

# 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

FREE STATE PAC

ADDRESS (number and street) P.O. BOX 9191

Check if different than previously reported. (ACC) Shawnee Mission KS 66201

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

C C00455717

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 [MM] / [DD] / [YYYY] 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 [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 07 / 01 / 2015 through [MM] / [DD] / [YYYY] 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 James Tice Clark

Signature of Treasurer James Tice Clark [Electronically Filed] Date 01 / 31 / 2016

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

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**FREE STATE PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="71769.04"/>	<input type="text" value="71769.04"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="95304.80"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="191700.00"/>	<input type="text" value="358317.56"/>
(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="287004.80"/>	<input type="text" value="430086.60"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="156763.42"/>	<input type="text" value="299845.22"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="130241.38"/>	<input type="text" value="130241.38"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

Write or Type Committee Name

FREE STATE PAC

Report Covering the Period: From: 07 / 01 / 2015 To: 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).....	78700.00	136950.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	78700.00	136950.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	110500.00	213867.56
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	189200.00	350817.56
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.....	2500.00	7500.00
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))..... ▶	191700.00	358317.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	191700.00	358317.56

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

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 .....	63763.42	171345.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	63763.42	171345.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	85000.00	120500.00
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 .....	8000.00	8000.00
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)) ..	156763.42	299845.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	156763.42	299845.22

**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) .....	189200.00	350817.56
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	189200.00	350817.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	63763.42	171345.22
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	63763.42	171345.22

**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 58
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)  
**A. August A. Busch III**

Mailing Address One Mid Rivers Mall Dr.

City State Zip Code  
St Peters MO 63376

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

Name of Employer Occupation  
Retired Retired

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  
12 / 26 / 2015

**Transaction ID : SA11Al.7797**

Amount of Each Receipt this Period  
5000.00

Political Contribution

Full Name (Last, First, Middle Initial)  
**B. Cherokee Nation**

Mailing Address P.O. Box 948

City State Zip Code  
Tahlequah OK 74465

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

Name of Employer Occupation

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  
12 / 26 / 2015

**Transaction ID : SA11Al.7794**

Amount of Each Receipt this Period  
2500.00

Political Contribution

Full Name (Last, First, Middle Initial)  
**C. Amanda Ciciora**

Mailing Address 2121 E. Crawford Place

City State Zip Code  
Salina KS 67401

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

Name of Employer Occupation  
None Student

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  
12 / 19 / 2015

**Transaction ID : SA11Al.7781**

Amount of Each Receipt this Period  
5000.00

Political Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 12500.00

**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 7 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)  
**A. Courtney Ciciora**

Mailing Address 2121 E. Crawford Place

City Salina State KS Zip Code 67401

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

Name of Employer Occupation  
N/A Student

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2015  
**Transaction ID : SA11AI.7782**

Amount of Each Receipt this Period  
5000.00

Political Contribution

Full Name (Last, First, Middle Initial)  
**B. Jack Ciciora**

Mailing Address 2121 E. Crawford

City Salina State KS Zip Code 67401

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

Name of Employer Occupation  
N/A Student

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2015  
**Transaction ID : SA11AI.7780**

Amount of Each Receipt this Period  
5000.00

Political Contribution

Full Name (Last, First, Middle Initial)  
**C. John Ciciora**

Mailing Address 2121 E. Crawford Place

City Salina State KS Zip Code 67401

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

Name of Employer Occupation  
Ciciora Custom Homes Executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2015  
**Transaction ID : SA11AI.7783**

Amount of Each Receipt this Period  
5000.00

Political Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15000.00

**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 8 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)  
**A. Susan Ciciora**

Mailing Address 2121 E. Crawford

City Salina State KS Zip Code 67401

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

Name of Employer Occupation  
N/A Homemaker

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  
 12 / 19 / 2015  
**Transaction ID : SA11AI.7784**

Amount of Each Receipt this Period  
5000.00

Political Contribution

Full Name (Last, First, Middle Initial)  
**B. William J. Fellows**

Mailing Address 4950 Central Street

City Kansas City State MO Zip Code 64112

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

Name of Employer Occupation  
Bartlett & Co. Executive

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  
 08 / 21 / 2015  
**Transaction ID : SA11AI.7651**

Amount of Each Receipt this Period  
5000.00

Political Contribution

Full Name (Last, First, Middle Initial)  
**C. James B. Hebenstreit**

Mailing Address 5828 Pembroke Court

City Mission Hills State KS Zip Code 66208

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

Name of Employer Occupation  
Bartlett & Co. Executive

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  
 08 / 21 / 2015  
**Transaction ID : SA11AI.7653**

Amount of Each Receipt this Period  
5000.00

Political Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15000.00

**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 58
	<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)  
**FREE STATE PAC**

**A. Marilyn Hebenstreit**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5828 Pembroke Court  
 City Mission Hills State KS Zip Code 66208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Homemaker Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **08 / 21 / 2015**  
**Transaction ID : SA11AI.7655**  
 Amount of Each Receipt this Period **5000.00**  
 Political Contribution

