

# 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

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

ADDRESS (number and street) PO Box 26141

Check if different than previously reported. (ACC) Alexandria VA 22313

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

C C00573154

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)
  - Mar 20 (M3)
  - Apr 20 (M4)
  - May 20 (M5)
  - Jun 20 (M6)
  - Jul 20 (M7)
  - Aug 20 (M8)
  - Sep 20 (M9)
  - Oct 20 (M10)
  - Nov 20 (M11) (Non-Election Year Only)
  - Dec 20 (M12) (Non-Election Year Only)
  - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
  - General (12G)
  - Runoff (12R)
  - Convention (12C)
  - Special (12S)

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

- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)

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

5. Covering Period [MM] / [DD] / [YYYY] 03 / 01 / 2016 through [MM] / [DD] / [YYYY] 03 / 31 / 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 Christopher M. Marston

Signature of Treasurer Christopher M. Marston [Electronically Filed] Date 04 / 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.

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

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="4797129.22"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1405799.43"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="3930.35"/>	<input type="text" value="1206485.57"/>
(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="1409729.78"/>	<input type="text" value="6003614.79"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="538406.84"/>	<input type="text" value="5132291.85"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="871322.94"/>	<input type="text" value="871322.94"/>
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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Report Covering the Period: From: M M / D D / Y Y Y Y 03 / 01 / 2016 To: M M / D D / Y Y Y Y 03 / 31 / 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).....	800.00	1170050.00
(ii) Unitemized .....	461.11	26507.83
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1261.11	1196557.83
(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) .....	1261.11	1196557.83
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).....	2669.24	9927.74
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))..... ▶	3930.35	1206485.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3930.35	1206485.57

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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 .....	377763.34	2853622.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	377763.34	2853622.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	160643.50	160643.50
24. Independent Expenditures (use Schedule E) .....	0.00	2117985.88
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	40.00
(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	40.00
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)) ..	538406.84	5132291.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	538406.84	5132291.85

**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) .....	1261.11	1196557.83
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	40.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1261.11	1196517.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	377763.34	2853622.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	2669.24	9927.74
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	375094.10	2843694.73

**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 201  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)  
**A. TERESA GEOFFREY**

Mailing Address 4 SHEARWATER PLACE

City State Zip Code  
 THE WOODLANDS TX 77381-5124

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

Name of Employer Occupation  
 RETIRED HOME MAKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2016

**Transaction ID : SA11.139334**

Amount of Each Receipt this Period  
 250.00

Memo Item  
 CONTRIBUTION

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

Mailing Address 8 UNDERCLIFF TERRACE

City State Zip Code  
 WEST ORANGE NJ 07052-3930

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

Name of Employer Occupation  
 MANDEL, KATZ & BROSANAN LLP ATTORNEY

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2016

**Transaction ID : SA11.139332**

Amount of Each Receipt this Period  
 100.00

Memo Item  
 CONTRIBUTION

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

Mailing Address 3864 OWENA ST

City State Zip Code  
 HONOLULU HI 96815-4520

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

Name of Employer Occupation  
 HOUSEWIFE HOME MAKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2016

**Transaction ID : SA11.139328**

Amount of Each Receipt this Period  
 100.00

Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

**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 201
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

**A. RICHARD WILKINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1839  
 City CAROLINA BEACH State NC Zip Code 28428-1839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation COMPUTER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2016  
**Transaction ID : SA11.139322**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. JAMES WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 213 ABERDEEN DRIVE  
 City GREENVILLE State SC Zip Code 29605-3024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FSIOFFICE Occupation SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2016  
**Transaction ID : SA11.139316**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

**C. JAMES WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 213 ABERDEEN DRIVE  
 City GREENVILLE State SC Zip Code 29605-3024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FSIOFFICE Occupation SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2016  
**Transaction ID : SA11.139325**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 8 OF 201  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

**A. JAMES WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 213 ABERDEEN DRIVE  
 City GREENVILLE State SC Zip Code 29605-3024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FSIOFFICE Occupation SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : SA11.139329**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

**B. JAMES WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 213 ABERDEEN DRIVE  
 City GREENVILLE State SC Zip Code 29605-3024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FSIOFFICE Occupation SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 05 / 2016  
**Transaction ID : SA11.139330**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 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  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	800.00



**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 201
<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)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

**A. COMCAST**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 1577

City NEWARK	State NJ	Zip Code 07101
----------------	-------------	-------------------

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1092.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2016

**Transaction ID : SA15.7233**

Amount of Each Receipt this Period  
647.80

Memo Item  
VOID CHECK FROM 1/26/16

**B. NOOK WEB LLC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2 N LASALLE ST  
14TH FLOOR

City CHICAGO	State IL	Zip Code 60603
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FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2016

**Transaction ID : SA15.7232**

Amount of Each Receipt this Period  
1900.00

Memo Item  
VOID CHECK ON 12/18/16

**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  
\_\_\_\_\_

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2547.80
<b>TOTAL</b> This Period (last page this line number only).....▶	2547.80

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. RYAN A BRACKETT**

Mailing Address 12510 KAIBAB CT

City COLORADO SPRINGS State CO Zip Code 80908

Purpose of Disbursement REIMBURSEMENT (SEE BELOW)

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
03	/	07	/	2016

Transaction ID : SB21B.I6339

Amount of Each Disbursement this Period

482.60
--------

Memo Item

Full Name (Last, First, Middle Initial)

**B. UNITED AIRLINES**

Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

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
02	/	02	/	2016

Transaction ID : SB21B.I7150

Amount of Each Disbursement this Period

482.60
--------

Memo Item  
BRACKETT 3/7

Full Name (Last, First, Middle Initial)

**C. WILLIAM B CANFIELD III**

Mailing Address 1900 M ST NW  
STE 600

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement LEGAL SERVICES

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
03	/	02	/	2016

Transaction ID : SB21B.I6359

Amount of Each Disbursement this Period

8500.00
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Memo Item

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

8982.60
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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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MITCHELL E CARNEY**

Mailing Address 6622 BOULEVARD VIEW

City ALEXANDRIA State VA Zip Code 22307

Purpose of Disbursement REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : SB21B.I6328

Amount of Each Disbursement this Period

537.74

Memo Item

Full Name (Last, First, Middle Initial)

**B. EXXON MOBIL**

Mailing Address 5959 LAS COLINAS BLVD

City IRVING State TX Zip Code 75039

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 20 / 2016

Transaction ID : SB21B.I6671

Amount of Each Disbursement this Period

20.65

Memo Item  
CARNEY 3/7

Full Name (Last, First, Middle Initial)

**C. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2016

Transaction ID : SB21B.I6766

Amount of Each Disbursement this Period

162.41

Memo Item  
CARNEY 3/7

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

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

537.74

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. RITE AID**

Mailing Address 30 HUNTER LN

City State Zip Code  
CAMP HILL PA 17011

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2016

Transaction ID : SB21B.I7005

Amount of Each Disbursement this Period

15.88
-------

Memo Item  
CARNEY 3/7

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES**

Mailing Address 1455 MARKET ST  
FL 4

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2016

Transaction ID : SB21B.I7138

Amount of Each Disbursement this Period

5.00
------

Memo Item  
CARNEY 3/7

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES**

Mailing Address 1455 MARKET ST  
FL 4

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2016

Transaction ID : SB21B.I7139

Amount of Each Disbursement this Period

36.73
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Memo Item  
CARNEY 3/7

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

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

0.00
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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"/> 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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES**

Mailing Address 1455 MARKET ST  
FL 4

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	22	/	2016

Transaction ID : SB21B.I7142

Amount of Each Disbursement this Period

23.38
-------

Memo Item  
CARNEY 3/7

Full Name (Last, First, Middle Initial)

**B. GEORGE B CHAPMAN JR.**

Mailing Address 113 SUNSET DR.

City State Zip Code  
VIDALIA GA 30474

Purpose of Disbursement  
REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	15	/	2016

Transaction ID : SB21B.I6311

Amount of Each Disbursement this Period

265.20
--------

Memo Item

Full Name (Last, First, Middle Initial)

**C. GEORGE B CHAPMAN JR.**

Mailing Address 113 SUNSET DR.

City State Zip Code  
VIDALIA GA 30474

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	10	/	2016

Transaction ID : SB21B.I6706

Amount of Each Disbursement this Period

95.20
-------

Memo Item  
CHAPMAN 3/15

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

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

265.20
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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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. SPIRIT AIRLINES**

Mailing Address 2800 EXECUTIVE WAY

City MIRAMAR State FL Zip Code 33025

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 24 / 2016

Transaction ID : SB21B.I7055

Amount of Each Disbursement this Period

170.00

Memo Item  
CHAPMAN 3/15

Full Name (Last, First, Middle Initial)

**B. JON P COLEY**

Mailing Address 9615 US HWY 431

City WELLINGTON State AL Zip Code 36279

Purpose of Disbursement REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 15 / 2016

Transaction ID : SB21B.I6318

Amount of Each Disbursement this Period

1923.74

Memo Item

Full Name (Last, First, Middle Initial)

**C. BEST BUY**

Mailing Address 7601 PENN AVE S

City RICHFIELD State MN Zip Code 55423

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2016

Transaction ID : SB21B.I6460

Amount of Each Disbursement this Period

63.97

Memo Item  
COLEY 3/15

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

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

1923.74

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. CUMBERLAND FARMS**

Mailing Address 100 CROSSING BLVD

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2016

Transaction ID : SB21B.I6538

Amount of Each Disbursement this Period

23.82
-------

Memo Item  
COLEY 3/15

Full Name (Last, First, Middle Initial)

**B. DELTA**

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2016

Transaction ID : SB21B.I6552

Amount of Each Disbursement this Period

113.10
--------

Memo Item  
COLEY 3/15

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 942 S SHADY GROVE RD

City MEMPHIS State TN Zip Code 38119

Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2015

Transaction ID : SB21B.I6683

Amount of Each Disbursement this Period

117.05
--------

Memo Item  
COLEY 3/15

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

0.00
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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 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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. OFFICE DEPOT**

Mailing Address 6600 NORTH MILITARY TR

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB21B.I6910

Amount of Each Disbursement this Period

22.76

Memo Item  
COLEY 3/15

Full Name (Last, First, Middle Initial)

**B. SPIRIT AIRLINES**

Mailing Address 2800 EXECUTIVE WAY

City MIRAMAR State FL Zip Code 33025

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
02 / 01 / 2016

Transaction ID : SB21B.I7057

Amount of Each Disbursement this Period

112.00

Memo Item  
COLEY 3/15

Full Name (Last, First, Middle Initial)

**C. SPIRIT AIRLINES**

Mailing Address 2800 EXECUTIVE WAY

City MIRAMAR State FL Zip Code 33025

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
02 / 05 / 2016

Transaction ID : SB21B.I7058

Amount of Each Disbursement this Period

256.18

Memo Item  
COLEY 3/15

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. SPIRIT AIRLINES**

Mailing Address 2800 EXECUTIVE WAY

City MIRAMAR State FL Zip Code 33025

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2016

Transaction ID : SB21B.I7060

Amount of Each Disbursement this Period

72.00

Memo Item  
COLEY 3/15

Full Name (Last, First, Middle Initial)

**B. TARGET**

Mailing Address 1000 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2015

Transaction ID : SB21B.I7102

Amount of Each Disbursement this Period

108.48

Memo Item  
COLEY 3/15

Full Name (Last, First, Middle Initial)

**C. UPS STORE**

Mailing Address 55 GLENLAKE PKWY NE

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement SHIPPING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 21 / 2015

Transaction ID : SB21B.I7158

Amount of Each Disbursement this Period

204.00

Memo Item  
COLEY 3/15

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 475 L'ENFANT PLZ SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		01		2016

**Transaction ID : SB21B.I7174**

Amount of Each Disbursement this Period

29.40
-------

Memo Item  
COLEY 3/15

Full Name (Last, First, Middle Initial)

**B. JON P COLEY**

Mailing Address 9615 US HWY 431

City WELLINGTON State AL Zip Code 36279

Purpose of Disbursement  
REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2016

**Transaction ID : SB21B.I6319**

Amount of Each Disbursement this Period

531.35
--------

Memo Item

Full Name (Last, First, Middle Initial)

**C. DOUBLETREE**

Mailing Address 7930 JONES BRANCH DR. #1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		07		2015

