

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:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 02 / 01 / 2016 through 02 / 29 / 2016

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 Patrick McSwain
Signature of Treasurer Patrick McSwain [Electronically Filed] Date 03 / 20 / 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2016"/>		76732.05
(b) Cash on Hand at Beginning of Reporting Period.....	55425.74	
(c) Total Receipts (from Line 19)	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	55425.74	76732.05
7. Total Disbursements (from Line 31).....	14218.58	35524.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	41207.16	41207.16
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

ANN PAC

Report Covering the Period: From: 02 / 01 / 2016 To: 02 / 29 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
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))..... ▶	0.00	0.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	0.00	0.00

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	13218.58	34524.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	13218.58	34524.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14218.58	35524.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14218.58	35524.89

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	13218.58	34524.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	13218.58	34524.89

**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

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

Full Name (Last, First, Middle Initial)

A. NATIONAL RIFLE ASSOCIATION

Mailing Address 11250 WAPLES MILL RD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
TRANSPORTATION SVC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

002
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I4360

Amount of Each Disbursement this Period

Memo Item
CAR SERVICE FOR WOMEN'S LEADERSHIP FORUM
RETREAT

Full Name (Last, First, Middle Initial)

B. CAPITAL ENHANCEMENT, INC.

Mailing Address 150 LONG RD
STE 50

City State Zip Code
CHESTERFIELD MO 63005-1239

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I4347

Amount of Each Disbursement this Period

Memo Item
BACK OFFICE SERVICES

Full Name (Last, First, Middle Initial)

C. COMMERCE BANK COMMERCIAL CARDS

Mailing Address PO BOX 808009

City State Zip Code
KANSAS CITY MO 64180-8009

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I4349

Amount of Each Disbursement this Period

Memo Item
DECEMBER CREDIT CARD STATEMENT

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)
ANN PAC

Full Name (Last, First, Middle Initial)

A. CAMPAIGN FINANCIAL SERVICES

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003-1838

Purpose of Disbursement
CREDIT CARD PAYMENT

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 / 16 / 2015

Transaction ID : SB21B.I4351

Amount of Each Disbursement this Period

1113.00

Memo Item
FINANCIAL SERVICES

Full Name (Last, First, Middle Initial)

B. CAMPAIGN FINANCIAL SERVICES

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003-1838

Purpose of Disbursement
CREDIT CARD PAYMENT

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 / 16 / 2015

Transaction ID : SB21B.I4352

Amount of Each Disbursement this Period

1008.00

Memo Item
CAMPAIGN FINANCIAL SERVICES

Full Name (Last, First, Middle Initial)

C. CASTLEBAY IRISH PUB

Mailing Address 193 MAIN ST

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement
FOOD/BEVERAGE

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 04 / 2016

Transaction ID : SB21B.I4354

Amount of Each Disbursement this Period

26.00

Memo Item

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

0.00

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)
ANN PAC

Full Name (Last, First, Middle Initial)
A. CAVA MEZZE

Mailing Address 527 8TH ST SE

City WASHINGTON State DC Zip Code 20003-2835

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 16 / 2015

Transaction ID : **SB21B.I4353**

Amount of Each Disbursement this Period: 988.49

Memo Item
EVENT EXPENSE

Full Name (Last, First, Middle Initial)
B. CVS PHARMACY #1344

Mailing Address 500 12TH STREET SOUTHEAST

City WASHINGTON State DC Zip Code 20003-2974

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 16 / 2015

Transaction ID : **SB21B.I4357**

Amount of Each Disbursement this Period: 78.20

Memo Item

Full Name (Last, First, Middle Initial)
C. ENTERPRISE RENT-A-CAR, ARLINGTON, VA

Mailing Address 700 N GLEBE RD

City ARLINGTON State VA Zip Code 22203-2119

Purpose of Disbursement TRANSPORTATION SVC

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 05 / 2016

Transaction ID : **SB21B.I4355**

Amount of Each Disbursement this Period: 161.53

Memo Item
RENTAL CAR

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
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<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)
ANN PAC

Full Name (Last, First, Middle Initial)

A. ETSY

Mailing Address 55 WASHINGTON ST #512

City NEW YORK State NY Zip Code 11201

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 06 / 2016

Transaction ID : SB21B.I4356

Amount of Each Disbursement this Period

138.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JORDAN WINERY

Mailing Address 1474 ALEXANDER VALLEY RD

City HEALDSBURG State CA Zip Code 95448

Purpose of Disbursement
CATERING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type
007

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2015

Transaction ID : SB21B.I4350

Amount of Each Disbursement this Period

420.00

Memo Item
EVENT EXPENSE

Full Name (Last, First, Middle Initial)

C. THE GULA GRAHAM GROUP

Mailing Address 499 S CAPITOL ST SW
STE 420

City WASHINGTON State DC Zip Code 20003-4027

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type
003

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB21B.I4359

Amount of Each Disbursement this Period

7260.00

Memo Item
YEAR END COMMISSION FEE

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

7260.00

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)
ANN PAC

Full Name (Last, First, Middle Initial)

A. CRIMSON

Mailing Address 1593 SPRING HILL RD
SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement
WEB SERVICE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.I4348

Amount of Each Disbursement this Period

Memo Item
CRIMSON SUBSCRIPTION FEE

Full Name (Last, First, Middle Initial)

B. THE GULA GRAHAM GROUP

Mailing Address 499 S CAPITOL ST SW
STE 420

City WASHINGTON State DC Zip Code 20003-4027

Purpose of Disbursement
TRAVEL

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.I4207

Amount of Each Disbursement this Period

Memo Item
TRAVEL EXPENSE (MIAMI)

Full Name (Last, First, Middle Initial)

C. THE CONGRESSIONAL INSTITUTE

Mailing Address 1700 DIAGONAL ROAD #730

City ALEXANDRIA State VA Zip Code 22314-2843

Purpose of Disbursement
TRAVEL

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.I4358

Amount of Each Disbursement this Period

Memo Item
TRAVEL EXPENSES ELECTED LEADERSHIP RETREAT

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)
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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)
ANN PAC

A. BLUM FOR CONGRESS

Full Name (Last, First, Middle Initial)
815 KING ST
STE. 308
ALEXANDRIA VA 22314

Date of Disbursement: 02 / 10 / 2016

Purpose of Disbursement: 011
Candidate Name: **RODNEY BLUM**
Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IA District: 01

Transaction ID : **SB23.I4346**

Amount of Each Disbursement this Period: 1000.00

Memo Item
BLUM FOR CONGRESS CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

Amount of Each Disbursement this Period

Memo Item

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