**B. Mark V. Heitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4505 Southwinds Dr.  
 City Miramar Beach State FL Zip Code 32550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 28 / 2015**  
**Transaction ID : SA11AI.7755**  
 Amount of Each Receipt this Period **1000.00**  
 Political Contribution

**C. Ellen Horejsi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2121 E. Crawford Place  
 City Salina State KS Zip Code 67401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **12 / 19 / 2015**  
**Transaction ID : SA11AI.7786**  
 Amount of Each Receipt this Period **5000.00**  
 Political Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>11000.00</b>
<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: PAGE 10 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)  
**A. John Horejsi**

Mailing Address 2121 E. Crawford Place

City Salina State KS Zip Code 67401

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

Name of Employer Self Occupation General Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2015  
**Transaction ID : SA11AI.7785**

Amount of Each Receipt this Period  
5000.00

Political Contribution

Full Name (Last, First, Middle Initial)  
**B. Stewart Horejsi**

Mailing Address 2121 E. Crawford Place

City Salina State KS Zip Code 67401

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

Name of Employer Dickinson County Bank Occupation President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2015  
**Transaction ID : SA11AI.7787**

Amount of Each Receipt this Period  
5000.00

Political Contribution

Full Name (Last, First, Middle Initial)  
**C. Morongo Band of Indians**

Mailing Address 12700 Pumarra Rd

City Banning State CA Zip Code 92220

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : SA11AI.7634**

Amount of Each Receipt this Period  
2700.00

Political Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 12700.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 58
	<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)  
**FREE STATE PAC**

**A. David Murfin**  
Full Name (Last, First, Middle Initial)

Mailing Address 250 N. Water St

City State Zip Code  
Wichita KS 67202

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

Name of Employer Occupation  
Murfin Drilling Co. Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
09 / 02 / 2015

**Transaction ID : SA11AI.7686**

Amount of Each Receipt this Period  
2500.00

Political Contribution

**B. Frank Ross Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address 3005 W. 117th. St

City State Zip Code  
Leawood KS 66211

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

Name of Employer Occupation  
Polsinelli Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2015

**Transaction ID : SA11AI.7728**

Amount of Each Receipt this Period  
2500.00

Political Contribution

**C. San Pablo Lytton Casino**  
Full Name (Last, First, Middle Initial)

Mailing Address 13255 San Pablo Ave.

City State Zip Code  
San Pablo CA 94806

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2015

**Transaction ID : SA11AI.7642**

Amount of Each Receipt this Period  
5000.00

Political Contribution

<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: PAGE 12 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FREE STATE PAC**

**A. The Chickasaw Nation**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2020 Lonnie Abbott Blvd.  
 City State Zip Code  
 Ada OK 74820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : SA11AI.7636**  
 Amount of Each Receipt this Period  
 2500.00  
 Political Contribution

**B.**  
 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  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	78700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 58
<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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial) <b>A. AIR LINE PILOTS ASSOCIATION PAC</b>		Date of Receipt
Mailing Address 1625 MASSACHUSETTS AVE. NW		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : SA11C.7747</b>
WASHINGTON	DC	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00035451"/>	<input type="text" value="5000.00"/>
Name of Employer	Occupation	Political Contribution
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN SENIORS HOUSING ASSOCIATION (SENIORS HOUSING PAC)</b>		Date of Receipt
Mailing Address 5225 WISCONSIN AVE., NW SUITE 502		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : SA11C.7695</b>
WASHINGTON	DC	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00325332"/>	<input type="text" value="5000.00"/>
Name of Employer	Occupation	Political Contribution
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. AMGEN INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt
Mailing Address 601 13TH STREET, NW 12TH FLOOR		<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : SA11C.7623</b>
WASHINGTON	DC	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00251876"/>	<input type="text" value="2000.00"/>
Name of Employer	Occupation	Political Contribution
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="12000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 58
<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)  
**FREE STATE PAC**

**A. BLACK & VEATCH GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)  
Mailing Address 8400 WARD PARKWAY  
P.O. BOX

City KANSAS CITY State MO Zip Code 64114

FEC ID number of contributing federal political committee. **C** C00012310

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
09 / 02 / 2015  
**Transaction ID : SA11C.7684**

Amount of Each Receipt this Period  
5000.00

Political Contribution

**B. BNSF RAILWAY COMPANY RAILPAC (BNSF RAILPAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 961039

City FORT WORTH State TX Zip Code 76161

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
11 / 09 / 2015  
**Transaction ID : SA11C.7751**

Amount of Each Receipt this Period  
2500.00

Political Contribution

**C. CALIFORNIA RICE INDUSTRY ASSOCIATION FUND (CALIFORNIA RICE FUND)**

Full Name (Last, First, Middle Initial)  
Mailing Address 1231 I STREET, SUITE 205

City SACRAMENTO State CA Zip Code 95814

FEC ID number of contributing federal political committee. **C** C00362624

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4367.56

Date of Receipt  
12 / 26 / 2015  
**Transaction ID : SA11C.7801**

Amount of Each Receipt this Period  
2500.00

Political Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 58
<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)  
**FREE STATE PAC**