**Transaction ID : SB21B.I6568**

Amount of Each Disbursement this Period

131.44
--------

Memo Item  
COLEY 3/7

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

531.35
--------

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2016

Transaction ID : SB21B.I6419

Amount of Each Disbursement this Period

456.60

Memo Item  
DELZELL 3/24

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2016

Transaction ID : SB21B.I6420

Amount of Each Disbursement this Period

4.00

Memo Item  
DELZELL 3/24

Full Name (Last, First, Middle Initial)

**C. CASEYS GENERAL STORE**

Mailing Address 1 SE CONVENIENCE BLVD

City ANKENY State IA Zip Code 50021

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2016

Transaction ID : SB21B.I6496

Amount of Each Disbursement this Period

28.96

Memo Item  
DELZELL 3/24

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. DOLLAR RENTAL CAR**

Mailing Address 5330 E 31ST ST

City TULSA State OK Zip Code 74135

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2016

Transaction ID : SB21B.I6559

Amount of Each Disbursement this Period

889.15

Memo Item  
DELZELL 3/24

Full Name (Last, First, Middle Initial)

**B. LEGENDS AMERICAN GRILL**

Mailing Address 640 S 50TH ST

City WEST DES MOINES State IA Zip Code 50265

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2016

Transaction ID : SB21B.I6836

Amount of Each Disbursement this Period

14.00

Memo Item  
DELZELL 3/24

Full Name (Last, First, Middle Initial)

**C. PANERA BREAD CO**

Mailing Address 3630 S GEYER RD STE 100

City ST LOUIS State MO Zip Code 63127

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 27 / 2016

Transaction ID : SB21B.I6955

Amount of Each Disbursement this Period

9.36

Memo Item  
DELZELL 3/24

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. PANERA BREAD CO**

Mailing Address 3630 S GEYER RD STE 100

City ST LOUIS State MO Zip Code 63127

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2016

Transaction ID : SB21B.I6956

Amount of Each Disbursement this Period

9.20

Memo Item  
DELZELL 3/24

Full Name (Last, First, Middle Initial)

**B. STARBUCKS**

Mailing Address 2401 UTAH AVE S

City SEATTLE State WA Zip Code 98134

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 26 / 2016

Transaction ID : SB21B.I7069

Amount of Each Disbursement this Period

29.42

Memo Item  
DELZELL 3/24

Full Name (Last, First, Middle Initial)

**C. STARBUCKS**

Mailing Address 2401 UTAH AVE S

City SEATTLE State WA Zip Code 98134

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2016

Transaction ID : SB21B.I7070

Amount of Each Disbursement this Period

18.00

Memo Item  
DELZELL 3/24

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

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

0.00



**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. DONNA DEMAURA**

Mailing Address 25 TARBELL RD

City PETERBOROUGH State NH Zip Code 03458

Purpose of Disbursement REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : SB21B.I6307

Amount of Each Disbursement this Period

215.36

Memo Item

Full Name (Last, First, Middle Initial)

**B. STAPLES**

Mailing Address 500 STAPLES DR.

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2015

Transaction ID : SB21B.I7065

Amount of Each Disbursement this Period

142.96

Memo Item  
DEMAURA 3/7

Full Name (Last, First, Middle Initial)

**C. STAPLES**

Mailing Address 500 STAPLES DR.

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 05 / 2015

Transaction ID : SB21B.I7066

Amount of Each Disbursement this Period

29.97

Memo Item  
DEMAURA 3/7

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

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

215.36



**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. STAPLES**

Mailing Address 500 STAPLES DR.

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 12 / 2015

Transaction ID : SB21B.I7067

Amount of Each Disbursement this Period

29.99

Memo Item  
DEMAURA 3/7

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 475 L'ENFANT PLZ SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2015

Transaction ID : SB21B.I7165

Amount of Each Disbursement this Period

12.44

Memo Item  
DEMAURA 3/7

Full Name (Last, First, Middle Initial)

**C. STEPHEN A DEMAURA**

Mailing Address 125 CHANCERY RD

City LANGHORNE State PA Zip Code 19047

Purpose of Disbursement REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 08 / 2016

Transaction ID : SB21B.I6345

Amount of Each Disbursement this Period

88849.14

Memo Item

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

88849.14

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	5

**Transaction ID : SB21B.I6369**

Amount of Each Disbursement this Period

2	0	7	.	9	6
---	---	---	---	---	---

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	5

**Transaction ID : SB21B.I6370**

Amount of Each Disbursement this Period

8	9	.	9	9
---	---	---	---	---

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	5

**Transaction ID : SB21B.I6371**

Amount of Each Disbursement this Period

1	6	.	1	2
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Memo Item  
DEMAURA 3/8

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

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

0	0	0
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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 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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2015

**Transaction ID : SB21B.I6372**

Amount of Each Disbursement this Period

206.68

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2015

**Transaction ID : SB21B.I6373**

Amount of Each Disbursement this Period

179.00

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2015

**Transaction ID : SB21B.I6374**

Amount of Each Disbursement this Period

125.29

Memo Item  
DEMAURA 3/8

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

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

0.00

**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)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2015

Transaction ID : SB21B.I6375

Amount of Each Disbursement this Period

21.96

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2015

Transaction ID : SB21B.I6376

Amount of Each Disbursement this Period

338.56

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2015

Transaction ID : SB21B.I6377

Amount of Each Disbursement this Period

278.20

Memo Item  
DEMAURA 3/8

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2015

**Transaction ID : SB21B.I6378**

Amount of Each Disbursement this Period

53.00
-------

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2015

**Transaction ID : SB21B.I6379**

Amount of Each Disbursement this Period

190.78
--------

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2015

**Transaction ID : SB21B.I6380**

Amount of Each Disbursement this Period

8.95
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Memo Item  
DEMAURA 3/8

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

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

0.00
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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"/> 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)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2015

Transaction ID : SB21B.I6381

Amount of Each Disbursement this Period

239.90

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2015

Transaction ID : SB21B.I6382

Amount of Each Disbursement this Period

26.46

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 27 / 2015

Transaction ID : SB21B.I6383

Amount of Each Disbursement this Period

190.32

Memo Item  
DEMAURA 3/8

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

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
04	/	27	/	2015

**Transaction ID : SB21B.I6384**

Amount of Each Disbursement this Period

79.99
-------

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

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
04	/	27	/	2015

**Transaction ID : SB21B.I6385**

Amount of Each Disbursement this Period

48.06
-------

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

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
05	/	08	/	2015

**Transaction ID : SB21B.I6386**

Amount of Each Disbursement this Period

99.95
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Memo Item  
DEMAURA 3/8

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

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

0.00
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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"/> 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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

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

**Transaction ID : SB21B.I6387**

Amount of Each Disbursement this Period

3	8	4	.	5	3
---	---	---	---	---	---

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	9		2	0	1	5		

**Transaction ID : SB21B.I6388**

Amount of Each Disbursement this Period

2	9	.	7	5
---	---	---	---	---

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	0		2	0	1	5		

**Transaction ID : SB21B.I6389**

Amount of Each Disbursement this Period

2	8	2	.	0	0
---	---	---	---	---	---

Memo Item  
DEMAURA 3/8

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

0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

0	.	0	0
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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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2015

Transaction ID : SB21B.I6390

Amount of Each Disbursement this Period

24.99
-------

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2015

Transaction ID : SB21B.I6391

Amount of Each Disbursement this Period

126.14
--------

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2015

Transaction ID : SB21B.I6392

Amount of Each Disbursement this Period

49.02
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Memo Item  
DEMAURA 3/8

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

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

0.00
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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"/> 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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 05 / 2015

**Transaction ID : SB21B.I6393**

Amount of Each Disbursement this Period

15.00

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 27 / 2015

**Transaction ID : SB21B.I6394**

Amount of Each Disbursement this Period

158.99

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 28 / 2015

**Transaction ID : SB21B.I6395**

Amount of Each Disbursement this Period

260.96

Memo Item  
DEMAURA 3/8

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2015			

Transaction ID : SB21B.I6396

Amount of Each Disbursement this Period

13.78
-------

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2015			

Transaction ID : SB21B.I6397

Amount of Each Disbursement this Period

291.00
--------

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SB21B.I6400

Amount of Each Disbursement this Period

8.99
------

Memo Item  
DEMAURA 3/8

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

0.00
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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 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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 25 / 2016

Transaction ID : SB21B.I6402

Amount of Each Disbursement this Period

20.15

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2016

Transaction ID : SB21B.I6403

Amount of Each Disbursement this Period

8.99

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SB21B.I6404

Amount of Each Disbursement this Period

6.99

Memo Item  
DEMAURA 3/8

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2015

Transaction ID : SB21B.I6405

Amount of Each Disbursement this Period

6.99

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 11 / 2015

Transaction ID : SB21B.I6406

Amount of Each Disbursement this Period

56.96

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement REFUND OF OVERPAYMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2015

Transaction ID : SB21B.I6407

Amount of Each Disbursement this Period

-5.75

Memo Item  
DEMAURA 3/8

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 18 / 2015

Transaction ID : SB21B.I6408

Amount of Each Disbursement this Period

15.78

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2015

Transaction ID : SB21B.I6409

Amount of Each Disbursement this Period

8.79

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2015

Transaction ID : SB21B.I6410

Amount of Each Disbursement this Period

8.79

Memo Item  
DEMAURA 3/8

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD

City State Zip Code  
FORT WORTH TX 76155

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 21 / 2016

Transaction ID : SB21B.I6418

Amount of Each Disbursement this Period

90.00

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. AMTRAK**

Mailing Address 60 MASSACHUSETTS AVE NE

City State Zip Code  
WASHINGTON DC 20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2015

Transaction ID : SB21B.I6424

Amount of Each Disbursement this Period

160.00

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. AMTRAK**

Mailing Address 60 MASSACHUSETTS AVE NE

City State Zip Code  
WASHINGTON DC 20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 21 / 2015

Transaction ID : SB21B.I6425

Amount of Each Disbursement this Period

112.00

Memo Item  
DEMAURA 3/8

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMTRAK**

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
REFUND OF PURCHASE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 21 / 2015

Transaction ID : SB21B.I6426

Amount of Each Disbursement this Period

-30.00

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. AMTRAK**

Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2015

Transaction ID : SB21B.I6427

Amount of Each Disbursement this Period

312.00

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. APPLE**

Mailing Address 1 INFINTE LOOP

City CUPERTINO State CA Zip Code 95014

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2015

Transaction ID : SB21B.I6433

Amount of Each Disbursement this Period

2106.22

Memo Item  
DEMAURA 3/8

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. AT GSM INC**

Mailing Address 55-59 CHRYSTIE ST  
STE 307

City NEW YORK State NY Zip Code 10002

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2015

**Transaction ID : SB21B.I6448**

Amount of Each Disbursement this Period

292.98

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. AUTOMATED SIGNATURE TECHNOLOGY**

Mailing Address 112 OAKGROVE RD  
SUITE 107

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2015

**Transaction ID : SB21B.I6451**

Amount of Each Disbursement this Period

12290.91

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. BEST BUY**

Mailing Address 7601 PENN AVE S

City RICHFIELD State MN Zip Code 55423

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2015

**Transaction ID : SB21B.I6456**

Amount of Each Disbursement this Period

108.15

Memo Item  
DEMAURA 3/8

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

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

0.00

**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)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial) <b>A. CROWNE PLAZA</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2015
Mailing Address 3 RAVINIA DR. STE 100 STE 100		<b>Transaction ID : SB21B.I6528</b>
City ATLANTA State GA Zip Code 30346	Amount of Each Disbursement this Period 244.35	
Purpose of Disbursement TRAVEL	Candidate Name	<input checked="" type="checkbox"/> Memo Item DEMAURA 3/8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. CROWNE PLAZA</b>		Date of Disbursement MM / DD / YYYY 10 / 08 / 2015
Mailing Address 3 RAVINIA DR. STE 100 STE 100		<b>Transaction ID : SB21B.I6531</b>
City ATLANTA State GA Zip Code 30346	Amount of Each Disbursement this Period 217.41	
Purpose of Disbursement TRAVEL	Candidate Name	<input checked="" type="checkbox"/> Memo Item DEMAURA 3/8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. CVS</b>		Date of Disbursement MM / DD / YYYY 12 / 17 / 2015
Mailing Address 1 CVS DR		<b>Transaction ID : SB21B.I6541</b>
City WOONSOCKET State RI Zip Code 02895	Amount of Each Disbursement this Period 65.64	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	<input checked="" type="checkbox"/> Memo Item DEMAURA 3/8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	0.00
<b>TOTAL</b> 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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. DELTA**

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2015

Transaction ID : SB21B.I6547

Amount of Each Disbursement this Period

774.60

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. DELTA**

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2015

Transaction ID : SB21B.I6548

Amount of Each Disbursement this Period

50.00

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. DOUBLETREE**

Mailing Address 7930 JONES BRANCH DR. #1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2015

