

# 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  
Lank PAC

ADDRESS (number and street) PO Box 1639  
Check if different than previously reported. (ACC) Bethany OK 73008

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00492058 3. IS THIS REPORT NEW (N) OR AMENDED (A)  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 M / D 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 M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2015 through 06 / 30 / 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 Mrs. Terri L. Miller

Signature of Treasurer Mrs. Terri L. Miller [Electronically Filed] Date 08 / 17 / 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

**Lank 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="77510.28"/>	<input type="text" value="77510.28"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="77510.28"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="39295.00"/>	<input type="text" value="39295.00"/>
(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="116805.28"/>	<input type="text" value="116805.28"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="39790.77"/>	<input type="text" value="39790.77"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="77014.51"/>	<input type="text" value="77014.51"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value=".00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value=".00"/>	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**Lank PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2015 To: M M / D D / Y Y Y Y 06 / 30 / 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).....	28000.00	28000.00
(ii) Unitemized .....	295.00	295.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	28295.00	28295.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs).....	11000.00	11000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	39295.00	39295.00
12. Transfers From Affiliated/Other Party Committees.....	.00	.00
13. All Loans Received .....	.00	.00
14. Loan Repayments Received.....	.00	.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	.00	.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	.00	.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	.00	.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	.00	.00
(b) Levin Funds (from Schedule H5) .....	.00	.00
(c) Total Transfers (add 18(a) and 18(b))..	.00	.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	39295.00	39295.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	39295.00	39295.00

**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 .....	.00	.00
(ii) Non-Federal Share.....	.00	.00
(b) Other Federal Operating Expenditures .....	2290.77	2290.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2290.77	2290.77
22. Transfers to Affiliated/Other Party Committees.....	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32500.00	32500.00
24. Independent Expenditures (use Schedule E) .....	.00	.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	.00	.00
26. Loan Repayments Made.....	.00	.00
27. Loans Made.....	.00	.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	.00	.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs).....	.00	.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	.00	.00
29. Other Disbursements .....	5000.00	5000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	.00	.00
(ii) "Levin" Share.....	.00	.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	.00	.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	.00	.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	39790.77	39790.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39790.77	39790.77

**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) .....	39295.00	39295.00
34. Total Contribution Refunds (from Line 28(d)) .....	.00	.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	39295.00	39295.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2290.77	2290.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	.00	.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2290.77	2290.77

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Lank PAC**

**A. Mr. Bradford L Boone**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2690 Terwilleger Blvd  
City Tulsa State OK Zip Code 74114  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Eastern OK Orthopedic Center Occupation Surgeon  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 19 / 2015  
**Transaction ID : SA11Ai-CN1167**  
Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Mr. John G Graves**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2349 W Vancouver  
City Broken Arrow State OK Zip Code 74012  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Cyclonic Valve Co Occupation Manufacturing  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 19 / 2015  
**Transaction ID : SA11Ai-CN1176**  
Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. Mr. Richard Donald Horrocks**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2000 S Mustang Rd Apt 3607  
City Yukon State OK Zip Code 73099  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Manhattan Road & Bridge Occupation Construction  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 17 / 2015  
**Transaction ID : SA11Ai-CN1173**  
Amount of Each Receipt this Period 5000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 8000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Lank PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Kevin P. Moore**

Mailing Address 8976 Crooked Stick Ct

City Naples State FL Zip Code 34113

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

Name of Employer Rooney Holdings Inc. Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
04 / 17 / 2015  
**Transaction ID : SA11Ai-CN1171**

Amount of Each Receipt this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Mr. Arcadio Xavier Neira**

Mailing Address 613 Sturtz Cir

City Norman State OK Zip Code 73072

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

Name of Employer Rooney Holdings Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
04 / 17 / 2015  
**Transaction ID : SA11Ai-CN1170**

Amount of Each Receipt this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Mr. Robert Ernest Stem**

Mailing Address 8300 Glenwood

City Oklahoma City State OK Zip Code 73114

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

Name of Employer Assoc. Of Oklahoma Gen. Contractors Occupation Exec. Director

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
04 / 17 / 2015  
**Transaction ID : SA11Ai-CN1169**

Amount of Each Receipt this Period  
5000.00

Memo Item

**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 15  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Lank PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Mike Lee Webb**

Mailing Address 4008 Putter Pl

City Muskogee State OK Zip Code 74403

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

Name of Employer Muskogee Road & Bridge Co. Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2015

**Transaction ID : SA11Ai-CN1172**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

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  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

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  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	28000.00



**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 9 OF 15
<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)  
**Lank PAC**

**A. 21st Century Majority Fund**

Full Name (Last, First, Middle Initial)  
Mailing Address 6065 Roswell Rd NE #2274

City Atlanta	State GA	Zip Code 30328
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00361956

Name of Employer None	Occupation Political Action Committee
--------------------------	--

Receipt For: 2016  
 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
04	/	10	/	2015