**A. CERNER CORPORATION PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2800 ROCKCREEK PARKWAY  
City KANSAS CITY State MO Zip Code 64117  
FEC ID number of contributing federal political committee. **C** C00410589  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 12 / 14 / 2015  
**Transaction ID : SA11C.7777**  
Amount of Each Receipt this Period: 5000.00  
Political Contribution

**B. CME GROUP INC. PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 20 SOUTH WACKER DRIVE  
City CHICAGO State IL Zip Code 60606  
FEC ID number of contributing federal political committee. **C** C00076299  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 08 / 03 / 2015  
**Transaction ID : SA11C.7632**  
Amount of Each Receipt this Period: 2500.00  
Political Contribution

**C. CSX CORPORATION GOOD GOVERNMENT FUND**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1331 PENNSYLVANIA AVE, NW, STE 560  
City WASHINGTON State DC Zip Code 20004  
FEC ID number of contributing federal political committee. **C** C00163832  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 11 / 09 / 2015  
**Transaction ID : SA11C.7754**  
Amount of Each Receipt this Period: 5000.00  
Political Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ► 12500.00  
**TOTAL** This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 58
<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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)  
**A. DELOITTE POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 365

City WASHINGTON State DC Zip Code 20044

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

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  
 10 / 31 / 2015  
**Transaction ID : SA11C.7726**

Amount of Each Receipt this Period  
5000.00

Political Contribution

Full Name (Last, First, Middle Initial)  
**B. EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC**

Mailing Address 2980 FAIRVIEW PARK DRIVE

City FALLS CHURCH State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2015  
**Transaction ID : SA11C.7788**

Amount of Each Receipt this Period  
1500.00

Political Contribution

Full Name (Last, First, Middle Initial)  
**C. ENTERPRISE HOLDINGS, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 600 CORPORATE PARK DRIVE

City ST. LOUIS State MO Zip Code 63105

FEC ID number of contributing federal political committee. **C** C00219642

Name of Employer Occupation

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  
 09 / 02 / 2015  
**Transaction ID : SA11C.7689**

Amount of Each Receipt this Period  
5000.00

Political Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11500.00
<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 17 OF 58
<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)  
**FREE STATE PAC**

**A. FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 F STREET NW  
 SUITE 900  
 City WASHINGTON State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C** C00193631  
 Name of Employer Occupation  
 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  
 12 / 26 / 2015  
**Transaction ID : SA11C.7800**  
 Amount of Each Receipt this Period  
 2500.00  
 Political Contribution

**B. FRIENDS OF MEDICAL RESEARCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 426 C STREET NE  
 City WASHINGTON State DC Zip Code 20002  
 FEC ID number of contributing federal political committee. **C** C00324921  
 Name of Employer Occupation  
 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  
 09 / 02 / 2015  
**Transaction ID : SA11C.7691**  
 Amount of Each Receipt this Period  
 5000.00  
 Political Contribution

**C. GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1299 PENNSYLVANIA AVE NW  
 SUITE 900  
 City WASHINGTON State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C** C00024869  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2015  
**Transaction ID : SA11C.7748**  
 Amount of Each Receipt this Period  
 1500.00  
 Political Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9000.00
<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 18 OF 58
<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)  
**FREE STATE PAC**

**A. GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1299 PENNSYLVANIA AVE NW  
 SUITE 900  
 City WASHINGTON State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C** C00024869  
 Name of Employer Occupation  
 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  
 12 / 26 / 2015  
**Transaction ID : SA11C.7790**  
 Amount of Each Receipt this Period  
 1000.00  
 Political Contribution

**B. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 CONSTITUTION AVE. NW  
 SUITE 500 WEST  
 City WASHINGTON State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C** C00096156  
 Name of Employer Occupation  
 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  
 11 / 09 / 2015  
**Transaction ID : SA11C.7752**  
 Amount of Each Receipt this Period  
 5000.00  
 Political Contribution

**C. INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1615 L STREET, NW  
 SUITE 900  
 City WASHINGTON State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C** C00032698  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : SA11C.7727**  
 Amount of Each Receipt this Period  
 1500.00  
 Political Contribution

<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 19 OF 58
<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)  
**FREE STATE PAC**

**A. INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1615 L STREET, NW  
 SUITE 900  
 City WASHINGTON State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C** C00032698  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 26 / 2015  
**Transaction ID : SA11C.7792**  
 Amount of Each Receipt this Period 1500.00  
 Political Contribution

**B. INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE (INSURP)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 412 FIRST STREET, SE, SUITE 300  
 City WASHINGTON State DC Zip Code 20003  
 FEC ID number of contributing federal political committee. **C** C00022343  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 03 / 2015  
**Transaction ID : SA11C.7631**  
 Amount of Each Receipt this Period 5000.00  
 Political Contribution

**C. KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 14TH STREET, NW  
 SUITE 800  
 City WASHINGTON State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C** C00236489  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 26 / 2015  
**Transaction ID : SA11C.7791**  
 Amount of Each Receipt this Period 3500.00  
 Political Contribution