Transaction ID : SB21B.I6567

Amount of Each Disbursement this Period

4.34

Memo Item  
DEMAURA 3/8

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

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

0.00

**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)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. DROPBOX**

Mailing Address 760 MARKET ST  
SUITE 1150

City SAN FRANCISCO State CA Zip Code 94102

Purpose of Disbursement  
ONLINE SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 15 / 2015

Transaction ID : SB21B.I6573

Amount of Each Disbursement this Period

750.00

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. DROPBOX**

Mailing Address 760 MARKET ST  
SUITE 1150

City SAN FRANCISCO State CA Zip Code 94102

Purpose of Disbursement  
ONLINE SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 06 / 2015

Transaction ID : SB21B.I6579

Amount of Each Disbursement this Period

349.18

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. ENTERPRISE RENT-A-CAR**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 22 / 2015

Transaction ID : SB21B.I6588

Amount of Each Disbursement this Period

146.89

Memo Item  
DEMAURA 3/8

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

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

0.00

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

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

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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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. ENTERPRISE RENT-A-CAR**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 27 / 2015

Transaction ID : SB21B.I6589

Amount of Each Disbursement this Period

71.72

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. ENTERPRISE RENT-A-CAR**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 21 / 2016

Transaction ID : SB21B.I6590

Amount of Each Disbursement this Period

669.93

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. ENTERPRISE RENT-A-CAR**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2016

Transaction ID : SB21B.I6591

Amount of Each Disbursement this Period

241.14

Memo Item  
DEMAURA 3/8

**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:  
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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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. ENVATO**

Mailing Address 121 KING ST

City MELBOURNE VIC 3000 State Zip Code

Purpose of Disbursement WEBSITE EXPENSE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 11 / 2015

Transaction ID : SB21B.I6593

Amount of Each Disbursement this Period

80.00

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 06 / 2015

Transaction ID : SB21B.I6596

Amount of Each Disbursement this Period

90.10

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2015

Transaction ID : SB21B.I6597

Amount of Each Disbursement this Period

404.10

Memo Item  
DEMAURA 3/8

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

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

0.00

**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)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 09 / 2015

Transaction ID : SB21B.I6598

Amount of Each Disbursement this Period

262.60

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 09 / 2015

Transaction ID : SB21B.I6599

Amount of Each Disbursement this Period

1640.98

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 12 / 2015

Transaction ID : SB21B.I6600

Amount of Each Disbursement this Period

527.20

Memo Item  
DEMAURA 3/8

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

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

0.00

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

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

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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)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 12 / 2015

Transaction ID : SB21B.I6601

Amount of Each Disbursement this Period

7.00

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2015

Transaction ID : SB21B.I6602

Amount of Each Disbursement this Period

254.24

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 19 / 2015

Transaction ID : SB21B.I6603

Amount of Each Disbursement this Period

362.60

Memo Item  
DEMAURA 3/8

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

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

0.00



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

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

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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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 19 / 2015

**Transaction ID : SB21B.I6604**

Amount of Each Disbursement this Period

164.26

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 19 / 2015

**Transaction ID : SB21B.I6605**

Amount of Each Disbursement this Period

228.95

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 22 / 2015

**Transaction ID : SB21B.I6606**

Amount of Each Disbursement this Period

765.70

Memo Item  
DEMAURA 3/8

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 22 / 2015

Transaction ID : SB21B.I6607

Amount of Each Disbursement this Period

7.00

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 23 / 2015

Transaction ID : SB21B.I6608

Amount of Each Disbursement this Period

115.15

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 23 / 2015

Transaction ID : SB21B.I6609

Amount of Each Disbursement this Period

447.20

Memo Item  
DEMAURA 3/8

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2015

**Transaction ID : SB21B.I6610**

Amount of Each Disbursement this Period

389.10

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2015

**Transaction ID : SB21B.I6611**

Amount of Each Disbursement this Period

248.38

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2015

**Transaction ID : SB21B.I6612**

Amount of Each Disbursement this Period

398.20

Memo Item  
DEMAURA 3/8

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

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

0.00

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

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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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 10 / 2015

Transaction ID : SB21B.I6613

Amount of Each Disbursement this Period

1526.20

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 10 / 2015

Transaction ID : SB21B.I6614

Amount of Each Disbursement this Period

403.54

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SB21B.I6615

Amount of Each Disbursement this Period

168.10

Memo Item  
DEMAURA 3/8

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

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

0.00

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

**A. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 12 / 2015

**Transaction ID : SB21B.I6616**

Amount of Each Disbursement this Period

299.60

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 12 / 2015

**Transaction ID : SB21B.I6617**

Amount of Each Disbursement this Period

197.10

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2015

**Transaction ID : SB21B.I6618**

Amount of Each Disbursement this Period

859.74

Memo Item  
DEMAURA 3/8

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

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

0.00

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

**A. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2015

Transaction ID : SB21B.I6619

Amount of Each Disbursement this Period

622.96

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
REFUND OF PURCHASE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2015

Transaction ID : SB21B.I6620

Amount of Each Disbursement this Period

-622.96

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2015

Transaction ID : SB21B.I6621

Amount of Each Disbursement this Period

647.15

Memo Item  
DEMAURA 3/8

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

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

0.00

# 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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

### A. EXPEDIA INC

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : SB21B.I6622

Amount of Each Disbursement this Period

3	5	2	.	6	0
---	---	---	---	---	---

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

### B. EXPEDIA INC

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : SB21B.I6623

Amount of Each Disbursement this Period

1	6	8	.	6	0
---	---	---	---	---	---

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

### C. EXPEDIA INC

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : SB21B.I6624

Amount of Each Disbursement this Period

1	4	1	.	6	0
---	---	---	---	---	---

Memo Item  
DEMAURA 3/8

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

0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

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 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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2015

Transaction ID : SB21B.I6625

Amount of Each Disbursement this Period

1128.20

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2015

Transaction ID : SB21B.I6626

Amount of Each Disbursement this Period

988.20

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City State Zip Code  
BELLEVUE WA 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2015

Transaction ID : SB21B.I6627

Amount of Each Disbursement this Period

513.20

Memo Item  
DEMAURA 3/8

**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)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 05 / 2015

**Transaction ID : SB21B.I6628**

Amount of Each Disbursement this Period

386.68

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 11 / 2015

**Transaction ID : SB21B.I6629**

Amount of Each Disbursement this Period

412.00

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2015

**Transaction ID : SB21B.I6630**

Amount of Each Disbursement this Period

1739.70

Memo Item  
DEMAURA 3/8

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

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

0.00

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

**A. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2015

Transaction ID : SB21B.I6631

Amount of Each Disbursement this Period

425.20

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement  
REFUND OF PURCHASE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2015

Transaction ID : SB21B.I6632

Amount of Each Disbursement this Period

-425.20

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2015

Transaction ID : SB21B.I6633

Amount of Each Disbursement this Period

7.00

Memo Item  
DEMAURA 3/8

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

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

0.00

**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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**A. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 26 / 2015

Transaction ID : SB21B.I6634

Amount of Each Disbursement this Period

575.20

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2015

Transaction ID : SB21B.I6635

Amount of Each Disbursement this Period

253.37

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 11 / 2015

Transaction ID : SB21B.I6636

Amount of Each Disbursement this Period

1250.20

Memo Item  
DEMAURA 3/8

**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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**A. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2015

Transaction ID : SB21B.I6637

Amount of Each Disbursement this Period

565.10
--------

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2015

Transaction ID : SB21B.I6638

Amount of Each Disbursement this Period

139.10
--------

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2015

Transaction ID : SB21B.I6639

Amount of Each Disbursement this Period

428.10
--------

Memo Item  
DEMAURA 3/8

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

0.00
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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 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)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2015

Transaction ID : SB21B.I6640

Amount of Each Disbursement this Period

1198.10

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2015

Transaction ID : SB21B.I6641

Amount of Each Disbursement this Period

734.20

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2015

Transaction ID : SB21B.I6642

Amount of Each Disbursement this Period

66.75

Memo Item  
DEMAURA 3/8

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 22 / 2015

Transaction ID : SB21B.I6643

Amount of Each Disbursement this Period

399.20

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 22 / 2015

Transaction ID : SB21B.I6644

Amount of Each Disbursement this Period

7.00

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 03 / 2016

Transaction ID : SB21B.I6645

Amount of Each Disbursement this Period

75.22

Memo Item  
DEMAURA 3/8

**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)

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Full Name (Last, First, Middle Initial)

**A. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 13 / 2016

Transaction ID : SB21B.I6646

Amount of Each Disbursement this Period

1274.10

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 13 / 2016

Transaction ID : SB21B.I6647

Amount of Each Disbursement this Period

203.10

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 16 / 2016

Transaction ID : SB21B.I6648

Amount of Each Disbursement this Period

187.37

Memo Item  
DEMAURA 3/8

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

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
0	1		1	9		2	0	1	6		

Transaction ID : SB21B.I6649

Amount of Each Disbursement this Period

4	5	6	7	8	9	0	.	0	1	2	3	4	5	6	7	8	9

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

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
0	1		2	1		2	0	1	6		

Transaction ID : SB21B.I6650

Amount of Each Disbursement this Period

6	7	4	.	1	0	0	0	0	0	0	0	0	0	0	0	0	0

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

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
0	1		2	1		2	0	1	6		

Transaction ID : SB21B.I6651

Amount of Each Disbursement this Period

4	3	8	.	6	0	0	0	0	0	0	0	0	0	0	0	0	0

Memo Item  
DEMAURA 3/8

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

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

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	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 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)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 21 / 2016

Transaction ID : SB21B.I6652

Amount of Each Disbursement this Period

289.60

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 21 / 2016

Transaction ID : SB21B.I6653

Amount of Each Disbursement this Period

545.47

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement  
REFUND OF PURCHASE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 21 / 2016

Transaction ID : SB21B.I6654

Amount of Each Disbursement this Period

-545.47

Memo Item  
DEMAURA 3/8

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

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
0	1			2	1			2	0	1	6		

Transaction ID : SB21B.I6655

Amount of Each Disbursement this Period

6	0	3	.	4	9
---	---	---	---	---	---

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement REFUND OF PURCHASE

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
0	1			2	1			2	0	1	6		

Transaction ID : SB21B.I6656

Amount of Each Disbursement this Period

-	4	2	.	7	0
---	---	---	---	---	---

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

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
0	1			2	1			2	0	1	6		

Transaction ID : SB21B.I6657

Amount of Each Disbursement this Period

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

Memo Item  
DEMAURA 3/8

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

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

0	0	0
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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)

21b     22     23     24     25     26  
 27     28a     28b     28c     29     30b

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE      State WA      Zip Code 98004

Purpose of Disbursement  
REFUND OF PURCHASE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State:      District:

Disbursement For:  
 Primary     General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 21 / 2016

**Transaction ID : SB21B.I6658**

Amount of Each Disbursement this Period

-515.05

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE      State WA      Zip Code 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State:      District:

Disbursement For:  
 Primary     General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 21 / 2016

**Transaction ID : SB21B.I6659**

Amount of Each Disbursement this Period

632.01

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE      State WA      Zip Code 98004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State:      District:

Disbursement For:  
 Primary     General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 21 / 2016

**Transaction ID : SB21B.I6660**

Amount of Each Disbursement this Period

579.04

Memo Item  
DEMAURA 3/8

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. EXPEDIA INC**

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 21 / 2016

Transaction ID : SB21B.I6661

Amount of Each Disbursement this Period

2117.87

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. EXXON MOBIL**

Mailing Address 5959 LAS COLINAS BLVD

City IRVING State TX Zip Code 75039

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 16 / 2015

Transaction ID : SB21B.I6662

Amount of Each Disbursement this Period

20.31

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. EXXON MOBIL**

Mailing Address 5959 LAS COLINAS BLVD

City IRVING State TX Zip Code 75039

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 19 / 2015

Transaction ID : SB21B.I6663

Amount of Each Disbursement this Period

14.96

Memo Item  
DEMAURA 3/8

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. EXXON MOBIL**

Mailing Address 5959 LAS COLINAS BLVD

City IRVING State TX Zip Code 75039

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	0			2	0	1	5		

Transaction ID : SB21B.I6664

Amount of Each Disbursement this Period

2	2	0	5
---	---	---	---

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. EXXON MOBIL**

Mailing Address 5959 LAS COLINAS BLVD

City IRVING State TX Zip Code 75039

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : SB21B.I6665

Amount of Each Disbursement this Period

3	6	5	8
---	---	---	---

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. EXXON MOBIL**

Mailing Address 5959 LAS COLINAS BLVD

City IRVING State TX Zip Code 75039

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : SB21B.I6666

Amount of Each Disbursement this Period

5	8	5	8
---	---	---	---

Memo Item  
DEMAURA 3/8

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

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

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 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)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. EXXON MOBIL**

