

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER 2016 JAN 29 AM 10:24 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. National Court Reporters Association

ADDRESS (number and street) 12030 Sunrise Valley Drive Suite 400 Reston VA 20191

2. FEC IDENTIFICATION NUMBER C00146506 CITY STATE ZIP CODE

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 Year-End Report (YE) (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), Convention (12C), General (12G), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 07 01 2015 through 12 31 2015

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 Michael Nelson Signature of Treasurer Date 01 28 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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2016-01-29 10:24

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**National Court Reporters Association**

Report Covering the Period: From:

07 / 01 / 2015

To:

12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		64448.65
(b) Cash on Hand at Beginning of Reporting Period.....	55525.49	
(c) Total Receipts (from Line 19).....	7083.32	7333.32
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	62608.81	71781.97
7. Total Disbursements (from Line 31).....	6905.37	16078.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	55703.44	55703.44
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)

Page 3

Write or Type Committee Name

**National Court Reporters Association**

Report Covering the Period: From:

MM / DD / YYYY  
07 / 01 / 2015

To:

MM / DD / YYYY  
12 / 31 / 2015

**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).....

1000.00

1000.00

(ii) Unitemized.....

6050.00

6300.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

7050.00

7300.00

(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).....▶

7050.00

7300.00

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).....

33.32

33.32

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)).....▶

7083.32

7333.32

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

7083.32

7333.32

**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 .....	405.37	578.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	405.37	578.53
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	6500.00	15500.00
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)) ..	6905.37	16078.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	6905.37	16078.53

NON-FEDERAL SHARE

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	7050.00	7300.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7050.00	7300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	405.37	578.53
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	33.32	33.32
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	372.05	545.21

20090210 10:00:00 AM

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

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

FOR LINE NUMBER: PAGE 6 OF 13  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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)  
**National Court Reporters Association**

**A. Jan Ballman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1400 Rand Tower  
527 Marquette Ave. S, #500  
City Minneapolis State MN Zip Code 55402  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Firm Owner Paradigm Reporting & Captioning  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 250.00  
Date of Receipt 07 / 31 / 2015  
Transaction ID : SA11AI.10656  
Amount of Each Receipt this Period 250.00  
PAC Contribution

**B. Julie Granger**  
Full Name (Last, First, Middle Initial)  
Mailing Address 520 N Del SOL Lane  
City Diamond Bar State CA Zip Code 91765  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Los Angeles Superior Court Court Reporter  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 500.00  
Date of Receipt 08 / 01 / 2015  
Transaction ID : SA11AI.10723  
Amount of Each Receipt this Period 500.00  
PAC Contribution

**C. Shirley Lou Koch-Smith**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200 McNeil Lane  
#112  
City Newport Beach State CA Zip Code 92663  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Self Employed Freelance Reporter  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 250.00  
Date of Receipt 11 / 03 / 2015  
Transaction ID : SA11AI.10798  
Amount of Each Receipt this Period 250.00  
PAC Contribution

**SUBTOTAL** of Receipts This Page (optional)..... 1000.00  
**TOTAL** This Period (last page this line number only)..... 1000.00

NON-FEDERAL CONTRIBUTION

**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)	PAGE 7 OF 13
	<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)  
**National Court Reporters Association**

Full Name (Last, First, Middle Initial) <b>A. SunTrust Bank</b>	Date of Disbursement MM / DD / YYYY 11 / 10 / 2015
Mailing Address P.O. Box 622227	Transaction ID : SB21B.10791
City Orlando State FL Zip Code 32862	Amount of Each Disbursement this Period 22.68
Purpose of Disbursement Merchant Fee	Category/ Type
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. SunTrust Bank</b>	Date of Disbursement MM / DD / YYYY 11 / 10 / 2015
Mailing Address P.O. Box 622227	Transaction ID : SB21B.10794
City Orlando State FL Zip Code 32862	Amount of Each Disbursement this Period 29.69
Purpose of Disbursement Merchant Fee - Nov.15	Category/ Type
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. SunTrust Bank</b>	Date of Disbursement MM / DD / YYYY 11 / 10 / 2015
Mailing Address P.O. Box 622227	Transaction ID : SB21B.10795
City Orlando State FL Zip Code 32862	Amount of Each Disbursement this Period 13.17
Purpose of Disbursement Merchant Fee - Nov 15	Category/ Type
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional).....	65.54
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)		PAGE 8 OF 13					
	<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)  
**National Court Reporters Association**