<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 20 OF 58
<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)  
**FREE STATE PAC**

**A. METLIFE INC. EMPLOYEES' POLITICAL PARTICIPATION FUND A**

Full Name (Last, First, Middle Initial)  
Mailing Address 1095 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10036

FEC ID number of contributing federal political committee. **C** C00040923

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
08 / 03 / 2015  
**Transaction ID : SA11C.7633**

Amount of Each Receipt this Period  
5000.00

Political Contribution

**B. NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 1875 I STREET, NW SUITE 600

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00303339

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
09 / 02 / 2015  
**Transaction ID : SA11C.7690**

Amount of Each Receipt this Period  
1500.00

Political Contribution

**C. NATIONAL BUSINESS AVIATION ASSOCIATION INC POLITICAL ACTION COMMITTEE (NBAA-PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 1200 G STREET, NW SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00319723

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
11 / 09 / 2015  
**Transaction ID : SA11C.7749**

Amount of Each Receipt this Period  
2500.00

Political Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9000.00
<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 21 OF 58
<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)  
**FREE STATE PAC**

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL COTTON COUNCIL OF AMERICA COMMITTEE FOR THE ADVANCEMENT OF COTTON

Mailing Address P.O. BOX 2995

City CORDOVA	State TN	Zip Code 38088
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00023028

Name of Employer	Occupation
------------------	------------

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
08	/	03	/	2015

**Transaction ID : SA11C.7629**

Amount of Each Receipt this Period  
2500.00

Political Contribution

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL COTTON COUNCIL OF AMERICA COMMITTEE FOR THE ADVANCEMENT OF COTTON

Mailing Address P.O. BOX 2995

City CORDOVA	State TN	Zip Code 38088
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00023028

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2015

**Transaction ID : SA11C.7796**

Amount of Each Receipt this Period  
1000.00

Political Contribution

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL SORGHUM PRODUCERS POLITICAL ACTION COMMITTEE

Mailing Address 4201 N INTERSTATE 27

City LUBBOCK	State TX	Zip Code 79403
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00475673

Name of Employer	Occupation
------------------	------------

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
08	/	03	/	2015

**Transaction ID : SA11C.7638**

Amount of Each Receipt this Period  
1000.00

Political Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4500.00
<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 22 OF 58
<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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)  
**A. Political Action Committee of the AAOS**

Mailing Address 317 Massachussetts Ave. NE

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer Occupation

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  
 09 / 02 / 2015  
**Transaction ID : SA11C.7696**

Amount of Each Receipt this Period  
2500.00

Political Contribution

Full Name (Last, First, Middle Initial)  
**B. SMITHS GROUP SERVICES CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 425 3RD ST SW  
SUITE 875

City WASHINGTON State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C** C00448324

Name of Employer Occupation

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  
 08 / 03 / 2015  
**Transaction ID : SA11C.7644**

Amount of Each Receipt this Period  
1000.00

Political Contribution

Full Name (Last, First, Middle Initial)  
**C. SPRINT CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 6450 Sprint Parkway

City OVERLAND PARK State KS Zip Code 66251

FEC ID number of contributing federal political committee. **C** C00089342

Name of Employer Occupation

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  
 08 / 03 / 2015  
**Transaction ID : SA11C.7624**

Amount of Each Receipt this Period  
1000.00

Political Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4500.00
<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 23 OF 58
<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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)  
**A. TEXTRON INC. POLITICAL ACTION COMMITTEE**

Mailing Address **40 WESTMINSTER STREET**

City **PROVIDENCE** State **RI** Zip Code **02903**

FEC ID number of contributing federal political committee. **C C00123612**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **11 / 09 / 2015**

**Transaction ID : SA11C.7753**

Amount of Each Receipt this Period **2500.00**

Political Contribution

Full Name (Last, First, Middle Initial)  
**B. THERMO FISHER SCIENTIFIC INC. PAC**

Mailing Address **81 WYMAN STREET  
PO BOX 9046**

City **WALTHAM** State **MA** Zip Code **02454**

FEC ID number of contributing federal political committee. **C C00292318**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **08 / 03 / 2015**

**Transaction ID : SA11C.7637**

Amount of Each Receipt this Period **2500.00**

Political Contribution

Full Name (Last, First, Middle Initial)  
**C. TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS INC.**

Mailing Address **430 FIRST STREET SE**

City **WASHINGTON** State **DC** Zip Code **20003**

FEC ID number of contributing federal political committee. **C C00002881**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **09 / 02 / 2015**

**Transaction ID : SA11C.7688**

Amount of Each Receipt this Period **5000.00**

Political Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>10000.00</b>
<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 24 OF 58
<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)  
**FREE STATE PAC**

**A. UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 13TH ST., NW  
 SUITE 340  
 City WASHINGTON State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C** C00010470  
 Name of Employer Occupation  
 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  
 12 / 26 / 2015  
**Transaction ID : SA11C.7799**  
 Amount of Each Receipt this Period  
 5000.00  
 Political Contribution