Mailing Address 5959 LAS COLINAS BLVD

City IRVING State TX Zip Code 75039

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2016

Transaction ID : SB21B.I6670

Amount of Each Disbursement this Period

25.23

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 942 S SHADY GROVE RD

City MEMPHIS State TN Zip Code 38119

Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2015

Transaction ID : SB21B.I6676

Amount of Each Disbursement this Period

88.49

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 942 S SHADY GROVE RD

City MEMPHIS State TN Zip Code 38119

Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2015

Transaction ID : SB21B.I6677

Amount of Each Disbursement this Period

51.96

Memo Item  
DEMAURA 3/8

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 942 S SHADY GROVE RD

City MEMPHIS State TN Zip Code 38119

Purpose of Disbursement SHIPPING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2015

Transaction ID : SB21B.I6678

Amount of Each Disbursement this Period

81.61

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. FIG & OLIVE**

Mailing Address 808 LEXINGTON AVE

City NEW YORK State NY Zip Code 10065

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2015

Transaction ID : SB21B.I6690

Amount of Each Disbursement this Period

220.00

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. GETTY IMAGES**

Mailing Address 122 SOUTH MICHIGAN AVE  
SUITE 900

City CHICAGO State IL Zip Code 60603

Purpose of Disbursement WEBSITE EXPENSE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2015

Transaction ID : SB21B.I6712

Amount of Each Disbursement this Period

1423.75

Memo Item  
DEMAURA 3/8

**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)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. GODADDY**

Mailing Address 14455 N HAYDEN RD  
SUITE 226

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement  
WEBSITE EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2015

Transaction ID : SB21B.I6714

Amount of Each Disbursement this Period

253.80
--------

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. GODADDY**

Mailing Address 14455 N HAYDEN RD  
SUITE 226

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement  
WEBSITE EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2015

Transaction ID : SB21B.I6715

Amount of Each Disbursement this Period

4.99
------

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. GODADDY**

Mailing Address 14455 N HAYDEN RD  
SUITE 226

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement  
WEBSITE EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2015

Transaction ID : SB21B.I6716

Amount of Each Disbursement this Period

23.16
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Memo Item  
DEMAURA 3/8

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

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

0.00
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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"/> 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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. GODADDY**

Mailing Address 14455 N HAYDEN RD  
SUITE 226

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement  
WEBSITE EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	03	/	2015

Transaction ID : SB21B.I6717

Amount of Each Disbursement this Period

199.98
--------

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. GODADDY**

Mailing Address 14455 N HAYDEN RD  
SUITE 226

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement  
WEBSITE EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2015

Transaction ID : SB21B.I6718

Amount of Each Disbursement this Period

63.51
-------

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. GODADDY**

Mailing Address 14455 N HAYDEN RD  
SUITE 226

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement  
WEBSITE EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2015

Transaction ID : SB21B.I6719

Amount of Each Disbursement this Period

1.17
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Memo Item  
DEMAURA 3/8

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

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

0.00
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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"/> 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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. GODADDY**

Mailing Address 14455 N HAYDEN RD  
SUITE 226

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement  
WEBSITE EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2015

**Transaction ID : SB21B.I6720**

Amount of Each Disbursement this Period

139.03
--------

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. GODADDY**

Mailing Address 14455 N HAYDEN RD  
SUITE 226

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement  
WEBSITE EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2015

**Transaction ID : SB21B.I6721**

Amount of Each Disbursement this Period

202.86
--------

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. GODADDY**

Mailing Address 14455 N HAYDEN RD  
SUITE 226

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement  
WEBSITE EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

**Transaction ID : SB21B.I6722**

Amount of Each Disbursement this Period

95.76
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Memo Item  
DEMAURA 3/8

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

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

0.00
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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"/> 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)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. GODADDY**

Mailing Address 14455 N HAYDEN RD  
SUITE 226

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement  
WEBSITE EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.I6723

Amount of Each Disbursement this Period

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. GODADDY**

Mailing Address 14455 N HAYDEN RD  
SUITE 226

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement  
WEBSITE EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.I6724

Amount of Each Disbursement this Period

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. GODADDY**

Mailing Address 14455 N HAYDEN RD  
SUITE 226

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement  
WEBSITE EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.I6725

Amount of Each Disbursement this Period

Memo Item  
DEMAURA 3/8

**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)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. GODADDY**

Mailing Address 14455 N HAYDEN RD  
SUITE 226

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement  
WEBSITE EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2016

Transaction ID : SB21B.I6726

Amount of Each Disbursement this Period

19.99
-------

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. GODADDY**

Mailing Address 14455 N HAYDEN RD  
SUITE 226

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement  
WEBSITE EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2016

Transaction ID : SB21B.I6727

Amount of Each Disbursement this Period

80.48
-------

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. GODADDY**

Mailing Address 14455 N HAYDEN RD  
SUITE 226

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement  
WEBSITE EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2016

Transaction ID : SB21B.I6728

Amount of Each Disbursement this Period

78.48
-------

Memo Item  
DEMAURA 3/8

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

0.00
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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 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)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. GODADDY**

Mailing Address 14455 N HAYDEN RD  
SUITE 226

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement  
WEBSITE EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2016

Transaction ID : SB21B.I6729

Amount of Each Disbursement this Period

28.16
-------

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. HERTZ**

Mailing Address 225 BRAE BLVD

City PARK RIDGE State NJ Zip Code 07656

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2016

Transaction ID : SB21B.I6748

Amount of Each Disbursement this Period

696.60
--------

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. HERTZ**

Mailing Address 225 BRAE BLVD

City PARK RIDGE State NJ Zip Code 07656

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2016

Transaction ID : SB21B.I6749

Amount of Each Disbursement this Period

31.75
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Memo Item  
DEMAURA 3/8

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

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

0.00
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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"/> 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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. HERTZ**

Mailing Address 225 BRAE BLVD

City State Zip Code  
PARK RIDGE NJ 07656

Purpose of Disbursement  
REFUND OF PURCHASE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2016

Transaction ID : SB21B.I6750

Amount of Each Disbursement this Period

-34.83

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. HILTON**

Mailing Address 7930 JONES BRANCH DR., SUITE 1100

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SB21B.I6752

Amount of Each Disbursement this Period

174.15

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. HILTON**

Mailing Address 7930 JONES BRANCH DR., SUITE 1100

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SB21B.I6753

Amount of Each Disbursement this Period

26.89

Memo Item  
DEMAURA 3/8

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. HILTON**

Mailing Address 7930 JONES BRANCH DR., SUITE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. HILTON**

Mailing Address 7930 JONES BRANCH DR., SUITE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. HILTON**

Mailing Address 7930 JONES BRANCH DR., SUITE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SB21B.I6754

Amount of Each Disbursement this Period

57.42

Memo Item  
DEMAURA 3/8

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2015

Transaction ID : SB21B.I6755

Amount of Each Disbursement this Period

448.54

Memo Item  
DEMAURA 3/8

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2015

Transaction ID : SB21B.I6756

Amount of Each Disbursement this Period

19.95

Memo Item  
DEMAURA 3/8

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. HILTON**

Mailing Address 7930 JONES BRANCH DR., SUITE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2015

Transaction ID : SB21B.I6757

Amount of Each Disbursement this Period

18.77

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. HILTON**

Mailing Address 7930 JONES BRANCH DR., SUITE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2015

Transaction ID : SB21B.I6758

Amount of Each Disbursement this Period

7.09

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. HILTON**

Mailing Address 7930 JONES BRANCH DR., SUITE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : SB21B.I6759

Amount of Each Disbursement this Period

55.33

Memo Item  
DEMAURA 3/8

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

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

0.00



**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. HILTON**

Mailing Address 7930 JONES BRANCH DR., SUITE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2015

Transaction ID : SB21B.I6761

Amount of Each Disbursement this Period

346.43

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 27 / 2015

Transaction ID : SB21B.I6763

Amount of Each Disbursement this Period

110.87

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. HYATT**

Mailing Address 71 SOUTH WACKER DR.  
12TH FLOOR

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 28 / 2015

Transaction ID : SB21B.I6783

Amount of Each Disbursement this Period

205.40

Memo Item  
DEMAURA 3/8

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. JOBSITE PRODUCTS INC**

Mailing Address 4321 TOWNSHIP LINE RD

City State Zip Code  
SKIPPACK PA 19474

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : SB21B.I6799

Amount of Each Disbursement this Period

3628.72

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. KUM AND GO**

Mailing Address 6400 WESTOWN PKWY

City State Zip Code  
WEST DES MOINES IA 50266

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2015

Transaction ID : SB21B.I6802

Amount of Each Disbursement this Period

24.37

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. LA QUINTA**

Mailing Address 909 HIDDEN RIDGE, SUITE 600

City State Zip Code  
IRVING TX 75038

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2015

Transaction ID : SB21B.I6824

Amount of Each Disbursement this Period

220.19

Memo Item  
DEMAURA 3/8

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. LA QUINTA**

Mailing Address 909 HIDDEN RIDGE, SUITE 600

City IRVING State TX Zip Code 75038

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	1	6

Transaction ID : SB21B.I6825

Amount of Each Disbursement this Period

4	8	1	.	3	2
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Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. LANDINI BROTHERS**

Mailing Address 115 KING ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : SB21B.I6827

Amount of Each Disbursement this Period

1	0	0	.	9	6
---	---	---	---	---	---

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. MANDALAY BAY**

Mailing Address 3950 S LAS VEGAS BLVD

City LAS VEGAS State NV Zip Code 89119

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	1	6

Transaction ID : SB21B.I6868

Amount of Each Disbursement this Period

3	3	.	0	0
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Memo Item  
DEMAURA 3/8

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

0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

0	0	0
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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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MANDALAY BAY**

Mailing Address 3950 S LAS VEGAS BLVD

City LAS VEGAS State NV Zip Code 89119

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 17 / 2016

Transaction ID : SB21B.I6869

Amount of Each Disbursement this Period

34.74

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. MANDALAY BAY**

Mailing Address 3950 S LAS VEGAS BLVD

City LAS VEGAS State NV Zip Code 89119

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 18 / 2016

Transaction ID : SB21B.I6870

Amount of Each Disbursement this Period

162.40

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. OMNI HOTELS**

Mailing Address 4001 MAPLE AVE

City DALLAS State TX Zip Code 75219

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

Transaction ID : SB21B.I6945

Amount of Each Disbursement this Period

338.60

Memo Item  
DEMAURA 3/8

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. POLITICO**

Mailing Address 1000 WILSON BLVD  
8TH FL

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
ADVERTISING - PRINT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : SB21B.I6975

Amount of Each Disbursement this Period

4	9	5	0	.	0	0
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Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. PREMIUM BEAT**

Mailing Address 4398 ST. LAURENT BLVD  
STE 103

City MONTREAL State QC Zip Code H2W1Z

Purpose of Disbursement  
WEBSITE EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	6			2	0	1	5		

Transaction ID : SB21B.I6987

Amount of Each Disbursement this Period

3	9	.	9	5
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Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. RAYS THE STEAKS**

Mailing Address 2300 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	8			2	0	1	5		

Transaction ID : SB21B.I6998

Amount of Each Disbursement this Period

2	9	1	.	9	6
---	---	---	---	---	---

Memo Item  
DEMAURA 3/8

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

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

0	0	0
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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 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)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. SHELL OIL**

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2015

Transaction ID : SB21B.I7013

Amount of Each Disbursement this Period

41.65

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. SHELL OIL**

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2015

Transaction ID : SB21B.I7014

Amount of Each Disbursement this Period

7.87

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. SHELL OIL**

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2015

Transaction ID : SB21B.I7015

Amount of Each Disbursement this Period

31.12

Memo Item  
DEMAURA 3/8

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

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

0.00

# 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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

### A. SHELL OIL

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2015

Transaction ID : SB21B.I7016

Amount of Each Disbursement this Period

30.92
-------

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

### B. SHELL OIL

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : SB21B.I7017

Amount of Each Disbursement this Period

62.30
-------

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

### C. SHELL OIL

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2015

Transaction ID : SB21B.I7018

Amount of Each Disbursement this Period

39.51
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Memo Item  
DEMAURA 3/8

