

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.
FINANCIAL PLANNING ASSOCIATION POLITICAL ACTION COMMITTEE

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Diane Evans

Signature of Treasurer Diane Evans [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

FINANCIAL PLANNING ASSOCIATION 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="2016"/>	<input type="text" value="77285.86"/>	<input type="text" value="77285.86"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="76990.46"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="10410.00"/>	<input type="text" value="11927.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="87400.46"/>	<input type="text" value="89212.86"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7513.17"/>	<input type="text" value="9325.57"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="79887.29"/>	<input type="text" value="79887.29"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FINANCIAL PLANNING ASSOCIATION POLITICAL ACTION COMMITTEE

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).....	8300.00	8300.00
(ii) Unitemized	2110.00	3627.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10410.00	11927.00
(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)	10410.00	11927.00
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))..... ▶	10410.00	11927.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10410.00	11927.00

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	1513.17	3325.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1513.17	3325.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	5500.00
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	500.00	500.00
(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)).....	500.00	500.00
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)) ..	7513.17	9325.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7513.17	9325.57

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)	10410.00	11927.00
34. Total Contribution Refunds (from Line 28(d))	500.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9910.00	11427.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1513.17	3325.57
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1513.17	3325.57

**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 14
<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)
FINANCIAL PLANNING ASSOCIATION POLITICAL ACTION COMMITTEE

A. Stuart H Armstrong II
 Full Name (Last, First, Middle Initial)
 Mailing Address 160 Gould St.
 Ste. 212
 City Needham Heights State MA Zip Code 02494
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Centinel Financial Group, LLC Occupation Financial Planner
 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
 06 / 16 / 2016
Transaction ID : SA11AI.5719
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Charles E Fitzgerald III
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 S Orange Ave
 Ste 2025
 City Orlando State FL Zip Code 32801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Moisand Fitzgerald Tamayo Occupation Principal and Financial Advisor
 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
 05 / 24 / 2016
Transaction ID : SA11AI.5692
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Edward W. Gjertsen II
 Full Name (Last, First, Middle Initial)
 Mailing Address 211 Waukegan Rd.
 Ste. 300
 City Northfield State IL Zip Code 60093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mack Investment Securities Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2016
Transaction ID : SA11AI.5681
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1800.00
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 14
	<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)
FINANCIAL PLANNING ASSOCIATION POLITICAL ACTION COMMITTEE

A. Kacy Gott
Full Name (Last, First, Middle Initial)

Mailing Address 100 Larkspur Landing Circle
Suite 110

City Larkspur State CA Zip Code 94939

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

Name of Employer Meritas Wealth Management Occupation Senior Financial Planner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 09 / 2016
Transaction ID : SA11AI.5682

Amount of Each Receipt this Period
500.00

Memo Item

B. Michael P Haubrich
Full Name (Last, First, Middle Initial)

Mailing Address 4812 Northwestern Ave

City Mount Pleasant State WI Zip Code 53406

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

Name of Employer Financial Service Group Occupation Owner & President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 09 / 2016
Transaction ID : SA11AI.5729

Amount of Each Receipt this Period
500.00

Memo Item
See Refund, Line 28a

C. Michael P Haubrich
Full Name (Last, First, Middle Initial)

Mailing Address 4812 Northwestern Ave

City Mount Pleasant State WI Zip Code 53406

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

Name of Employer Financial Service Group Occupation Owner & President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 21 / 2016
Transaction ID : SA11AI.5680

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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

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NAME OF COMMITTEE (In Full)
FINANCIAL PLANNING ASSOCIATION POLITICAL ACTION COMMITTEE

A. William T Morrissey
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1610
 City Friday Harbor State WA Zip Code 98250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sound Financial Planning Occupation President/CFP
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 05 / 09 / 2016
Transaction ID : SA11AI.5686
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Nicholas A Nicolette
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 Blue Heron Lane
 City Sparta State NJ Zip Code 07871
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sterling Financial Group Occupation Founder/Principal/CFP
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 500.00

Date of Receipt 05 / 09 / 2016
Transaction ID : SA11AI.5685
 Amount of Each Receipt this Period 500.00
 Memo Item