**B. UNITED PARCEL SERVICE INC. PAC**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 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  
 09 / 02 / 2015  
**Transaction ID : SA11C.7685**  
 Amount of Each Receipt this Period  
 5000.00  
 Political Contribution

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	110500.00



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

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

FOR LINE NUMBER: PAGE 25 OF 58  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FREE STATE PAC**

**A. Fiscal Responsibility PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 470 BanFiels RD.  
City Portsmouth State NH Zip Code 03801  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 03 / 2015  
**Transaction ID : SA16.7647**  
Amount of Each Receipt this Period 2500.00  
Political Contribution Refund

**B.**  
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  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address P.O. Box 619616

City DFW Airport State TX Zip Code 75261

Purpose of Disbursement  
Airline Fare

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7724**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address P.O. Box 619616

City DFW Airport State TX Zip Code 75261

Purpose of Disbursement  
Airline Travel

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7831**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Amtrack**

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Train Ticket

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7836**

Amount of Each Disbursement this Period

**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"/> 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Capital Hill Club**

Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Food and Beverage

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7620**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Capital Hill Club**

Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Event Food & Beverage

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7683**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Capital Hill Club**

Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Event Food & Beverage

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7723**

Amount of Each Disbursement this Period

**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"/> 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Capital Hill Club**

Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Event Food and Beverage

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

Transaction ID : **SB21B.7745**

Amount of Each Disbursement this Period

244.58

Full Name (Last, First, Middle Initial)

**B. Capital Hill Club**

Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Event Food & Beverage

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2015

Transaction ID : **SB21B.7776**

Amount of Each Disbursement this Period

247.75

Full Name (Last, First, Middle Initial)

**C. Capital Hill Club**

Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Event Food and Beverage

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2015

Transaction ID : **SB21B.7835**

Amount of Each Disbursement this Period

220.70

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

713.03

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Cowley County Republican Party**

Mailing Address 1511 Cherry St

City Winfield State KS Zip Code 67056

Purpose of Disbursement  
Event Sponsor

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7715**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Hard Times Cafe**

Mailing Address 1404 King Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Event Food and Beverage

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7829**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Steven Hayes**

Mailing Address P.O. Box 4929

City Clearwater State FL Zip Code 33758

Purpose of Disbursement  
Travel Expenses

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7702**

Amount of Each Disbursement this Period

**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"/> 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Southwest Airlines**

Mailing Address P.O. Box 36647

City Dallas State TX Zip Code 75235

Purpose of Disbursement  
Airline Fare

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7702.0**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Intrust Bank**

Mailing Address 901 Vermont

City Lawrence State KS Zip Code 66044

Purpose of Disbursement  
Bank fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7617**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Intrust Bank**

Mailing Address 901 Vermont

City Lawrence State KS Zip Code 66044

Purpose of Disbursement  
Banking Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7680**

Amount of Each Disbursement this Period

**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"/> 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Intrust Bank**

Mailing Address 901 Vermont

City Lawrence State KS Zip Code 66044

Purpose of Disbursement  
Banking Fees

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7722**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Intrust Bank**

Mailing Address 901 Vermont

City Lawrence State KS Zip Code 66044

Purpose of Disbursement  
Banking Fees

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7744**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Intrust Bank**

Mailing Address 901 Vermont

City Lawrence State KS Zip Code 66044

Purpose of Disbursement  
Banking Fees

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7771**

Amount of Each Disbursement this Period

**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"/> 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Intrust Bank**

Mailing Address 901 Vermont

City Lawrence State KS Zip Code 66044

Purpose of Disbursement  
Banking Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7833**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Johnson County Republican Committee**

Mailing Address P.O. Box 12446

City Overland Park State KS Zip Code 66282

Purpose of Disbursement  
Event Registration

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7678**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Kansas Black Republican Council**

Mailing Address P.O. Box 4585

City Wichita State KS Zip Code 67204

Purpose of Disbursement  
Event Sponsor

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7811**

Amount of Each Disbursement this Period

**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"/> 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Kansas Chamber of Commerce**

Mailing Address 835 SW Topeka Blvd

City Topeka State KS Zip Code 66612

Purpose of Disbursement  
Event Sponsor

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7838**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Kansas Sovereignty Commission**

Mailing Address 6024 SW 40th. SW

City Topeka State KS Zip Code 66610

Purpose of Disbursement  
Event Sponsor

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7808**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Leavenworth Republican County Party**

Mailing Address P,O, Box 524

City Leavenworth State KS Zip Code 66048

Purpose of Disbursement  
Event Sponsor

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7758**

Amount of Each Disbursement this Period

**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"/> 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. JERRY MORAN**

Mailing Address P.O. 1151

City HAYS State KS Zip Code 67601

Purpose of Disbursement  
Printing

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: KS District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SB21B.7740

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. J & C Imaging**

Mailing Address 404 Poyntz Ave

City Manhattan State KS Zip Code 66502

Purpose of Disbursement  
Printing

006

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SB21B.7740.0

Amount of Each Disbursement this Period

500.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. JERRY MORAN**

Mailing Address P.O. 1151

City HAYS State KS Zip Code 67601

Purpose of Disbursement  
Miscellaneous Travel Expenses

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: KS District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2015			

