0.36

Memo Item

B. SunTrust Bank

Full Name (Last, First, Middle Initial)

Mailing Address 303 Peachtree St NW

City Atlanta State GA Zip Code 30308

Purpose of Disbursement Merchant Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2017

FEC Identification Number: C

Transaction ID : SB29.4662

Amount of Each Disbursement this Period: 0.55

Memo Item

C. SunTrust Bank

Full Name (Last, First, Middle Initial)

Mailing Address 303 Peachtree St NW

City Atlanta State GA Zip Code 30308

Purpose of Disbursement Merchant Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2017

FEC Identification Number: C

Transaction ID : SB29.4663

Amount of Each Disbursement this Period: 162.25

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	163.16
TOTAL This Period (last page this line number only).....▶	499.36