C. John R Power
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 Pheasant Hill Rd.
 City Walpole State MA Zip Code 02081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Power Plans Occupation Financial Planner
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 1000.00

Date of Receipt 05 / 05 / 2016
Transaction ID : SA11AI.5674
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
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 14
<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)
FINANCIAL PLANNING ASSOCIATION POLITICAL ACTION COMMITTEE

A. William Phillip Ratcliff
 Full Name (Last, First, Middle Initial)
 Mailing Address 540 Officenter Pl
 Ste 286
 City Gahanna State OH Zip Code 43230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rebel Financial Occupation Financial Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2016
Transaction ID : SA11AI.5727
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Pamela Sandy
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 770739
 City Cleveland State OH Zip Code 44107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Confiance, LLC Occupation CEO & Founder
 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
 05 / 04 / 2016
Transaction ID : SA11AI.5673
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Dave Yeske
 Full Name (Last, First, Middle Initial)
 Mailing Address 850 Powell St
 Apt 303
 City San Francisco State CA Zip Code 94108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Yeske Buie Occupation Financial Planner
 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
 05 / 12 / 2016
Transaction ID : SA11AI.5670
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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 10 OF 14
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FINANCIAL PLANNING ASSOCIATION POLITICAL ACTION COMMITTEE

A. Evelyn M. Zohlen
Full Name (Last, First, Middle Initial)

Mailing Address 5011 Argosy Ave.
Ste 7

City Huntington Beach State CA Zip Code 92649

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

Name of Employer: Inspired Financial Occupation: President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 05 / 06 / 2016
Transaction ID : SA11AI.5677

Amount of Each Receipt this Period: 800.00

Memo Item

B. Evelyn M. Zohlen
Full Name (Last, First, Middle Initial)

Mailing Address 5011 Argosy Ave.
Ste 7

City Huntington Beach State CA Zip Code 92649

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

Name of Employer: Inspired Financial Occupation: President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 09 / 2016
Transaction ID : SA11AI.5684

Amount of Each Receipt this Period: 200.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	8300.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

FINANCIAL PLANNING ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Evans & Katz, LLC

Mailing Address P.O. Box 75357

City Washington State DC Zip Code 20013

Purpose of Disbursement
Compliance Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2016

Transaction ID : SB21B.5664

Amount of Each Disbursement this Period

1007.13

Memo Item

Full Name (Last, First, Middle Initial)

B. Evans & Katz, LLC

Mailing Address P.O. Box 75357

City Washington State DC Zip Code 20013

Purpose of Disbursement
Compliance Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : SB21B.5700

Amount of Each Disbursement this Period

506.04

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

1513.17

1513.17

**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)

FINANCIAL PLANNING ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BILL FOSTER FOR CONGRESS

Mailing Address P.O. BOX 9104

City State Zip Code
AURORA IL 60598

Purpose of Disbursement
Contribution

Candidate Name

G. WILLIAM (BILL) FOSTER

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 11

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2016

Transaction ID : **SB23.5671**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DENNY HECK FOR CONGRESS

Mailing Address PO BOX 235

City State Zip Code
OLYMPIA WA 98507

Purpose of Disbursement
Contribution

Candidate Name

DENNIS HECK

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 10

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2016

Transaction ID : **SB23.5701**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SHERROD BROWN

Mailing Address PO BOX 15293

City State Zip Code
WASHINGTON DC 20003

Purpose of Disbursement
Contribution

Candidate Name

SHERROD BROWN

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY
04 / 22 / 2016

Transaction ID : **SB23.5663**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

FINANCIAL PLANNING ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. KYRSTEN SINEMA FOR CONGRESS

Mailing Address PO BOX 25879

City TEMPE State AZ Zip Code 85285

Purpose of Disbursement
Contribution

Candidate Name

KYRSTEN SINEMA

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2016

Transaction ID : SB23.5702

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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Memo Item

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

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

1000.00

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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)

FINANCIAL PLANNING ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Michael P Haubrich

Mailing Address 4812 Northwestern Ave

City Mount Pleasant State WI Zip Code 53406

Purpose of Disbursement
Refund of Contribution from 5/9/16

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SB28A.5730

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Memo Item

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

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

500.00

500.00
