

# 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

SHOW-ME POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 2345 Grand Blvd.  
Suite 2800  
 Check if different than previously reported. (ACC) Kansas City MO 64108

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

C C00410621

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:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on M M / D D / Y Y Y Y Y Y in the State of  

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 01 / 01 / 2017 through M M / D D / Y Y Y Y Y Y 06 / 30 / 2017

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

Bradshaw, Jean Paul, , ,

Type or Print Name of Treasurer

Signature of Treasurer Bradshaw, Jean Paul, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 11 / 28 / 2017

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

Office Use Only

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**SHOW-ME POLITICAL ACTION COMMITTEE**

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"/>		88841.02
(b) Cash on Hand at Beginning of Reporting Period.....	88841.02	
(c) Total Receipts (from Line 19) .....	52500.00	52500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	141341.02	141341.02
7. Total Disbursements (from Line 31).....	59006.93	59006.93
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	82334.09	82334.09
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	29079.75	

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

SHOW-ME POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 01 / 01 / 2017 To: 06 / 30 / 2017

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).....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	52500.00	52500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	52500.00	52500.00
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)).....▶	52500.00	52500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	52500.00	52500.00

**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 .....	13506.93	13506.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	13506.93	13506.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	38000.00	38000.00
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).....	7500.00	7500.00
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)) ..	59006.93	59006.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	59006.93	59006.93

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	52500.00	52500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	52500.00	52500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	13506.93	13506.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	13506.93	13506.93

**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 25
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SHOW-ME POLITICAL ACTION COMMITTEE**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ACTION COMMITTEE FOR RURAL ELECTRIFICATION. (ACRE) NATIONAL RURAL ELECTRIC COOPERATIVE

Mailing Address 4301 WILSON BOULEVARD

City ARLINGTON	State VA	Zip Code 22203
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FEC ID number of contributing federal political committee. **C** C00002972

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2017

**Transaction ID : SA11C.4758**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
AMAZON CORPORATE LLC SEPARATE SEGREGATED FUND (AMAZON PAC)

Mailing Address 601 NEW JERSEY AVE NW - SUITE 900

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00360354

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2017

**Transaction ID : SA11C.4842**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND (CRNA-PAC)

Mailing Address 222 SOUTH PROSPECT AVE  
C/O FINANCE DEPARTMENT

City PARK RIDGE	State IL	Zip Code 60068
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FEC ID number of contributing federal political committee. **C** C00173153

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2017

**Transaction ID : SA11C.4785**

Amount of Each Receipt this Period  
2500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<b>TOTAL</b> 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 25
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SHOW-ME POLITICAL ACTION COMMITTEE**

**A. BNSF RAILWAY COMPANY RAILPAC (BNSF RAILPAC)**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 961039

City FORT WORTH	State TX	Zip Code 76161
FEC ID number of contributing federal political committee. <b>C</b> C00235739		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

**Transaction ID : SA11C.4822**

Amount of Each Receipt this Period  

2500.00
---------

 Memo Item

**B. BNSF RAILWAY COMPANY RAILPAC (BNSF RAILPAC)**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 961039

City FORT WORTH	State TX	Zip Code 76161
FEC ID number of contributing federal political committee. <b>C</b> C00235739		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2017

**Transaction ID : SA11C.4837**

Amount of Each Receipt this Period  

2500.00
---------

 Memo Item

**C. ENTERPRISE HOLDINGS, INC. POLITICAL ACTION COMMITTEE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 600 CORPORATE PARK DRIVE

City ST. LOUIS	State MO	Zip Code 63105
FEC ID number of contributing federal political committee. <b>C</b> C00219642		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2500.00	

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2017

**Transaction ID : SA11C.4810**

Amount of Each Receipt this Period  

2500.00
---------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7500.00
<b>TOTAL</b> 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 25
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SHOW-ME POLITICAL ACTION COMMITTEE**

**A. FEDEXPAC FEDERAL EXPRESS POLITICAL ACTION COMMITTEE**

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

Mailing Address 942 SOUTH SHADY GROVE ROAD

City MEMPHIS	State TN	Zip Code 38120
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FEC ID number of contributing federal political committee. **C** C00068692