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

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

0.00
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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"/> 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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. SHELL OIL**

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	7		2	0	1	5

**Transaction ID : SB21B.I7019**

Amount of Each Disbursement this Period

5	3	.	9	1
---	---	---	---	---

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. SHELL OIL**

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : SB21B.I7020**

Amount of Each Disbursement this Period

5	0	.	7	1
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Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. SHELL OIL**

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	5

**Transaction ID : SB21B.I7021**

Amount of Each Disbursement this Period

4	6	.	3	5
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Memo Item  
DEMAURA 3/8

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

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

0	0	0
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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 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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. SHELL OIL**

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 05 / 2015

Transaction ID : SB21B.I7022

Amount of Each Disbursement this Period

47.03

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. SHELL OIL**

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2015

Transaction ID : SB21B.I7023

Amount of Each Disbursement this Period

42.25

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. SHELL OIL**

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2015

Transaction ID : SB21B.I7024

Amount of Each Disbursement this Period

35.28

Memo Item  
DEMAURA 3/8

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. SHELL OIL**

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2015

Transaction ID : SB21B.I7025

Amount of Each Disbursement this Period

37.06

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. SHELL OIL**

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2015

Transaction ID : SB21B.I7026

Amount of Each Disbursement this Period

40.25

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. SHELL OIL**

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2015

Transaction ID : SB21B.I7027

Amount of Each Disbursement this Period

42.21

Memo Item  
DEMAURA 3/8

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

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

0.00

**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)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. SHELL OIL**

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2015			

Transaction ID : SB21B.I7029

Amount of Each Disbursement this Period

26.71
-------

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. SHELL OIL**

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2015			

Transaction ID : SB21B.I7032

Amount of Each Disbursement this Period

43.58
-------

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. SHELL OIL**

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

Transaction ID : SB21B.I7033

Amount of Each Disbursement this Period

74.32
-------

Memo Item  
DEMAURA 3/8

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

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

0.00
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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"/> 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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**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. SHELL OIL**

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

Transaction ID : SB21B.I7034

Amount of Each Disbursement this Period

38.72

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. SHELL OIL**

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 16 / 2015

Transaction ID : SB21B.I7035

Amount of Each Disbursement this Period

29.13

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. SHELL OIL**

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 03 / 2016

Transaction ID : SB21B.I7036

Amount of Each Disbursement this Period

31.73

Memo Item  
DEMAURA 3/8

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

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

0.00

**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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**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. SHELL OIL**

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2016

Transaction ID : SB21B.I7040

Amount of Each Disbursement this Period

18.71

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. SHERATON**

Mailing Address 1 STARPOINT

City STAMFORD State CT Zip Code 06902

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 25 / 2016

Transaction ID : SB21B.I7043

Amount of Each Disbursement this Period

71.20

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST**

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 14 / 2016

Transaction ID : SB21B.I7048

Amount of Each Disbursement this Period

484.36

Memo Item  
DEMAURA 3/8

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. SPEEDWAY**

Mailing Address 500 SPEEDWAY DR

City ENON State OH Zip Code 45323

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2015

Transaction ID : SB21B.I7049

Amount of Each Disbursement this Period

46.71

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. SPEEDWAY**

Mailing Address 500 SPEEDWAY DR

City ENON State OH Zip Code 45323

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 05 / 2015

Transaction ID : SB21B.I7050

Amount of Each Disbursement this Period

22.05

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. SPEEDWAY**

Mailing Address 500 SPEEDWAY DR

City ENON State OH Zip Code 45323

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 07 / 2015

Transaction ID : SB21B.I7051

Amount of Each Disbursement this Period

26.26

Memo Item  
DEMAURA 3/8

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

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

0.00

**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)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. SPEEDWAY**

Mailing Address 500 SPEEDWAY DR

City ENON State OH Zip Code 45323

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 10 / 2015

Transaction ID : SB21B.I7052

Amount of Each Disbursement this Period

48.51

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. STAPLES**

Mailing Address 500 STAPLES DR.

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 14 / 2015

Transaction ID : SB21B.I7061

Amount of Each Disbursement this Period

31.69

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. STAPLES**

Mailing Address 500 STAPLES DR.

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2015

Transaction ID : SB21B.I7062

Amount of Each Disbursement this Period

241.79

Memo Item  
DEMAURA 3/8

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. STAPLES**

Mailing Address 500 STAPLES DR.

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	5

Transaction ID : SB21B.I7063

Amount of Each Disbursement this Period

1	2	4	0	2
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Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. STAPLES**

Mailing Address 500 STAPLES DR.

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	5

Transaction ID : SB21B.I7064

Amount of Each Disbursement this Period

1	2	2	6	3
---	---	---	---	---

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. STRATICS NETWORKS**

Mailing Address 762 UPPER JAMES ST, SOUTH SUITE 28

City HAMILTON State ON Zip Code L9C 3

Purpose of Disbursement  
WEBSITE EXPENSE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	1	5

Transaction ID : SB21B.I7072

Amount of Each Disbursement this Period

5	0	0	0	0
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Memo Item  
DEMAURA 3/8

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

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

0	0	0	0	0
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0	0	0	0	0
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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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. STRATICS NETWORKS**

Mailing Address 762 UPPER JAMES ST, SOUTH SUITE 28

City HAMILTON State ON Zip Code L9C 3

Purpose of Disbursement WEBSITE EXPENSE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 03 / 2016

Transaction ID : SB21B.I7073

Amount of Each Disbursement this Period

4000.00

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. TECHSMITH**

Mailing Address 2405 WOODLAKE DR.

City OKEMOS State MI Zip Code 48864

Purpose of Disbursement OFFICE EQUIPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2015

Transaction ID : SB21B.I7110

Amount of Each Disbursement this Period

143.95

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES**

Mailing Address 1455 MARKET ST  
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2015

Transaction ID : SB21B.I7127

Amount of Each Disbursement this Period

31.56

Memo Item  
DEMAURA 3/8

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES**

Mailing Address 1455 MARKET ST  
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 12 / 2015

Transaction ID : SB21B.I7128

Amount of Each Disbursement this Period

56.00

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES**

Mailing Address 1455 MARKET ST  
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 12 / 2015

Transaction ID : SB21B.I7129

Amount of Each Disbursement this Period

29.68

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES**

Mailing Address 1455 MARKET ST  
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2015

Transaction ID : SB21B.I7130

Amount of Each Disbursement this Period

30.00

Memo Item  
DEMAURA 3/8

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES**

Mailing Address 1455 MARKET ST  
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2015

Transaction ID : SB21B.I7131

Amount of Each Disbursement this Period

92.00

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES**

Mailing Address 1455 MARKET ST  
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 17 / 2016

Transaction ID : SB21B.I7132

Amount of Each Disbursement this Period

28.50

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES**

Mailing Address 1455 MARKET ST  
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 18 / 2016

Transaction ID : SB21B.I7133

Amount of Each Disbursement this Period

12.87

Memo Item  
DEMAURA 3/8

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

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

0.00

**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)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES**

Mailing Address 1455 MARKET ST  
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 18 / 2016

Transaction ID : SB21B.I7134

Amount of Each Disbursement this Period

11.08

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES**

Mailing Address 1455 MARKET ST  
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2016

Transaction ID : SB21B.I7136

Amount of Each Disbursement this Period

4.39

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES**

Mailing Address 1455 MARKET ST  
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2016

Transaction ID : SB21B.I7137

Amount of Each Disbursement this Period

4.35

Memo Item  
DEMAURA 3/8

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES**

Mailing Address 1455 MARKET ST  
FL 4

City State Zip Code  
SAN FRANCISCO CA 94103

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	17	/	2016

Transaction ID : SB21B.I7141

Amount of Each Disbursement this Period

24.23
-------

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. UNITED AIRLINES**

Mailing Address P.O. BOX 06649

City State Zip Code  
CHICAGO IL 60606

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	26	/	2015

Transaction ID : SB21B.I7145

Amount of Each Disbursement this Period

6.99
------

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. UNITED AIRLINES**

Mailing Address P.O. BOX 06649

City State Zip Code  
CHICAGO IL 60606

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	27	/	2015

Transaction ID : SB21B.I7146

Amount of Each Disbursement this Period

6.99
------

Memo Item  
DEMAURA 3/8

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

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

0.00
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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"/> 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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. UNITED AIRLINES**

Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	7			2	0	1	5		

Transaction ID : SB21B.I7147

Amount of Each Disbursement this Period

7	9	.	0	0
---	---	---	---	---

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. UNITED AIRLINES**

Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	4			2	0	1	5		

Transaction ID : SB21B.I7148

Amount of Each Disbursement this Period

3	2	.	0	0
---	---	---	---	---

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. UNITED AIRLINES**

Mailing Address P.O. BOX 06649

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	4			2	0	1	5		

Transaction ID : SB21B.I7149

Amount of Each Disbursement this Period

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

Memo Item  
DEMAURA 3/8

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

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

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 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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. UPS STORE**

Mailing Address 55 GLENLAKE PKWY NE

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement SHIPPING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2015

Transaction ID : SB21B.I7157

Amount of Each Disbursement this Period

264.60

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. USAIRWAYS**

Mailing Address 111 W RIO SALADO PKWY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2015

Transaction ID : SB21B.I7160

Amount of Each Disbursement this Period

444.10

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 475 L'ENFANT PLZ SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 09 / 2015

Transaction ID : SB21B.I7161

Amount of Each Disbursement this Period

6.61

Memo Item  
DEMAURA 3/8

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. VERIZON WIRELESS**

Mailing Address 140 WEST ST

City NEW YORK State NY Zip Code 10007

Purpose of Disbursement  
P

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 27 / 2015

Transaction ID : SB21B.I7182

Amount of Each Disbursement this Period

296.94

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**B. VERIZON WIRELESS**

Mailing Address 140 WEST ST

City NEW YORK State NY Zip Code 10007

Purpose of Disbursement  
PHONE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 16 / 2016

Transaction ID : SB21B.I7184

Amount of Each Disbursement this Period

84.99

Memo Item  
DEMAURA 3/8

Full Name (Last, First, Middle Initial)

**C. STEPHEN A DEMAURA**

Mailing Address 125 CHANCERY RD

City LANGHORNE State PA Zip Code 19047

Purpose of Disbursement  
REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2016

Transaction ID : SB21B.I6346

Amount of Each Disbursement this Period

2741.71

Memo Item

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

2741.71

**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)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. STEPHEN A DEMAURA**

Mailing Address 125 CHANCERY RD

City LANGHORNE State PA Zip Code 19047

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 03 / 2016

Transaction ID : SB21B.I7071

Amount of Each Disbursement this Period

176.53

Memo Item  
DEMAURA 3/7

Full Name (Last, First, Middle Initial)

**B. DELTA**

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 14 / 2016

Transaction ID : SB21B.I6550

Amount of Each Disbursement this Period

1274.10

Memo Item  
DEMAURA 3/7

Full Name (Last, First, Middle Initial)

**C. JETBLUE AIRWAYS**

Mailing Address 27-01 QUEENS PLAZA NORTH

City LONG ISLAND State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 14 / 2016

Transaction ID : SB21B.I6798

Amount of Each Disbursement this Period

203.10

Memo Item  
DEMAURA 3/7

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. PANERA BREAD CO**

Mailing Address 3630 S GEYER RD STE 100

City ST LOUIS State MO Zip Code 63127

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 05 / 2016

Transaction ID : SB21B.I6953

Amount of Each Disbursement this Period

10.34

Memo Item  
DEMAURA 3/7

Full Name (Last, First, Middle Initial)

**B. SHELL OIL**

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2016

Transaction ID : SB21B.I7037

Amount of Each Disbursement this Period

7.77

Memo Item  
DEMAURA 3/7

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST**

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 14 / 2016

Transaction ID : SB21B.I7047

Amount of Each Disbursement this Period

484.36

Memo Item  
DEMAURA 3/7

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. WAWA**

Mailing Address 260 W BALTIMORE PIKE

City WAWA State PA Zip Code 19063

Purpose of Disbursement  
GIFT CARDS FOR VOLUNTEERS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		25		2015

Transaction ID : SB21B.I7204

Amount of Each Disbursement this Period

400.00
--------

Memo Item  
DEMAURA 3/7

Full Name (Last, First, Middle Initial)

**B. MARY K EARNHARDT**

Mailing Address 645 65TH PLACE UNIT #185  
STE 185

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement  
REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2016

Transaction ID : SB21B.I6323

Amount of Each Disbursement this Period

31616.74
----------

Memo Item

Full Name (Last, First, Middle Initial)