Transaction ID : SB21B.7759

Amount of Each Disbursement this Period

161.10
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

661.10
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. JERRY MORAN**

Mailing Address P.O. 1151

City HAYS State KS Zip Code 67601

Purpose of Disbursement  
Miscellaneous Travel Expenses

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: KS District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 18 / 2015

Transaction ID : **SB21B.7812**

Amount of Each Disbursement this Period

79.04

Full Name (Last, First, Middle Initial)

**B. NATIONAL REPUBLICAN SENATORIAL COMMITTEE**

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 18 / 2015

Transaction ID : **SB21B.7674**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Northwestern Printers, Inc**

Mailing Address 114 West 9th. Street

City Hays State KS Zip Code 67601

Purpose of Disbursement  
Printing and Mailing

006

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 19 / 2015

Transaction ID : **SB21B.7817**

Amount of Each Disbursement this Period

3284.78

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

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

8363.82

**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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Todd Todd Novascone**

Mailing Address 425 4th. Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Travel Expenses

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7697**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Hertz**

Mailing Address P.O. Box 26120

City Oklahoma City State OK Zip Code 67543

Purpose of Disbursement  
Rental Car

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7697.0**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Frontier Airlines**

Mailing Address 7001 Tower Rd.

City Denver State CO Zip Code 80249

Purpose of Disbursement  
Airline Fare

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7697.1**

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"/> 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)  
**FREE STATE PAC**

**A. Todd Todd Novascone**

Full Name (Last, First, Middle Initial)

Mailing Address 425 4th. Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement Miscellaneous Travel Expenses

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 05 / 2015

Transaction ID : **SB21B.7697.2**

Amount of Each Disbursement this Period: 133.14

**[MEMO ITEM]**

Category/Type: 002

**B. Premier Catering**

Full Name (Last, First, Middle Initial)

Mailing Address 8225 West Irving St.

City Wichita State KS Zip Code 67209

Purpose of Disbursement Event Catering

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 30 / 2015

Transaction ID : **SB21B.7711**

Amount of Each Disbursement this Period: 826.79

Category/Type: 003

**C. Resturant Associates**

Full Name (Last, First, Middle Initial)

Mailing Address 2nd. & D Streets NE

City Washington State DC Zip Code 20515

Purpose of Disbursement Event Food & Beverage

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 24 / 2015

Transaction ID : **SB21B.7714**

Amount of Each Disbursement this Period: 100.00

Category/Type: 003

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 926.79

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Alexandre Richard**

Mailing Address 6431 Eppard St.

City Falls Church State VA Zip Code 22044

Purpose of Disbursement  
Travel Expenses

002

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	1	5		

**Transaction ID : SB21B.7763**

Amount of Each Disbursement this Period

8	6	6	.	3	3
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Southwest Airlines**

Mailing Address P.O. Box 36647

City Dallas State TX Zip Code 75235

Purpose of Disbursement  
Airline Fare

002

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	1	5		

**Transaction ID : SB21B.7763.0**

Amount of Each Disbursement this Period

3	4	9	.	0	0
---	---	---	---	---	---

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Hertz**

Mailing Address P.O. Box 26120

City Oklahoma City State OK Zip Code 67543

Purpose of Disbursement  
Car Rental

002

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	1	5		

**Transaction ID : SB21B.7763.1**

Amount of Each Disbursement this Period

3	3	8	.	2	5
---	---	---	---	---	---

**[MEMO ITEM]**

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

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

8	6	6	.	3	3
---	---	---	---	---	---

8	6	6	.	3	3
---	---	---	---	---	---

**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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)  
**A. Alexandre Richard**

Date of Disbursement  
MM / DD / YYYY  
11 / 30 / 2015

Mailing Address 6431 Eppard St.

City Falls Church State VA Zip Code 22044

Purpose of Disbursement  
Miscellaneous Travel Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21B.7763.2**

Amount of Each Disbursement this Period  
179.08

**[MEMO ITEM]**

Category/Type  
002

Full Name (Last, First, Middle Initial)  
**B. Senate Dining Room**

Date of Disbursement  
MM / DD / YYYY  
09 / 10 / 2015

Mailing Address Senate Building

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Event Food & Beverage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21B.7721**

Amount of Each Disbursement this Period  
152.00

Category/Type  
003

Full Name (Last, First, Middle Initial)  
**C. Senate Dining Room**

Date of Disbursement  
MM / DD / YYYY  
10 / 28 / 2015

Mailing Address Senate Building

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Event Food and Beverage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21B.7746**

Amount of Each Disbursement this Period  
19.00

Category/Type  
003

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 171.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Senate Dining Room**

Mailing Address Senate Building

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Event Food and Beverage

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2015

Transaction ID : SB21B.7769

Amount of Each Disbursement this Period

12.00

Full Name (Last, First, Middle Initial)

**B. Shawnee County Republican Party**

Mailing Address 2948 SW Staffordshire Rd.