**Transaction ID : SA11C-CN1168**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. General Electric PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1299 Pennsylvania Ave NW Ste 900

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer None	Occupation Political Action Committee
--------------------------	--

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2015

**Transaction ID : SA11C-CN1175**

Amount of Each Receipt this Period  
1000.00

Memo Item

**c. Health Care Service Corp Employees PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 300 E Randolph St

City Chicago	State IL	Zip Code 60601
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00199711

Name of Employer None	Occupation Political Action Committee
--------------------------	--

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

**Transaction ID : SA11C-CN1179**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11000.00
<b>TOTAL</b> This Period (last page this line number only).....	11000.00

**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)

**Lank PAC**

Full Name (Last, First, Middle Initial)

**A. Trail Blazer Campaign Services Inc.**

Mailing Address 620 Mendelssohn Ave N  
Suite 186

City Golden Valley State MN Zip Code 55437

Purpose of Disbursement  
Annual License

Candidate Name

**001**  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21b-EX143**

Amount of Each Disbursement this Period

Memo Item  
Annual License

Full Name (Last, First, Middle Initial)

**B. Advocate Merchant Solutions Inc.**

Mailing Address 8477 Fishers Center Drive

City Fishers State IN Zip Code 46038

Purpose of Disbursement  
Credit Card Fees for January

Candidate Name

**001**  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21b-EX144**

Amount of Each Disbursement this Period

Memo Item  
Credit Card Fees for January

Full Name (Last, First, Middle Initial)

**C. Advocate Merchant Solutions Inc.**

Mailing Address 8477 Fishers Center Drive

City Fishers State IN Zip Code 46038

Purpose of Disbursement  
Credit Card Fees for February

Candidate Name

**001**  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21b-EX149**

Amount of Each Disbursement this Period

Memo Item  
Credit Card Fees for February

**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)  
**Lank PAC**

Full Name (Last, First, Middle Initial)

**A. Advocate Merchant Solutions Inc.**

Mailing Address 8477 Fishers Center Drive

City Fishers State IN Zip Code 46038

Purpose of Disbursement  
Credit Card Fees for March

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB21b-EX151**

Amount of Each Disbursement this Period

Memo Item  
Credit Card Fees for March

Full Name (Last, First, Middle Initial)

**B. Advocate Merchant Solutions Inc.**

Mailing Address 8477 Fishers Center Drive

City Fishers State IN Zip Code 46038

Purpose of Disbursement  
Credit Card Fees for April

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB21b-EX153**

Amount of Each Disbursement this Period

Memo Item  
Credit Card Fees for April

Full Name (Last, First, Middle Initial)

**C. Advocate Merchant Solutions Inc.**

Mailing Address 8477 Fishers Center Drive

City Fishers State IN Zip Code 46038

Purpose of Disbursement  
Credit card fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB21b-EX158**

Amount of Each Disbursement this Period

Memo Item  
Credit card fee

**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)  
**Lank PAC**

Full Name (Last, First, Middle Initial)

**A. Deluxe For Business**

Mailing Address 3680 Victoria Street North

City Shoreview State MN Zip Code 55126

Purpose of Disbursement  
Checks

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21b-EX148**

Amount of Each Disbursement this Period

Memo Item  
Checks

Full Name (Last, First, Middle Initial)

**B.**

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

Memo Item

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

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 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)  
**Lank PAC**

Full Name (Last, First, Middle Initial)

**A. National Republican Senatorial Committee**

Mailing Address 425 2nd Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

011

Candidate Name

**National Republican Senatorial Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 09 / 2015

**Transaction ID : SB23-EX139**

Amount of Each Disbursement this Period

15000.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Georgians For Isakson**

Mailing Address PO Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Johnny H Isakson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District:

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

**Transaction ID : SB23-EX146**

Amount of Each Disbursement this Period

5000.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Alamo PAC**

Mailing Address 919 Congress Ave  
Suite 1400

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Contribution

011

Candidate Name

**Alamo PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : SB23-EX147**

Amount of Each Disbursement this Period

2500.00

Memo Item  
Contribution

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

22500.00

**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)

**Lank PAC**

Full Name (Last, First, Middle Initial)

**A. The Richard Burr Committee**

Mailing Address PO Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement  
Contribution

011

Candidate Name

**Richard Burr**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2015

**Transaction ID : SB23-EX155**

Amount of Each Disbursement this Period

5000.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Kirk For Senate**

Mailing Address PO Box 2594

City Chicago State IL Zip Code 60690

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mark Stephen Kirk**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

**Transaction ID : SB23-EX156**

Amount of Each Disbursement this Period

5000.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

10000.00

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

32500.00

# 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)  
**Lank PAC**

Full Name (Last, First, Middle Initial)

### A. Oklahoma GOP

Mailing Address 4031 N Lincoln Blvd

City Oklahoma City State OK Zip Code 73105

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB29-EX142

Amount of Each Disbursement this Period

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

### B.

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

Memo Item

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

Memo Item

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

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