

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

ANN PAC

ADDRESS (number and street) P.O. Box 3535

Check if different than previously reported. (ACC) Ballwin MO 63022

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

C C00531764

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 checked="" type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

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

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

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

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

5. Covering Period M M M / D D D / Y Y Y Y Y Y 08 / 01 / 2018 through M M M / D D D / Y Y Y Y Y Y 08 / 31 / 2018

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

Allen, Robert, Michael , ,

Type or Print Name of Treasurer _____

Signature of Treasurer Allen, Robert, Michael , , [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 10 / 04 / 2018

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

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

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

ANN 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="2018"/>	<input type="text" value="46203.90"/>	<input type="text" value="46203.90"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="39134.97"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9000.00"/>	<input type="text" value="130500.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="48134.97"/>	<input type="text" value="176703.90"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2583.00"/>	<input type="text" value="131154.93"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="45551.97"/>	<input type="text" value="45548.97"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

ANN PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
08 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y
08 / 31 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	28000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	28000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	9000.00	102500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	9000.00	130500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	9000.00	130500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9000.00	130500.00

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1583.00	37154.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1583.00	37154.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	94000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2583.00	131154.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2583.00	131154.93

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	9000.00	130500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9000.00	130500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1583.00	37154.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1583.00	37154.93

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 9
<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

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)
ANN PAC

A. USAA EMPLOYEE PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **ATTN: DAVE CHRISTENSEN**
BUILDING D3W 9800 FREDERICKSBURG R
City **SAN ANTONIO** State **TX** Zip Code **78288-0001**
FEC ID number of contributing federal political committee. **C C00164145**
Name of Employer (for Individual) Occupation (for Individual)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **08 / 01 / 2018**
Transaction ID : SA11C.9159
Amount of Each Receipt this Period **4000.00**
 Memo Item
CONTRIBUTION

B. NEW YORK LIFE INSURANCE COMPANY PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **51 MADISON AVENUE**
ROOM 1109
City **NEW YORK** State **NY** Zip Code **10010-1603**
FEC ID number of contributing federal political committee. **C C00158881**
Name of Employer (for Individual) Occupation (for Individual)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **08 / 07 / 2018**
Transaction ID : SA11C.9201
Amount of Each Receipt this Period **5000.00**
 Memo Item
CONTRIBUTION

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Occupation (for Individual)
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	9000.00
TOTAL This Period (last page this line number only).....	9000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANN PAC

A. CAPITAL ENHANCEMENT, INC.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 150 LONG RD
STE 50

M M M	/	D D D	/	Y Y Y Y Y
08		01		2018

City
CHESTERFIELD

State
MO

Zip Code
63005-1239

FEC Identification Number

Purpose of Disbursement
FUNDRAISING FEE

C

Transaction ID : **SB21B.I6704**
Amount of Each Disbursement this Period

Candidate Name

Category/
Type

800.00

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Memo Item

State: District:

B. CRIMSON

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1593 SPRING HILL RD
SUITE 400

M M M	/	D D D	/	Y Y Y Y Y
08		09		2018

City
VIENNA

State
VA

Zip Code
22182

FEC Identification Number

Purpose of Disbursement
DATA PROCESSING SERVICES

C

Transaction ID : **SB21B.I6692**
Amount of Each Disbursement this Period

Candidate Name

Category/
Type

250.00

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Memo Item

State: District:

C. CAPITAL ENHANCEMENT, INC.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 150 LONG RD
STE 50

M M M	/	D D D	/	Y Y Y Y Y
08		13		2018

City
CHESTERFIELD

State
MO

Zip Code
63005-1239

FEC Identification Number

Purpose of Disbursement
ADMINISTRATIVE CONSULTING

C

Transaction ID : **SB21B.I6705**
Amount of Each Disbursement this Period

Candidate Name

Category/
Type

500.00

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Memo Item

State: District:

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

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

1550.00

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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"/> 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)
ANN PAC

Full Name (Last, First, Middle Initial) A. COMMERCE BANKSHARES, INC.		Date of Disbursement MM / DD / YYYY 08 / 14 / 2018
Mailing Address 14317 MANCHESTER RD		FEC Identification Number C [] Transaction ID : SB21B.I6759
City BALLWIN	State MO	Zip Code 63011-4048
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 30.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: []	District: []	

Full Name (Last, First, Middle Initial) B. COMMERCE BANKSHARES, INC.		Date of Disbursement MM / DD / YYYY 08 / 31 / 2018
Mailing Address 14317 MANCHESTER RD		FEC Identification Number C [] Transaction ID : SB21B.I6760
City BALLWIN	State MO	Zip Code 63011-4048
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 3.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: []	District: []	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY [] / [] / []
Mailing Address		FEC Identification Number C []
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period []
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: []	District: []	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 33.00
TOTAL This Period (last page this line number only).....▶	[] 1583.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANN PAC

A. DEBBIE LESKO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 5292

M M M	/	D D D	/	Y Y Y Y Y
08		03		2018

City PEORIA State AZ Zip Code 85385

FEC Identification Number

Purpose of Disbursement
CAMPAIGN CONTRIBUTION

C	C00663914
---	-----------

Candidate Name

LESKO, DEBBIE, , ,

Category/
Type

Transaction ID : SB23.I6702

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: AZ District: 08

Disbursement For: 2018
 Primary General
 Other (specify) ▼

1000.00

Memo Item

B. GEORGE HOLDING FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1705 KNOX RD

M M M	/	D D D	/	Y Y Y Y Y
08		08		2018

City RALEIGH State NC Zip Code 27608

FEC Identification Number

Purpose of Disbursement
CAMPAIGN CONTRIBUTION

C	C00499236
---	-----------

Candidate Name

HOLDING, GEORGE, E, , MR.

Category/
Type

Transaction ID : SB23.I6694

Amount of Each Disbursement this Period

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

Disbursement For: 2018
 Primary General
 Other (specify) ▼

1000.00

Memo Item

C. ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 610 S. BOULEVARD

M M M	/	D D D	/	Y Y Y Y Y
08		13		2018

City TAMPA State FL Zip Code 33606

FEC Identification Number

Purpose of Disbursement
VOID CHECK

C	C00618223
---	-----------

Candidate Name

ROONEY, FRANCIS, , ,

Category/
Type

Transaction ID : SB23.I6691

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: FL District: 19

Disbursement For: 2018
 Primary General
 Other (specify) ▼

- 1000.00

Memo Item

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

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

1000.00

1000.00