City Topeka State KS Zip Code 66614

Purpose of Disbursement  
Event Sponsor

007

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2015

Transaction ID : SB21B.7709

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Singularis Group**

Mailing Address P.O. Box 9265

City Shawnee Mission State KS Zip Code 66201

Purpose of Disbursement  
Fundraising Fees

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 26 / 2015

Transaction ID : SB21B.7821

Amount of Each Disbursement this Period

325.79

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

737.79

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Southwest Airlines**

Mailing Address P.O. Box 36647

City State Zip Code  
Dallas TX 75235

Purpose of Disbursement  
Airline Fare

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7725**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Trent Sterneck**

Mailing Address 1834 Calvert NW

City State Zip Code  
Washington DC 20009

Purpose of Disbursement  
Travel Expenses

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7665**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Delta Airlines**

Mailing Address 1030 Delta Blvd

City State Zip Code  
Atlanta GA 30320

Purpose of Disbursement  
Airline Travel

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7665.0**

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"/> 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address P.O. Box 619616

City DFW Airport State TX Zip Code 75261

Purpose of Disbursement  
Airline Travel

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7665.2**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Trent Sterneck**

Mailing Address 1834 Calvert NW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Travel Expenses

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7736**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Marriott**

Mailing Address 2020 Convention Center

City Atlanta State GA Zip Code 30337

Purpose of Disbursement  
Lodging

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7736.0**

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"/> 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address P.O. Box 619616

City DFW Airport State TX Zip Code 75261

Purpose of Disbursement Airline Fare

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 30 / 2015

Transaction ID : **SB21B.7736.1**

Amount of Each Disbursement this Period: 863.19

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Trent Sterneck**

Mailing Address 1834 Calvert NW

City Washington State DC Zip Code 20009

Purpose of Disbursement Miscellaneous Travel Expenses

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 30 / 2015

Transaction ID : **SB21B.7736.2**

Amount of Each Disbursement this Period: 181.29

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. The Kam Company**

Mailing Address 2330W. 53rd Terrace

City Kansas City State MO Zip Code 64112

Purpose of Disbursement Fundraising Consulting Fees

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 08 / 2015

Transaction ID : **SB21B.7664**

Amount of Each Disbursement this Period: 1920.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1920.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Tuesday Solutions**

Mailing Address 1413 West Virginia Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Fundraising Consulting Fees

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 10 / 2015

Transaction ID : SB21B.7615

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**B. Tuesday Solutions**

Mailing Address 1413 West Virginia Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Fundraising Consulting Fees

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2015

Transaction ID : SB21B.7663

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**C. Tuesday Solutions**

Mailing Address 1413 West Virginia Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Fundraising Consulting Fees

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2015

Transaction ID : SB21B.7670

Amount of Each Disbursement this Period

4437.50

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

11437.50

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Tuesday Solutions**

Mailing Address 1413 West Virginia Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Fundraising Consulting Fees

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2015

Transaction ID : SB21B.7701

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**B. Tuesday Solutions**

Mailing Address 1413 West Virginia Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Fundraising Consulting Fees

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : SB21B.7730

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**C. Tuesday Solutions**

Mailing Address 1413 West Virginia Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Fundraising Consulting Fees

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2015

Transaction ID : SB21B.7757

Amount of Each Disbursement this Period

3500.00

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

10500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Tuesday Solutions**

Mailing Address 1413 West Virginia Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Fundraising Consulting Fees

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2015

Transaction ID : **SB21B.7768**

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**B. Tuesday Solutions**

Mailing Address 1413 West Virginia Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Fundraising Consulting Fees

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 10 / 2015

Transaction ID : **SB21B.7807**

Amount of Each Disbursement this Period

6175.00

Full Name (Last, First, Middle Initial)

**C. Verizon Wireless**

Mailing Address 40 Massachusetts Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Cell phone charges

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2015

Transaction ID : **SB21B.7616**

Amount of Each Disbursement this Period

231.28

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

9906.28

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Verizon Wireless**

Mailing Address 40 Massachusetts Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement  
cell phone services

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7677**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Verizon Wireless**

Mailing Address 40 Massachusetts Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Cell Phone Services

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7718**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Verizon Wireless**

Mailing Address 40 Massachusetts Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Cell Phone Service

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7743**

Amount of Each Disbursement this Period

**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"/> 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Verizon Wireless**

Mailing Address 40 Massachusetts Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Cell Phone Services

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7770**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Verizon Wireless**

Mailing Address 40 Massachusetts Ave

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Cell Phone Service

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7832**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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



**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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. KELLY A AYOTTE**

Mailing Address PO BOX 937

City MANCHESTER State NH Zip Code 03105

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NH District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2015

**Transaction ID : SB23.7707**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. THAD COCHRAN**

Mailing Address 386A HWY 7 SOUTH

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MS District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼ Debt

Date of Disbursement

MM / DD / YYYY  
12 / 09 / 2015

**Transaction ID : SB23.7802**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. THAD COCHRAN**

Mailing Address 386A HWY 7 SOUTH

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MS District: 00

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 09 / 2015

**Transaction ID : SB23.7803**

Amount of Each Disbursement this Period

5000.00

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

15000.00

**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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. MICHAEL D CRAPO**