Full Name (Last, First, Middle Initial)		Date of Disbursement							
<b>A. SunTrust Bank</b>		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>12</td> <td>10</td> <td>2015</td> </tr> </table>		MM	DD	YYYY	12	10	2015
MM	DD	YYYY							
12	10	2015							
Mailing Address P.O. Box 622227		<b>Transaction ID : SB21B.10848</b>							
City	State	Zip Code	<b>Amount of Each Disbursement this Period</b>						
Orlando	FL	32862							
Purpose of Disbursement Merchant fee		<input type="checkbox"/> 001	<table border="1"> <tr> <td>22.65</td> </tr> </table>	22.65					
22.65									
Candidate Name		Category/ Type							
Office Sought:	Disbursement For:								
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General								
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼								
<input type="checkbox"/> President									
State:	District:								

Full Name (Last, First, Middle Initial)		Date of Disbursement							
<b>B. SunTrust Bank</b>		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>12</td> <td>10</td> <td>2015</td> </tr> </table>		MM	DD	YYYY	12	10	2015
MM	DD	YYYY							
12	10	2015							
Mailing Address P.O. Box 622227		<b>Transaction ID : SB21B.10850</b>							
City	State	Zip Code	<b>Amount of Each Disbursement this Period</b>						
Orlando	FL	32862							
Purpose of Disbursement Merchant Fee		<input type="checkbox"/> 001	<table border="1"> <tr> <td>9.20</td> </tr> </table>	9.20					
9.20									
Candidate Name		Category/ Type							
Office Sought:	Disbursement For:								
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General								
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼								
<input type="checkbox"/> President									
State:	District:								

Full Name (Last, First, Middle Initial)		Date of Disbursement							
<b>C. Visa/Mastercard= Suntrust Bank</b>		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>10</td> <td>13</td> <td>2015</td> </tr> </table>		MM	DD	YYYY	10	13	2015
MM	DD	YYYY							
10	13	2015							
Mailing Address PO Box 791250		<b>Transaction ID : SB21B.10747</b>							
City	State	Zip Code	<b>Amount of Each Disbursement this Period</b>						
Baltimore	MD	21279-1250							
Purpose of Disbursement Merchant Fee		<input type="checkbox"/> 001	<table border="1"> <tr> <td>19.95</td> </tr> </table>	19.95					
19.95									
Candidate Name		Category/ Type							
Office Sought:	Disbursement For:								
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General								
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼								
<input type="checkbox"/> President									
State:	District:								

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<table border="1"> <tr> <td>51.80</td> </tr> </table>	51.80
51.80		
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

2015-10-10 11:00 AM



**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)						PAGE 9 OF 13
	<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)  
**National Court Reporters Association**

Full Name (Last, First, Middle Initial) <b>A. Visa/Mastercard= Suntrust Bank</b>		Date of Disbursement
Mailing Address PO Box 791250		MM / DD / YYYY 12 / 10 / 2015
City Baltimore	State MD	Zip Code 21279-1250
Purpose of Disbursement Merchant Fee	Candidate Name	Transaction ID : SB21B.10849
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) ▼	Amount of Each Disbursement this Period
State: District:	Category/Type 001	29.00

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement
Mailing Address		MM / DD / YYYY
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement
Mailing Address		MM / DD / YYYY
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	29.00
TOTAL This Period (last page this line number only).....	146.34

**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)						PAGE 10 OF 13
	<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)  
**National Court Reporters Association**

Full Name (Last, First, Middle Initial)  
**A. BYRNE FOR CONGRESS INC**

Mailing Address **PO BOX 2743**

City **MOBILE** State **AL** Zip Code **36652**

Purpose of Disbursement  
PAC Contribution

Candidate Name  
**BRADLEY ROBERTS BYRNE**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: **AL** District: **01**

Date of Disbursement: **12 / 17 / 2015**

Transaction ID : **SB23.10843**

Amount of Each Disbursement this Period: **500.00**

Category/Type: **011**

Full Name (Last, First, Middle Initial)  
**B. FORBES FOR CONGRESS**

Mailing Address **PO Box 15100**

City **Chesapeake** State **VA** Zip Code **23328**

Purpose of Disbursement  
PAC Contribution

Candidate Name  
**J. RANDY FORBES**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: **VA** District: **04**

Date of Disbursement: **09 / 24 / 2015**

Transaction ID : **SB23.10731**

Amount of Each Disbursement this Period: **500.00**

Category/Type: **011**

Full Name (Last, First, Middle Initial)  
**C. FRIENDS OF DENNIS ROSS**

Mailing Address **PO BOX 7310**

City **LAKELAND** State **FL** Zip Code **33807**

Purpose of Disbursement  
PAC Contribution

Candidate Name  
**DENNIS ROSS**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: **FL** District: **12**