**C. AIRGAS**

Mailing Address 259 N RADNOR CHESTER RD  
NO 100

City RADNOR State PA Zip Code 19087

Purpose of Disbursement  
HELIUM

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2015

Transaction ID : SB21B.I6366

Amount of Each Disbursement this Period

236.84
--------

Memo Item  
EARNHARDT 3/7

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

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

31616.74
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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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 21 / 2016

Transaction ID : SB21B.I6401

Amount of Each Disbursement this Period

769.78

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**B. BEST BUY**

Mailing Address 7601 PENN AVE S

City RICHFIELD State MN Zip Code 55423

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 22 / 2015

Transaction ID : SB21B.I6455

Amount of Each Disbursement this Period

317.99

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**C. BEST BUY**

Mailing Address 7601 PENN AVE S

City RICHFIELD State MN Zip Code 55423

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 27 / 2015

Transaction ID : SB21B.I6457

Amount of Each Disbursement this Period

37.09

Memo Item  
EARNHARDT 3/7

**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)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. BEST BUY**

Mailing Address 7601 PENN AVE S

City RICHFIELD State MN Zip Code 55423

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB21B.I6458

Amount of Each Disbursement this Period

58.81

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**B. BEST BUY**

Mailing Address 7601 PENN AVE S

City RICHFIELD State MN Zip Code 55423

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 06 / 2015

Transaction ID : SB21B.I6459

Amount of Each Disbursement this Period

137.78

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**C. BUENA VISTA INN AND SUITES**

Mailing Address 1726 LAKE AVE N

City STORM LAKE State IA Zip Code 50588

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2015

Transaction ID : SB21B.I6479

Amount of Each Disbursement this Period

358.80

Memo Item  
EARNHARDT 3/7

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. CAFE DUE**

Mailing Address 421 MAIN ST

City CEDAR FALLS State IA Zip Code 50613

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

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
0	1		0	6		2	0	1	6		

**Transaction ID : SB21B.I6482**

Amount of Each Disbursement this Period

2	1	2	0	2
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Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**B. CASEYS GENERAL STORE**

Mailing Address 1 SE CONVENIENCE BLVD

City ANKENY State IA Zip Code 50021

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

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
0	1		0	6		2	0	1	6		

**Transaction ID : SB21B.I6484**

Amount of Each Disbursement this Period

5	9	5	4
---	---	---	---

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**C. COSTCO**

Mailing Address 999 LAKE DR

City ISSAQUAH State WA Zip Code 98027

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

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
1	0		2	5		2	0	1	5		

**Transaction ID : SB21B.I6525**

Amount of Each Disbursement this Period

1	2	9	5	1
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Memo Item  
EARNHARDT 3/7

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

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

0	0	0
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0	0	0
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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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. DES MOINES INTERNATIONAL AIRPORT**

Mailing Address 5800 FLEUR DR.

City DES MOINES State IA Zip Code 50321

Purpose of Disbursement  
PARKING

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
1	1		0	8		2	0	1	5		

Transaction ID : SB21B.I6555

Amount of Each Disbursement this Period

5	2	.	0	0
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Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 942 S SHADY GROVE RD

City MEMPHIS State TN Zip Code 38119

Purpose of Disbursement  
PRINTING

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
0	4		1	9		2	0	1	5		

Transaction ID : SB21B.I6675

Amount of Each Disbursement this Period

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

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 942 S SHADY GROVE RD

City MEMPHIS State TN Zip Code 38119

Purpose of Disbursement  
PRINTING

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
0	5		1	5		2	0	1	5		

Transaction ID : SB21B.I6679

Amount of Each Disbursement this Period

3	2	1	.	9
---	---	---	---	---

Memo Item  
EARNHARDT 3/7

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

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

0	0	0
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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 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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 942 S SHADY GROVE RD

City MEMPHIS State TN Zip Code 38119

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2015

Transaction ID : SB21B.I6680

Amount of Each Disbursement this Period

42.40

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 942 S SHADY GROVE RD

City MEMPHIS State TN Zip Code 38119

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 27 / 2015

Transaction ID : SB21B.I6681

Amount of Each Disbursement this Period

323.50

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 942 S SHADY GROVE RD

City MEMPHIS State TN Zip Code 38119

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 13 / 2016

Transaction ID : SB21B.I6684

Amount of Each Disbursement this Period

99.03

Memo Item  
EARNHARDT 3/7

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

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

0.00



**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 942 S SHADY GROVE RD

City MEMPHIS State TN Zip Code 38119

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 18 / 2016

Transaction ID : SB21B.I6685

Amount of Each Disbursement this Period

1166.00

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 942 S SHADY GROVE RD

City MEMPHIS State TN Zip Code 38119

Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2016

Transaction ID : SB21B.I6686

Amount of Each Disbursement this Period

422.60

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 942 S SHADY GROVE RD

City MEMPHIS State TN Zip Code 38119

Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 07 / 2016

Transaction ID : SB21B.I6687

Amount of Each Disbursement this Period

41.25

Memo Item  
EARNHARDT 3/7

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 942 S SHADY GROVE RD

City MEMPHIS State TN Zip Code 38119

Purpose of Disbursement SHIPPING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 07 / 2016

Transaction ID : SB21B.I6688

Amount of Each Disbursement this Period

88.06

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**B. FELIX AND OSCARS**

Mailing Address 4050 MERLE HAY RD

City DES MOINES State IA Zip Code 50310

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2015

Transaction ID : SB21B.I6689

Amount of Each Disbursement this Period

250.50

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**C. FLIX BREWHOUSE**

Mailing Address 3800 MERLE HAY RD

City DES MOINES State IA Zip Code 50310

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2015

Transaction ID : SB21B.I6695

Amount of Each Disbursement this Period

1282.74

Memo Item  
EARNHARDT 3/7

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. HILTON**

Mailing Address 7930 JONES BRANCH DR., SUITE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

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

Transaction ID : SB21B.I6760

Amount of Each Disbursement this Period

2	4	3	.	0	4
---	---	---	---	---	---

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**B. HILTON**

Mailing Address 7930 JONES BRANCH DR., SUITE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	1			2	0	1	6		

Transaction ID : SB21B.I6762

Amount of Each Disbursement this Period

6	8	1	.	0	4
---	---	---	---	---	---

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**C. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	4			2	0	1	6		

Transaction ID : SB21B.I6767

Amount of Each Disbursement this Period

4	6	1	.	8	5
---	---	---	---	---	---

Memo Item  
EARNHARDT 3/7

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

0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

0	0	0
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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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. HY-VEE**

Mailing Address 5820 WESTOWN PKWY

City DES MOINES State IA Zip Code 50266

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2015

Transaction ID : SB21B.I6784

Amount of Each Disbursement this Period

11.64

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**B. HY-VEE**

Mailing Address 5820 WESTOWN PKWY

City DES MOINES State IA Zip Code 50266

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

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

Transaction ID : SB21B.I6785

Amount of Each Disbursement this Period

428.75

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**C. HY-VEE**

Mailing Address 5820 WESTOWN PKWY

City DES MOINES State IA Zip Code 50266

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016

Transaction ID : SB21B.I6786

Amount of Each Disbursement this Period

186.90

Memo Item  
EARNHARDT 3/7

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. KUM AND GO**

Mailing Address 6400 WESTOWN PKWY

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2015			

**Transaction ID : SB21B.I6803**

Amount of Each Disbursement this Period

86.85
-------

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**B. LEGENDS AMERICAN GRILL**

Mailing Address 640 S 50TH ST

City WEST DES MOINES State IA Zip Code 50265

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			07			2016			

**Transaction ID : SB21B.I6829**

Amount of Each Disbursement this Period

169.47
--------

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**C. LOWES**

Mailing Address 1000 LOWES BLVD

City MOORESVILLE State NC Zip Code 28117

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			16			2015			

**Transaction ID : SB21B.I6852**

Amount of Each Disbursement this Period

41.64
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Memo Item  
EARNHARDT 3/7

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

0.00
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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 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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. LOWES**

Mailing Address 1000 LOWES BLVD

City MOORESVILLE State NC Zip Code 28117

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2015			

Transaction ID : SB21B.I6853

Amount of Each Disbursement this Period

217.94
--------

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**B. LOWES**

Mailing Address 1000 LOWES BLVD

City MOORESVILLE State NC Zip Code 28117

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2015			

Transaction ID : SB21B.I6854

Amount of Each Disbursement this Period

50.18
-------

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**C. LOWES**

Mailing Address 1000 LOWES BLVD

City MOORESVILLE State NC Zip Code 28117

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2015			

Transaction ID : SB21B.I6855

Amount of Each Disbursement this Period

37.45
-------

Memo Item  
EARNHARDT 3/7

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

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

0.00
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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"/> 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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. LOWES**

Mailing Address 1000 LOWES BLVD

City MOORESVILLE State NC Zip Code 28117

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 22 / 2015

Transaction ID : SB21B.I6856

Amount of Each Disbursement this Period

37.50

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**B. NOBBIES**

Mailing Address 2500 S 120TH ST

City OMAHA State NE Zip Code 68144

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2015

Transaction ID : SB21B.I6898

Amount of Each Disbursement this Period

268.60

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**C. OFFICE DEPOT**

Mailing Address 6600 NORTH MILITARY TR

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 19 / 2015

Transaction ID : SB21B.I6904

Amount of Each Disbursement this Period

29.44

Memo Item  
EARNHARDT 3/7

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

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

0.00

**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)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. OFFICE DEPOT**

Mailing Address 6600 NORTH MILITARY TR

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2015

Transaction ID : SB21B.I6905

Amount of Each Disbursement this Period

172.75

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**B. OFFICE DEPOT**

Mailing Address 6600 NORTH MILITARY TR

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2015

Transaction ID : SB21B.I6909

Amount of Each Disbursement this Period

67.56

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**C. OFFICE DEPOT**

Mailing Address 6600 NORTH MILITARY TR

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 14 / 2015

Transaction ID : SB21B.I6912

Amount of Each Disbursement this Period

264.27

Memo Item  
EARNHARDT 3/7

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

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

0.00



**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. OFFICE DEPOT**

Mailing Address 6600 NORTH MILITARY TR

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 14 / 2015

Transaction ID : SB21B.I6913

Amount of Each Disbursement this Period

6.35

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**B. OFFICE DEPOT**

Mailing Address 6600 NORTH MILITARY TR

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2016

Transaction ID : SB21B.I6915

Amount of Each Disbursement this Period

646.34

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**C. OFFICE DEPOT**

Mailing Address 6600 NORTH MILITARY TR

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 13 / 2016

Transaction ID : SB21B.I6916

Amount of Each Disbursement this Period

564.03

Memo Item  
EARNHARDT 3/7

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. OFFICE DEPOT**

Mailing Address 6600 NORTH MILITARY TR

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 14 / 2016

Transaction ID : SB21B.I6917

Amount of Each Disbursement this Period

190.77

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**B. OFFICEMAX**

Mailing Address 263 SHUMAN BLVD

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 15 / 2015

Transaction ID : SB21B.I6918

Amount of Each Disbursement this Period

7.41

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**C. OFFICEMAX**

Mailing Address 263 SHUMAN BLVD

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 25 / 2015

Transaction ID : SB21B.I6919

Amount of Each Disbursement this Period

168.94

Memo Item  
EARNHARDT 3/7

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

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

0.00

**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)

21b     22     23     24     25     26  
 27     28a     28b     28c     29     30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. OFFICEMAX**