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2017

**Transaction ID : SA11C.4818**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

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

Mailing Address 101 CONSTITUTION AVE. NW  
SUITE 500 WEST

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00096156

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2017

**Transaction ID : SA11C.4790**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

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

Mailing Address 101 CONSTITUTION AVE. NW  
SUITE 500 WEST

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00096156

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2017

**Transaction ID : SA11C.4832**

Amount of Each Receipt this Period  
2500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7500.00
<b>TOTAL</b> 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 25
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SHOW-ME POLITICAL ACTION COMMITTEE**

**A. NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES PAC**

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

Mailing Address 3601 VINCENNES ROAD  
PO BOX 68700

City INDIANAPOLIS	State IN	Zip Code 46268
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FEC ID number of contributing federal political committee. **C** C00170258

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2017

**Transaction ID : SA11C.4833**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B. NATIONAL FUNERAL DIRECTORS ASSOCIATION OF THE UNITED STATES INC**

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

Mailing Address 13625 BISHOPS DRIVE

City BROOKFIELD	State WI	Zip Code 53005
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FEC ID number of contributing federal political committee. **C** C00204008

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2017

**Transaction ID : SA11C.4820**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C. NORFOLK SOUTHERN CORPORATION GOOD GOVERNMENT FUND**

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

Mailing Address ONE CONSTITUTION AVE NE

City WASHINGTON	State DC	Zip Code 20002
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FEC ID number of contributing federal political committee. **C** C00009282

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2017

**Transaction ID : SA11C.4759**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<b>TOTAL</b> 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 25
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SHOW-ME POLITICAL ACTION COMMITTEE**

**A. PARSONS CORPORATION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 100 WEST WALNUT ST.  
T-1110

City PASADENA	State CA	Zip Code 91124
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FEC ID number of contributing federal political committee. **C** C00103549

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

**Transaction ID : SA11C.4835**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 430 FIRST STREET SE

City WASHINGTON	State DC	Zip Code 20003
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FEC ID number of contributing federal political committee. **C** C00002881

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

**Transaction ID : SA11C.4819**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENT**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 700 13TH STREET NW, SUITE 350

City WASHINGTON	State DC	Zip Code 20005
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FEC ID number of contributing federal political committee. **C** C00010470

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2017

**Transaction ID : SA11C.4805**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<b>TOTAL</b> 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 25
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SHOW-ME POLITICAL ACTION COMMITTEE**

**A. UNITED PARCEL SERVICE INC. PAC**

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

Mailing Address 55 GLENLAKE PARKWAY NE

City ATLANTA	State GA	Zip Code 30328
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00064766

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		12		2017

**Transaction ID : SA11C.4823**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B.**

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

Mailing Address

City	State	Zip Code
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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	/	D D	/	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	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	52500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
**SHOW-ME POLITICAL ACTION COMMITTEE**

**A. Cardmember Service**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 94014

City Wilmington State DE Zip Code 19850-5298

Purpose of Disbursement Credit Card Payment  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 05 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.4713  
Amount of Each Disbursement this Period: 162.40

Memo Item

**B. Capital Grill Restaurant**

Full Name (Last, First, Middle Initial)  
Mailing Address 601 Pennsylvania Ave NW

City Washington State DC Zip Code 20004

Purpose of Disbursement Dinner  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
12 / 01 / 2016

FEC Identification Number: C  
Transaction ID : SB21B.4713.c  
Amount of Each Disbursement this Period: 162.40

Memo Item

**C. Cardmember Service**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 94014

City Wilmington State DE Zip Code 19850-5298

Purpose of Disbursement Credit Card Payment  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 01 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.4717  
Amount of Each Disbursement this Period: 516.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 678.40

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
**SHOW-ME POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Due South**

Mailing Address 1465 Roanoke St

City Christianburg State VA Zip Code 24073

Purpose of Disbursement  
Catering

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
01 / 21 / 2017

FEC Identification Number  
  
**Transaction ID : SB21B.4717.**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cardmember Service**

Mailing Address P.O. Box 94014

City Wilmington State DE Zip Code 19850-5298

Purpose of Disbursement  
Credit Card Payment

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
03 / 06 / 2017

FEC Identification Number  
  
**Transaction ID : SB21B.4743**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Le Diplomate**

Mailing Address 1601 14th St NW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Dinner