Date of Disbursement: **12 / 03 / 2015**

Transaction ID : **SB23.10838**

Amount of Each Disbursement this Period: **500.00**

Category/Type: **011**

**SUBTOTAL** of Disbursements This Page (optional)..... **1500.00**

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

20150924 10:00 AM

**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)

PAGE 11 OF 13

<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)  
**National Court Reporters Association**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF FRANK GUINTA**

Mailing Address PO BOX 877

City State Zip Code  
MANCHESTER NH 03105

Purpose of Disbursement  
PAC Contribution

Candidate Name  
**FRANK GUINTA**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NH District: 01

Date of Disbursement

MM	DD	YYYY
11	19	2015

Transaction ID : SB23.10746

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. JEFFRIES FOR CONGRESS**

Mailing Address PO BOX 380320

City State Zip Code  
BROOKLYN NY 11238

Purpose of Disbursement  
PAC Contribution

Candidate Name  
**HAKEEM JEFFRIES**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 08

Date of Disbursement

MM	DD	YYYY
09	24	2015

Transaction ID : SB23.10732

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. MIKE BISHOP FOR CONGRESS**

Mailing Address PO Box 1148

City State Zip Code  
BRIGHTON MI 48116

Purpose of Disbursement  
PAC Contribution

Candidate Name  
**MIKE BISHOP**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

MM	DD	YYYY
12	17	2015

Transaction ID : SB23.10842

Amount of Each Disbursement this Period

500.00
--------

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

1500.00
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TOTAL This Period (last page this line number only).....▶

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2015 RELEASE UNDER E.O. 13526

**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)  
**National Court Reporters Association**

Full Name (Last, First, Middle Initial)

**A. PATRIOTS FOR PERRY**

Mailing Address PO BOX 147

City State Zip Code  
RED LION PA 17356

Purpose of Disbursement  
PAC Contribution

Candidate Name  
**SCOTT PERRY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 04

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2015

Transaction ID : SB23.10728

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. RODNEY FOR CONGRESS**

Mailing Address PO BOX 344

City State Zip Code  
TAYLORVILLE, IL 62568

Purpose of Disbursement  
PAC Contribution

Candidate Name  
**RODNEY DAVIS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2015

Transaction ID : SB23.10846

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. SCHIFF FOR CONGRESS**

Mailing Address 777 S. FIGUEROA ST., STE. 4050

City State Zip Code  
LOS ANGELES CA 90017

Purpose of Disbursement  
PAC Contribution

Candidate Name  
**ADAM SCHIFF**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 29

Date of Disbursement

MM / DD / YYYY  
12 / 03 / 2015

Transaction ID : SB23.10836

Amount of Each Disbursement this Period

500.00

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

1500.00

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)						PAGE 13 OF 13
	<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)  
**National Court Reporters Association**

Full Name (Last, First, Middle Initial)  
**A. SWALWELL FOR CONGRESS**

Mailing Address P.O. BOX 2847

City DUBLIN State CA Zip Code 94568

Purpose of Disbursement PAC Contribution

Candidate Name **ERIC MICHAEL SWALWELL**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CA District: 15

Date of Disbursement: 09 / 24 / 2015

Transaction ID : SB23.10735

Amount of Each Disbursement this Period: 500.00

Category/Type: 011

Full Name (Last, First, Middle Initial)  
**B. TEXANS FOR LAMAR SMITH**

Mailing Address PO Box 6155

City San Antonio State TX Zip Code 78209

Purpose of Disbursement PAC Contribution

Candidate Name **LAMAR SMITH**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: TX District: 21

Date of Disbursement: 09 / 24 / 2015

Transaction ID : SB23.10738

Amount of Each Disbursement this Period: 500.00

Category/Type: 011

Full Name (Last, First, Middle Initial)  
**C. VOLUNTEERS FOR SHIMKUS**

Mailing Address PO Box 661  
PO BOX 5458

City Collinsville State IL Zip Code 62234

Purpose of Disbursement PAC Contribution

Candidate Name **JOHN M SHIMKUS**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IL District: 19

Date of Disbursement: 09 / 28 / 2015

Transaction ID : SB23.10739

Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2000.00

**TOTAL** This Period (last page this line number only)..... ▶ 6500.00

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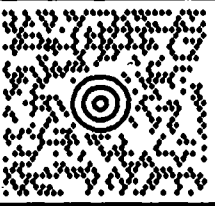

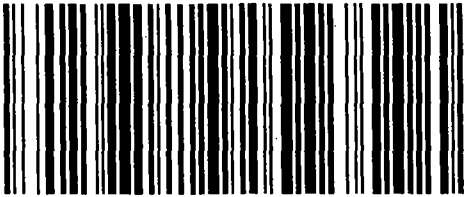
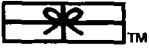
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PREPARER *mmp*  
 (3/2015)

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