Mailing Address

City State Zip Code  
BOISE ID 83701

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: ID District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	1	5

Transaction ID : SB23.7675

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. DEBRA S FISCHER**

Mailing Address 717 N WOOD STREET

City State Zip Code  
VALENTINE NE 69201

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NE District: 00

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	9		2	0	1	5

Transaction ID : SB23.7804

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. LINDSEY OLIN GRAHAM**

Mailing Address PO BOX 486

City State Zip Code  
SENECA SC 29679

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: SC District: 00

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	9		2	0	1	5

Transaction ID : SB23.7805

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. CHARLES E SENATOR GRASSLEY**

Mailing Address P.O. Box 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IA District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 19 / 2015

Transaction ID : **SB23.7818**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. CHARLES E SENATOR GRASSLEY**

Mailing Address P.O. Box 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IA District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 19 / 2015

Transaction ID : **SB23.7820**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. JOE HECK**

Mailing Address PO BOX 753908

City LAS VEGAS State NV Zip Code 89136

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NV District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 19 / 2015

Transaction ID : **SB23.7814**

Amount of Each Disbursement this Period

5000.00

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

15000.00

**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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. JOE HECK**

Mailing Address PO BOX 753908

City LAS VEGAS State NV Zip Code 89136

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NV District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	19	/	2015

Transaction ID : SB23.7816

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. DEAN HELLER**

Mailing Address PO BOX 371907

City LAS VEGAS State NV Zip Code 89137

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NV District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2015

Transaction ID : SB23.7717

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. JOHN HARDY ISAKSON**

Mailing Address POST OFFICE BOX 250116

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: GA District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	12	/	2015

Transaction ID : SB23.7708

Amount of Each Disbursement this Period

5000.00
---------

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

15000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. LYNN JENKINS**

Mailing Address PO BOX 1441

City TOPEKA State KS Zip Code 66601

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2015			

Transaction ID : SB23.7806

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. LISA MURKOWSKI**

Mailing Address P.O. Box 100847

City ANCHORAGE State AK Zip Code 99510

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AK District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			17			2015			

Transaction ID : SB23.7710

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. PAT ROBERTS**

Mailing Address PO BOX 792

City DODGE CITY State KS Zip Code 67801

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: KS District: 00

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			18			2015			

Transaction ID : SB23.7676

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0

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

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

1	5	0	0	0	0	0	0	0	0
1	5	0	0	0	0	0	0	0	0

5	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. TIMOTHY E SCOTT**

Mailing Address 1405 ASHLEY RIVER ROAD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: SC District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2015

Transaction ID : SB23.7713

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. KEVIN W YODER**

Mailing Address P.O. BOX 26742

City OVERLAND PARK State KS Zip Code 66225

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: KS District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2015

Transaction ID : SB23.7822

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

10000.00

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

85000.00

**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 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Keith Esau**

Mailing Address 11702 S. Winchester St

City Olathe State KS Zip Code 66061

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : SB29.7732

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Brett Hildabramd**

Mailing Address 16820 W. 67th.  
Apt 407

City Shawnee State KS Zip Code 66217

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : SB29.7731

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Kevin Jones**

Mailing Address 416 E. 7th.

City Wellsville State KS Zip Code 66092

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 29 / 2015

Transaction ID : SB29.7826

Amount of Each Disbursement this Period

250.00

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

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

750.00

**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 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)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Kansas Federation of Republican Women**

Mailing Address 1922 Foxtail

City Salina State KS Zip Code 67401

Purpose of Disbursement  
Event Sponsor

007

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2015

Transaction ID : SB29.7734

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Kansas Republican House Campaign Committee**

Mailing Address 2605 SW 21st St

City Topeka State KS Zip Code 66604

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 18 / 2015

Transaction ID : SB29.7761

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Kelsey Smith Foundation**

Mailing Address P.O. Box 40393

City Overland Park State KS Zip Code 66204

Purpose of Disbursement  
Chairtable Contribution

012

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 09 / 2015

Transaction ID : SB29.7622

Amount of Each Disbursement this Period

500.00

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

5750.00

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



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Garrett Love**

Mailing Address 101 Escalanta

City Montezuma State KS Zip Code 67867

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2015

Transaction ID : SB29.7825

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Charles Macsheers**

Mailing Address 21704 W. 57th.

City Shawnee State KS Zip Code 66218

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2015

Transaction ID : SB29.7733

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Peggy Mast**

Mailing Address 765 Road 110

City Emporia State KS Zip Code 66801

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2015

Transaction ID : SB29.7828

Amount of Each Disbursement this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**FREE STATE PAC**

Full Name (Last, First, Middle Initial)

**A. Mary Pitcher Cook**

Mailing Address 13910 West 58th. Place

City Shawnee State KS Zip Code 66216

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2015

Transaction ID : SB29.7823

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Greg Smith**

Mailing Address 8605 Robinsom

City Overland Park State KS Zip Code 66212

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2015

Transaction ID : SB29.7813

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

500.00

7750.00