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
01 / 22 / 2017

FEC Identification Number  
  
**Transaction ID : SB21B.4743.**  
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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**SHOW-ME POLITICAL ACTION COMMITTEE**

**A. Cardmember Service**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 94014

City Wilmington State DE Zip Code 19850-5298

Purpose of Disbursement Credit Card Payment

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 30 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4761

Amount of Each Disbursement this Period: 924.14

Memo Item

**B. The Hamilton**

Full Name (Last, First, Middle Initial)

Mailing Address 600 14th St NW

City Washington State DC Zip Code 20005

Purpose of Disbursement Dinner

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 26 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4761.1

Amount of Each Disbursement this Period: 300.75

Memo Item

**C. The Hamilton**

Full Name (Last, First, Middle Initial)

Mailing Address 600 14th St NW

City Washington State DC Zip Code 20005

Purpose of Disbursement Dinner

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 16 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4761.

Amount of Each Disbursement this Period: 182.90

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 924.14

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
**SHOW-ME POLITICAL ACTION COMMITTEE**

**A. Cardmember Service**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 94014

City Wilmington State DE Zip Code 19850-5298

Purpose of Disbursement Credit Card Payment

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 02 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4791

Amount of Each Disbursement this Period: 794.57

Memo Item

**B. The Hamilton**

Full Name (Last, First, Middle Initial)

Mailing Address 600 14th St NW

City Washington State DC Zip Code 20005

Purpose of Disbursement Meal

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 03 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4791.1

Amount of Each Disbursement this Period: 188.35

Memo Item

**C. The Hamilton**

Full Name (Last, First, Middle Initial)

Mailing Address 600 14th St NW

City Washington State DC Zip Code 20005

Purpose of Disbursement Meal

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 14 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4791.

Amount of Each Disbursement this Period: 283.55

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 794.57

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
**SHOW-ME POLITICAL ACTION COMMITTEE**

**A. Cardmember Service**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 94014

City: Wilmington State: DE Zip Code: 19850-5298

Purpose of Disbursement: Credit Card Payment  
Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 05 / 2017

FEC Identification Number: C  
**Transaction ID : SB21B.4812**  
Amount of Each Disbursement this Period: 133.78

Memo Item

**B. COUNTRY CLUB BANK**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 410889

City: Kansas City State: MO Zip Code: 64141

Purpose of Disbursement: Maintenance Fee  
Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For: \_\_\_\_\_  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 08 / 2017

FEC Identification Number: C  
**Transaction ID : SB21B.4839**  
Amount of Each Disbursement this Period: 10.00

Memo Item

**C. GULA GRAHAM GROUP**

Full Name (Last, First, Middle Initial)  
Mailing Address 700 12th St. NW Ste 700

City: Washington, D.C. State: DC Zip Code: 20005

Purpose of Disbursement: Fundraising Management Fee  
Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 17 / 2017

FEC Identification Number: C  
**Transaction ID : SB21B.4838**  
Amount of Each Disbursement this Period: 400.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 543.78

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



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
**SHOW-ME POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. GULA GRAHAM GROUP</b>		Date of Disbursement MM / DD / YYYY 03 / 06 / 2017
Mailing Address 700 12th St. NW Ste 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4742</b> Amount of Each Disbursement this Period 180.00
City Washington, D.C.	State DC	Zip Code 20005
Purpose of Disbursement Fundraising Management Fee		001 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input 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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GULA GRAHAM GROUP</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2017
Mailing Address 700 12th St. NW Ste 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4786</b> Amount of Each Disbursement this Period 700.00
City Washington, D.C.	State DC	Zip Code 20005
Purpose of Disbursement Fundraising Management Fee		001 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input 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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GULA GRAHAM GROUP</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2017
Mailing Address 700 12th St. NW Ste 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4811</b> Amount of Each Disbursement this Period 9096.45
City Washington, D.C.	State DC	Zip Code 20005
Purpose of Disbursement Fundraising Management Fee		001 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input 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) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9976.45
<b>TOTAL</b> This Period (last page this line number only).....▶	13506.93