Mailing Address 263 SHUMAN BLVD

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2015

Transaction ID : SB21B.I6920

Amount of Each Disbursement this Period

101.19

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**B. OFFICEMAX**

Mailing Address 263 SHUMAN BLVD

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 07 / 2015

Transaction ID : SB21B.I6921

Amount of Each Disbursement this Period

10.72

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**C. OFFICEMAX**

Mailing Address 263 SHUMAN BLVD

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 21 / 2015

Transaction ID : SB21B.I6922

Amount of Each Disbursement this Period

14.62

Memo Item  
EARNHARDT 3/7

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. OFFICEMAX**

Mailing Address 263 SHUMAN BLVD

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2015

Transaction ID : SB21B.I6923

Amount of Each Disbursement this Period

24.99

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**B. OFFICEMAX**

Mailing Address 263 SHUMAN BLVD

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2015

Transaction ID : SB21B.I6924

Amount of Each Disbursement this Period

34.63

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**C. OFFICEMAX**

Mailing Address 263 SHUMAN BLVD

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2015

Transaction ID : SB21B.I6925

Amount of Each Disbursement this Period

132.45

Memo Item  
EARNHARDT 3/7

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. OFFICEMAX**

Mailing Address 263 SHUMAN BLVD

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2015

Transaction ID : SB21B.I6926

Amount of Each Disbursement this Period

22.25

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**B. OFFICEMAX**

Mailing Address 263 SHUMAN BLVD

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2015

Transaction ID : SB21B.I6927

Amount of Each Disbursement this Period

217.09

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**C. OFFICEMAX**

Mailing Address 263 SHUMAN BLVD

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 25 / 2015

Transaction ID : SB21B.I6928

Amount of Each Disbursement this Period

112.91

Memo Item  
EARNHARDT 3/7

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. OFFICEMAX**

Mailing Address 263 SHUMAN BLVD

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2015			

Transaction ID : SB21B.I6929

Amount of Each Disbursement this Period

148.69
--------

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**B. OFFICEMAX**

Mailing Address 263 SHUMAN BLVD

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : SB21B.I6932

Amount of Each Disbursement this Period

23.49
-------

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**C. OFFICEMAX**

Mailing Address 263 SHUMAN BLVD

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2015			

Transaction ID : SB21B.I6933

Amount of Each Disbursement this Period

70.99
-------

Memo Item  
EARNHARDT 3/7

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

0.00
------

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. OFFICEMAX**

Mailing Address 263 SHUMAN BLVD

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2015

Transaction ID : SB21B.I6934

Amount of Each Disbursement this Period

223.43

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**B. OFFICEMAX**

Mailing Address 263 SHUMAN BLVD

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2016

Transaction ID : SB21B.I6935

Amount of Each Disbursement this Period

74.15

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**C. OFFICEMAX**

Mailing Address 263 SHUMAN BLVD

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2016

Transaction ID : SB21B.I6936

Amount of Each Disbursement this Period

307.29

Memo Item  
EARNHARDT 3/7

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. OFFICEMAX**

Mailing Address 263 SHUMAN BLVD

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2016

Transaction ID : SB21B.I6937

Amount of Each Disbursement this Period

547.18

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**B. OFFICEMAX**

Mailing Address 263 SHUMAN BLVD

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 09 / 2016

Transaction ID : SB21B.I6938

Amount of Each Disbursement this Period

454.22

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**C. OFFICEMAX**

Mailing Address 263 SHUMAN BLVD

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 22 / 2016

Transaction ID : SB21B.I6939

Amount of Each Disbursement this Period

618.31

Memo Item  
EARNHARDT 3/7

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. PANERA BREAD CO**

Mailing Address 3630 S GEYER RD STE 100

City ST LOUIS State MO Zip Code 63127

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 05 / 2016

Transaction ID : SB21B.I6954

Amount of Each Disbursement this Period

97.32

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**B. TARGET**

Mailing Address 1000 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 15 / 2015

Transaction ID : SB21B.I7098

Amount of Each Disbursement this Period

97.05

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**C. TARGET**

Mailing Address 1000 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 25 / 2015

Transaction ID : SB21B.I7099

Amount of Each Disbursement this Period

242.24

Memo Item  
EARNHARDT 3/7

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. TARGET**

Mailing Address 1000 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : SB21B.I7100**

Amount of Each Disbursement this Period

4	6	.	0	5
---	---	---	---	---

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**B. TARGET**

Mailing Address 1000 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	7			2	0	1	5		

**Transaction ID : SB21B.I7101**

Amount of Each Disbursement this Period

2	5	6	.	7
---	---	---	---	---

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**C. TARGET**

Mailing Address 1000 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	7			2	0	1	5		

**Transaction ID : SB21B.I7104**

Amount of Each Disbursement this Period

2	6	3	.	3	5
---	---	---	---	---	---

Memo Item  
EARNHARDT 3/7

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

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

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 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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. TARGET**

Mailing Address 1000 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	2			2	0	1	6		

**Transaction ID : SB21B.I7105**

Amount of Each Disbursement this Period

6	0	7	0
---	---	---	---

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**B. TARGET**

Mailing Address 1000 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	4			2	0	1	6		

**Transaction ID : SB21B.I7109**

Amount of Each Disbursement this Period

4	1	2	0
---	---	---	---

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 475 L'ENFANT PLZ SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	1	5		

**Transaction ID : SB21B.I7162**

Amount of Each Disbursement this Period

4	9	0	0
---	---	---	---

Memo Item  
EARNHARDT 3/7

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

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

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 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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 475 L'ENFANT PLZ SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2015

Transaction ID : SB21B.I7163

Amount of Each Disbursement this Period

28.00

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 475 L'ENFANT PLZ SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2015

Transaction ID : SB21B.I7164

Amount of Each Disbursement this Period

490.00

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 475 L'ENFANT PLZ SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2015

Transaction ID : SB21B.I7166

Amount of Each Disbursement this Period

24.18

Memo Item  
EARNHARDT 3/7

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 475 L'ENFANT PLZ SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SB21B.I7167

Amount of Each Disbursement this Period

280.00

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 475 L'ENFANT PLZ SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 14 / 2015

Transaction ID : SB21B.I7168

Amount of Each Disbursement this Period

1750.00

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 475 L'ENFANT PLZ SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
01 / 05 / 2016

Transaction ID : SB21B.I7170

Amount of Each Disbursement this Period

875.00

Memo Item  
EARNHARDT 3/7

**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)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 475 L'ENFANT PLZ SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 13 / 2016

Transaction ID : SB21B.I7171

Amount of Each Disbursement this Period

704.03

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 475 L'ENFANT PLZ SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 14 / 2016

Transaction ID : SB21B.I7172

Amount of Each Disbursement this Period

6790.00

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 475 L'ENFANT PLZ SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2016

Transaction ID : SB21B.I7173

Amount of Each Disbursement this Period

840.00

Memo Item  
EARNHARDT 3/7

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 475 L'ENFANT PLZ SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2016

Transaction ID : SB21B.I7175

Amount of Each Disbursement this Period

1.90

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**B. WALMART**

Mailing Address 702 SW 8TH ST

City BENTONVILLE6 State AR Zip Code 72716

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2015

Transaction ID : SB21B.I7192

Amount of Each Disbursement this Period

250.36

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**C. WALMART**

Mailing Address 702 SW 8TH ST

City BENTONVILLE6 State AR Zip Code 72716

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 20 / 2015

Transaction ID : SB21B.I7193

Amount of Each Disbursement this Period

122.76

Memo Item  
EARNHARDT 3/7

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. WALMART**

Mailing Address 702 SW 8TH ST

City BENTONVILLE6 State AR Zip Code 72716

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 20 / 2015

Transaction ID : SB21B.I7194

Amount of Each Disbursement this Period

155.88

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**B. WALMART**

Mailing Address 702 SW 8TH ST

City BENTONVILLE6 State AR Zip Code 72716

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 20 / 2015

Transaction ID : SB21B.I7195

Amount of Each Disbursement this Period

373.57

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**C. WALMART**

Mailing Address 702 SW 8TH ST

City BENTONVILLE6 State AR Zip Code 72716

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 21 / 2015

Transaction ID : SB21B.I7196

Amount of Each Disbursement this Period

402.38

Memo Item  
EARNHARDT 3/7

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

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

0.00



**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. WALMART**

Mailing Address 702 SW 8TH ST

City BENTONVILLE6 State AR Zip Code 72716

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2015

Transaction ID : SB21B.I7197

Amount of Each Disbursement this Period

362.62

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**B. WALMART**

Mailing Address 702 SW 8TH ST

City BENTONVILLE6 State AR Zip Code 72716

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 24 / 2015

Transaction ID : SB21B.I7198

Amount of Each Disbursement this Period

336.24

Memo Item  
EARNHARDT 3/7

Full Name (Last, First, Middle Initial)

**C. WALMART**

Mailing Address 702 SW 8TH ST

City BENTONVILLE6 State AR Zip Code 72716

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 16 / 2016

Transaction ID : SB21B.I7199

Amount of Each Disbursement this Period

346.19

Memo Item  
EARNHARDT 3/7

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

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

0.00

**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)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. CHRIS GODBEY**

Mailing Address 4329 36TH ST S

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CAMPAIGN CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2016

Transaction ID : **SB21B.I6298**

Amount of Each Disbursement this Period

7250.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. DYLAN M GUNNELS**

Mailing Address 100 RIVERBEND DR. APT C-28

City WEST COLUMBIA State SC Zip Code 29169

Purpose of Disbursement  
REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2016

Transaction ID : **SB21B.I6308**

Amount of Each Disbursement this Period

110.47

Memo Item

Full Name (Last, First, Middle Initial)

**C. DELTA**

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2016

Transaction ID : **SB21B.I6551**

Amount of Each Disbursement this Period

25.00

Memo Item

GUNNELS 3/9

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

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

7360.47

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. HOME DEPOT**

Mailing Address 2455 PACE FERRY RD NW

City ATLANTA State GA Zip Code 30339

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 03 / 2016

Transaction ID : SB21B.I6769

Amount of Each Disbursement this Period

60.47

Memo Item  
GUNNELS 3/9

Full Name (Last, First, Middle Initial)

**B. TIMOTHY K HUGHES**

Mailing Address 50 HEATON AVE

City NORWOOD State MA Zip Code 02062

Purpose of Disbursement REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : SB21B.I6351

Amount of Each Disbursement this Period

80.45

Memo Item

Full Name (Last, First, Middle Initial)

**C. CUMBERLAND FARMS**

Mailing Address 100 CROSSING BLVD

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2016

Transaction ID : SB21B.I6537

Amount of Each Disbursement this Period

16.65

Memo Item  
HUGHES 3/7

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

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

80.45

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. EXXON MOBIL**

Mailing Address 5959 LAS COLINAS BLVD

City IRVING State TX Zip Code 75039

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2016

Transaction ID : SB21B.I6669

Amount of Each Disbursement this Period

18.34

Memo Item  
HUGHES 3/7

Full Name (Last, First, Middle Initial)

**B. SPEEDWAY**

Mailing Address 500 SPEEDWAY DR

City ENON State OH Zip Code 45323

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2016

Transaction ID : SB21B.I7053

Amount of Each Disbursement this Period

15.46

Memo Item  
HUGHES 3/7

Full Name (Last, First, Middle Initial)

**C. TIMOTHY J MALONEY**

Mailing Address 405 OXFORD ST

City HEFLIN State AL Zip Code 36264

Purpose of Disbursement  
REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : SB21B.I6350

Amount of Each Disbursement this Period

9378.80

Memo Item

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

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

9378.80

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. ALAMO**

Mailing Address 600 CORPORATE LAKE DR

City ST. LOUIS State MO Zip Code 63132

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 07 / 2015

Transaction ID : SB21B.I6367

Amount of Each Disbursement this Period

305.91

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**B. ALAMO**

Mailing Address 600 CORPORATE LAKE DR

City ST. LOUIS State MO Zip Code 63132

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 24 / 2015

Transaction ID : SB21B.I6368

Amount of Each Disbursement this Period

7.75

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2015

Transaction ID : SB21B.I6411

Amount of Each Disbursement this Period

25.00

Memo Item  
MALONEY 3/7

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 07 / 2015

Transaction ID : SB21B.I6412

Amount of Each Disbursement this Period

25.00

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 11 / 2016

Transaction ID : SB21B.I6413

Amount of Each Disbursement this Period

60.00

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 12 / 2016

Transaction ID : SB21B.I6414

Amount of Each Disbursement this Period

29.04

Memo Item  
MALONEY 3/7

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD

City State Zip Code  
FORT WORTH TX 76155

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 12 / 2016

Transaction ID : SB21B.I6415

Amount of Each Disbursement this Period

25.00

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD

City State Zip Code  
FORT WORTH TX 76155

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 16 / 2016

Transaction ID : SB21B.I6416

Amount of Each Disbursement this Period

41.69

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD

City State Zip Code  
FORT WORTH TX 76155

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 16 / 2016

Transaction ID : SB21B.I6417

Amount of Each Disbursement this Period

25.00

Memo Item  
MALONEY 3/7

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. CASEYS GENERAL STORE**

Mailing Address 1 SE CONVENIENCE BLVD

City ANKENY State IA Zip Code 50021

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 19 / 2016

Transaction ID : SB21B.I6486

Amount of Each Disbursement this Period

9.16

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**B. CASEYS GENERAL STORE**

Mailing Address 1 SE CONVENIENCE BLVD

City ANKENY State IA Zip Code 50021

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2016

Transaction ID : SB21B.I6488

Amount of Each Disbursement this Period

32.52

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**C. CASEYS GENERAL STORE**

Mailing Address 1 SE CONVENIENCE BLVD

City ANKENY State IA Zip Code 50021

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 25 / 2016

Transaction ID : SB21B.I6490

Amount of Each Disbursement this Period

24.55

Memo Item  
MALONEY 3/7

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

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

0.00



**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. CASEYS GENERAL STORE**

Mailing Address 1 SE CONVENIENCE BLVD

City ANKENY State IA Zip Code 50021

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 25 / 2016

Transaction ID : SB21B.I6491

Amount of Each Disbursement this Period

8.75

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**B. CASEYS GENERAL STORE**

Mailing Address 1 SE CONVENIENCE BLVD

City ANKENY State IA Zip Code 50021

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 27 / 2016

Transaction ID : SB21B.I6493

Amount of Each Disbursement this Period

5.99

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**C. CASEYS GENERAL STORE**

Mailing Address 1 SE CONVENIENCE BLVD

City ANKENY State IA Zip Code 50021

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2016

Transaction ID : SB21B.I6494

Amount of Each Disbursement this Period

33.10

Memo Item  
MALONEY 3/7

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. CHARLEY'S STEAK HOUSE**

Mailing Address 8255 INTERNATIONAL DR.