**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)  
**SHOW-ME POLITICAL ACTION COMMITTEE**

**A. ANDY BARR FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 2059

City LEXINGTON State KY Zip Code 40588

Purpose of Disbursement  011 Category/Type

Candidate Name **BARR, GARLAND ANDY, , ,**

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

State: KY District: 06

Date of Disbursement: 05 / 22 / 2017

FEC Identification Number: **C00467571**  
Transaction ID : **SB23.4806**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. BRIAN FITZPATRICK FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 939

City LANGHORNE State PA Zip Code 19047

Purpose of Disbursement  011 Category/Type

Candidate Name **FITZPATRICK, BRIAN, , ,**

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

State: PA District: 08

Date of Disbursement: 02 / 28 / 2017

FEC Identification Number: **C00607416**  
Transaction ID : **SB23.4728**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. BRIAN MAST FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 2600 S DOUGLAS RD STE 900

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement  011 Category/Type

Candidate Name **MAST, BRIAN, , ,**

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

State: FL District: 18

Date of Disbursement: 02 / 28 / 2017

FEC Identification Number: **C00579896**  
Transaction ID : **SB23.4736**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7500.00

**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)  
**SHOW-ME POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. CLAUDIA TENNEY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2017
Mailing Address 28 ROBINSON RD. PO BOX 128		FEC Identification Number C00632828 <b>Transaction ID : SB23.4739</b>
City CLINTON	State NY	Zip Code 13323
Purpose of Disbursement	Category/ Type 011	Amount of Each Disbursement this Period 2500.00
Candidate Name <b>TENNEY, CLAUDIA, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 22	

Full Name (Last, First, Middle Initial) <b>B. COMSTOCK FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2017
Mailing Address PO BOX 831		FEC Identification Number C00554261 <b>Transaction ID : SB23.4841</b>
City MC LEAN	State VA	Zip Code 22101
Purpose of Disbursement	Category/ Type 011	Amount of Each Disbursement this Period 2500.00
Candidate Name <b>COMSTOCK, BARBARA, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 10	

Full Name (Last, First, Middle Initial) <b>C. FASO FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2017
Mailing Address PO BOX 448		FEC Identification Number C00580415 <b>Transaction ID : SB23.4726</b>
City KINDERHOOK	State NY	Zip Code 12106
Purpose of Disbursement	Category/ Type 011	Amount of Each Disbursement this Period 2500.00
Candidate Name <b>FASO, JOHN J. MR., , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 19	

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

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

7500.00

**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)  
**SHOW-ME POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. HANDEL FOR CONGRESS, INC.</b>		Date of Disbursement MM / DD / YYYY 04 / 25 / 2017
Mailing Address 4010 OLD MILTON PKWY		FEC Identification Number C00633362 <b>Transaction ID : SB23.4787</b>
City ALPHARETTA	State GA	Zip Code 30005
Purpose of Disbursement		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>HANDEL, KAREN CHRISTINE, , ,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: GA District: 11	Runoff	

Full Name (Last, First, Middle Initial) <b>B. HOOSIERS FOR ROKITA, INC.</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2017
Mailing Address 5802 OAK AVENUE		FEC Identification Number C00476192 <b>Transaction ID : SB23.4829</b>
City INDIANAPOLIS	State IN	Zip Code 46219
Purpose of Disbursement		Amount of Each Disbursement this Period 2000.00
Candidate Name <b>ROKITA, THEODORE EDWARD, , ,</b>		<input type="checkbox"/> Memo Item
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)	
State: IN District: 04		

Full Name (Last, First, Middle Initial) <b>C. HURD FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2017
Mailing Address PO BOX 761029		FEC Identification Number C00545467 <b>Transaction ID : SB23.4729</b>
City SAN ANTONIO	State TX	Zip Code 78245
Purpose of Disbursement		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>HURD, WILLIAM, , ,</b>		<input type="checkbox"/> Memo Item
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) ▼	
State: TX District: 23		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7000.00
<b>TOTAL</b> 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)  
**SHOW-ME POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. ISSA FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2017
Mailing Address PO BOX 760		FEC Identification Number C00350520 <b>Transaction ID : SB23.4730</b>
City VISTA	State CA	Zip Code 92085
Purpose of Disbursement	Category/ Type 011	Amount of Each Disbursement this Period 2500.00
Candidate Name <b>ISSA, DARRELL, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: CA District: 49	

Full Name (Last, First, Middle Initial) <b>B. JASON LEWIS FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2017
Mailing Address P.O. BOX 515		FEC Identification Number C00589234 <b>Transaction ID : SB23.4734</b>
City COTTAGE GROVE	State MN	Zip Code 55016
Purpose of Disbursement	Category/ Type 011	Amount of Each Disbursement this Period 2500.00
Candidate Name <b>LEWIS, JASON MARK MR., , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: MN District: 02	

Full Name (Last, First, Middle Initial) <b>C. JASON LEWIS FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2017
Mailing Address P.O. BOX 515		FEC Identification Number C00589234 <b>Transaction ID : SB23.4803</b>
City COTTAGE GROVE	State MN	Zip Code 55016
Purpose of Disbursement	Category/ Type 011	Amount of Each Disbursement this Period 2500.00
Candidate Name <b>LEWIS, JASON MARK MR., , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: MN District: 02	

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

7500.00

**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)  
**SHOW-ME POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. STEVE KNIGHT FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2017
Mailing Address PO BOX 730		FEC Identification Number C00554014 <b>Transaction ID : SB23.4733</b>
City HILMAR	State CA	Zip Code 95324
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 2500.00
Candidate Name <b>KNIGHT, STEVE, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: CA District: 25	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. VALADAO FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2017
Mailing Address 5132 N PALM AVE #227		FEC Identification Number C00499392 <b>Transaction ID : SB23.4741</b>
City FRESNO	State CA	Zip Code 93704
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 2500.00
Candidate Name <b>VALADAO, DAVID, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: CA District: 21	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. WALTERS FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2017
Mailing Address 9070 IRVINE CENTER DRIVE, #150		FEC Identification Number C00546853 <b>Transaction ID : SB23.4824</b>
City IRVINE	State CA	Zip Code 92618
Purpose of Disbursement	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>WALTERS, MIMI, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: CA District: 45	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**SHOW-ME POLITICAL ACTION COMMITTEE**

**A. YODER FOR CONGRESS, INC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 26742

City OVERLAND PARK State KS Zip Code 66225

Purpose of Disbursement  011 Category/Type

Candidate Name  
**YODER, KEVIN, , ,**

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

State: KS District: 03

Date of Disbursement: 06 / 19 / 2017

FEC Identification Number: C00472365  
Transaction ID : SB23.4831  
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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	38000.00

**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)  
**SHOW-ME POLITICAL ACTION COMMITTEE**

**A. 814 Consulting LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 5827 Colfax Ave.

City Alexandria State VA Zip Code 22311

Purpose of Disbursement Co-host an inauguration party

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 05 / 2017

FEC Identification Number: C

Transaction ID : SB29.4711

Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. POLICE FOUNDATION OF KANSAS CITY**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 901950

City KANSAS CITY State MO Zip Code 64190

Purpose of Disbursement Donation to fundraiser 'A Call for Backup'

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 05 / 2017

FEC Identification Number: C

Transaction ID : SB29.4710

Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. SMUCKER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1551

City LANCASTER State PA Zip Code 17608

Purpose of Disbursement debt Retirement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 21 / 2017

FEC Identification Number: C C00599464

Transaction ID : SB29.4723

Amount of Each Disbursement this Period: 2500.00

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7500.00



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 25 OF 25
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**SHOW-ME POLITICAL ACTION COMMITTEE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SMART MEDIA GROUP LLC</b>			Nature of Debt (Purpose): Fund Raising and Marketing Expenses
Mailing Address 814 King Street Suite 400			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="29079.75"/>	<b>Transaction ID : SD10.4105</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="29079.75"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="29079.75"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="29079.75"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="29079.75"/>