City ORLANDO State FL Zip Code 32819

Purpose of Disbursement  
FOOD/BEVERAGES

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
1	1		1	3		2	0	1	5

Transaction ID : SB21B.I6499

Amount of Each Disbursement this Period

2	9	4	.	5	0
---	---	---	---	---	---

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**B. CHICK-FIL-A**

Mailing Address 5200 BUFFINGTON RD

City ATLANTA State GA Zip Code 30349

Purpose of Disbursement  
FOOD/BEVERAGES

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
0	1		2	5		2	0	1	6

Transaction ID : SB21B.I6501

Amount of Each Disbursement this Period

1	0	.	4	2
---	---	---	---	---

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**C. CHICK-FIL-A**

Mailing Address 5200 BUFFINGTON RD

City ATLANTA State GA Zip Code 30349

Purpose of Disbursement  
FOOD/BEVERAGES

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
0	2		0	3		2	0	1	6

Transaction ID : SB21B.I6502

Amount of Each Disbursement this Period

1	2	.	1	3
---	---	---	---	---

Memo Item  
MALONEY 3/7

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

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

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 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)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. CHICK-FIL-A**

Mailing Address 5200 BUFFINGTON RD

City ATLANTA State GA Zip Code 30349

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2016

Transaction ID : SB21B.I6503

Amount of Each Disbursement this Period

10.72

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**B. CUMBERLAND FARMS**

Mailing Address 100 CROSSING BLVD

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2016

Transaction ID : SB21B.I6536

Amount of Each Disbursement this Period

24.70

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**C. CVS**

Mailing Address 1 CVS DR

City WOONSOCKET State RI Zip Code 02895

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2016

Transaction ID : SB21B.I6542

Amount of Each Disbursement this Period

72.64

Memo Item  
MALONEY 3/7

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

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

0.00

**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)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. DELTA**

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 15 / 2015

Transaction ID : SB21B.I6549

Amount of Each Disbursement this Period

8.78

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**B. EXXON MOBIL**

Mailing Address 5959 LAS COLINAS BLVD

City IRVING State TX Zip Code 75039

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2015

Transaction ID : SB21B.I6667

Amount of Each Disbursement this Period

35.10

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**C. EXXON MOBIL**

Mailing Address 5959 LAS COLINAS BLVD

City IRVING State TX Zip Code 75039

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2015

Transaction ID : SB21B.I6668

Amount of Each Disbursement this Period

21.16

Memo Item  
MALONEY 3/7

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. GRANITE CITY FOOD & BREWERY**

Mailing Address 12801 UNIVERSITY AVE

City CLIVE State IA Zip Code 50325

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 19 / 2016

Transaction ID : SB21B.I6733

Amount of Each Disbursement this Period

107.28

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 15 / 2015

Transaction ID : SB21B.I6743

Amount of Each Disbursement this Period

261.24

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**C. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

Transaction ID : SB21B.I6764

Amount of Each Disbursement this Period

98.00

Memo Item  
MALONEY 3/7

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. HOLIDAY INN**

Mailing Address 3 RAVINIA DR. STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 17 / 2015

Transaction ID : SB21B.I6765

Amount of Each Disbursement this Period

40.00

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**B. HY-VEE**

Mailing Address 5820 WESTOWN PKWY

City DES MOINES State IA Zip Code 50266

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
01 / 29 / 2016

Transaction ID : SB21B.I6787

Amount of Each Disbursement this Period

13.92

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**C. HY-VEE**

Mailing Address 5820 WESTOWN PKWY

City DES MOINES State IA Zip Code 50266

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
02 / 01 / 2016

Transaction ID : SB21B.I6788

Amount of Each Disbursement this Period

32.28

Memo Item  
MALONEY 3/7

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. HY-VEE**

Mailing Address 5820 WESTOWN PKWY

City DES MOINES State IA Zip Code 50266

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

Transaction ID : SB21B.I6789

Amount of Each Disbursement this Period

23.00

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**B. KUM AND GO**

Mailing Address 6400 WESTOWN PKWY

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2016

Transaction ID : SB21B.I6804

Amount of Each Disbursement this Period

22.03

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**C. KUM AND GO**

Mailing Address 6400 WESTOWN PKWY

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 11 / 2016

Transaction ID : SB21B.I6805

Amount of Each Disbursement this Period

28.68

Memo Item  
MALONEY 3/7

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. KUM AND GO**

Mailing Address 6400 WESTOWN PKWY

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 17 / 2016

**Transaction ID : SB21B.I6806**

Amount of Each Disbursement this Period

32.61

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**B. KUM AND GO**

Mailing Address 6400 WESTOWN PKWY

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 19 / 2016

**Transaction ID : SB21B.I6808**

Amount of Each Disbursement this Period

13.87

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**C. KUM AND GO**

Mailing Address 6400 WESTOWN PKWY

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 19 / 2016

**Transaction ID : SB21B.I6809**

Amount of Each Disbursement this Period

20.30

Memo Item  
MALONEY 3/7

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

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

0.00



**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. KUM AND GO**

Mailing Address 6400 WESTOWN PKWY

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 19 / 2016

**Transaction ID : SB21B.I6810**

Amount of Each Disbursement this Period

47.41

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**B. KUM AND GO**

Mailing Address 6400 WESTOWN PKWY

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 22 / 2016

**Transaction ID : SB21B.I6811**

Amount of Each Disbursement this Period

20.07

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**C. KUM AND GO**

Mailing Address 6400 WESTOWN PKWY

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 26 / 2016

**Transaction ID : SB21B.I6812**

Amount of Each Disbursement this Period

41.26

Memo Item  
MALONEY 3/7

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

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

0.00

### 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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

#### A. KUM AND GO

Mailing Address 6400 WESTOWN PKWY

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 26 / 2016

Transaction ID : SB21B.I6813

Amount of Each Disbursement this Period

25.55

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

#### B. KUM AND GO

Mailing Address 6400 WESTOWN PKWY

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 26 / 2016

Transaction ID : SB21B.I6814

Amount of Each Disbursement this Period

21.58

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

#### C. KUM AND GO

Mailing Address 6400 WESTOWN PKWY

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2016

Transaction ID : SB21B.I6815

Amount of Each Disbursement this Period

23.27

Memo Item  
MALONEY 3/7

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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. KUM AND GO**

Mailing Address 6400 WESTOWN PKWY

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2016

Transaction ID : SB21B.I6816

Amount of Each Disbursement this Period

21.60

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**B. KUM AND GO**

Mailing Address 6400 WESTOWN PKWY

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

Transaction ID : SB21B.I6817

Amount of Each Disbursement this Period

5.91

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**C. KWIK TRIP**

Mailing Address 1626 OAK ST, P.O. BOX 2107

City LA CROSSE State WI Zip Code 54602

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 18 / 2016

Transaction ID : SB21B.I6819

Amount of Each Disbursement this Period

25.32

Memo Item  
MALONEY 3/7

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. KWIK TRIP**

Mailing Address 1626 OAK ST, P.O. BOX 2107

City LA CROSSE State WI Zip Code 54602

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2016

Transaction ID : SB21B.I6820

Amount of Each Disbursement this Period

31.00

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**B. KWIK TRIP**

Mailing Address 1626 OAK ST, P.O. BOX 2107

City LA CROSSE State WI Zip Code 54602

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2016

Transaction ID : SB21B.I6821

Amount of Each Disbursement this Period

32.47

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**C. KWIK TRIP**

Mailing Address 1626 OAK ST, P.O. BOX 2107

City LA CROSSE State WI Zip Code 54602

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

Transaction ID : SB21B.I6822

Amount of Each Disbursement this Period

23.05

Memo Item  
MALONEY 3/7

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. KWIK TRIP**

Mailing Address 1626 OAK ST, P.O. BOX 2107

City LA CROSSE State WI Zip Code 54602

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SB21B.I6823**

Amount of Each Disbursement this Period

16.23
-------

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**B. LEGENDS AMERICAN GRILL**

Mailing Address 640 S 50TH ST

City WEST DES MOINES State IA Zip Code 50265

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	11	/	2016

**Transaction ID : SB21B.I6830**

Amount of Each Disbursement this Period

63.65
-------

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**C. LEGENDS AMERICAN GRILL**

Mailing Address 640 S 50TH ST

City WEST DES MOINES State IA Zip Code 50265

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	11	/	2016

**Transaction ID : SB21B.I6831**

Amount of Each Disbursement this Period

57.44
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Memo Item  
MALONEY 3/7

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

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

0.00
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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"/> 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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. LEGENDS AMERICAN GRILL**

Mailing Address 640 S 50TH ST

City WEST DES MOINES State IA Zip Code 50265

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 17 / 2016

Transaction ID : SB21B.I6832

Amount of Each Disbursement this Period

30.00

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**B. LEGENDS AMERICAN GRILL**

Mailing Address 640 S 50TH ST

City WEST DES MOINES State IA Zip Code 50265

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 25 / 2016

Transaction ID : SB21B.I6833

Amount of Each Disbursement this Period

103.00

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**C. LEGENDS AMERICAN GRILL**

Mailing Address 640 S 50TH ST

City WEST DES MOINES State IA Zip Code 50265

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 25 / 2016

Transaction ID : SB21B.I6834

Amount of Each Disbursement this Period

80.00

Memo Item  
MALONEY 3/7

**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)

21b     22     23     24     25     26  
 27     28a     28b     28c     29     30b

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. LEGENDS AMERICAN GRILL**

Mailing Address 640 S 50TH ST

City WEST DES MOINES      State IA      Zip Code 50265

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State:      District:

Disbursement For:  
 Primary     General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 25 / 2016

**Transaction ID : SB21B.I6835**

Amount of Each Disbursement this Period

44.00

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**B. LEGENDS AMERICAN GRILL**

Mailing Address 640 S 50TH ST

City WEST DES MOINES      State IA      Zip Code 50265

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State:      District:

Disbursement For:  
 Primary     General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2016

**Transaction ID : SB21B.I6837**

Amount of Each Disbursement this Period

120.00

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**C. LEGENDS AMERICAN GRILL**

Mailing Address 640 S 50TH ST

City WEST DES MOINES      State IA      Zip Code 50265

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State:      District:

Disbursement For:  
 Primary     General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SB21B.I6838**

Amount of Each Disbursement this Period

175.00

Memo Item  
MALONEY 3/7

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. LEGENDS AMERICAN GRILL**

Mailing Address 640 S 50TH ST

City WEST DES MOINES State IA Zip Code 50265

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 03 / 2016

Transaction ID : SB21B.I6839

Amount of Each Disbursement this Period

141.00

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**B. LEGENDS AMERICAN GRILL**

Mailing Address 640 S 50TH ST

City WEST DES MOINES State IA Zip Code 50265

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 03 / 2016

Transaction ID : SB21B.I6840

Amount of Each Disbursement this Period

55.00

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**C. LEGENDS AMERICAN GRILL**

Mailing Address 640 S 50TH ST

City WEST DES MOINES State IA Zip Code 50265

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 03 / 2016

Transaction ID : SB21B.I6841

Amount of Each Disbursement this Period

30.00

Memo Item  
MALONEY 3/7

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. OFFICEMAX**

Mailing Address 263 SHUMAN BLVD

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2015			

Transaction ID : SB21B.I6930

Amount of Each Disbursement this Period

72.60
-------

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**B. OFFICEMAX**

Mailing Address 263 SHUMAN BLVD

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2015			

Transaction ID : SB21B.I6931

Amount of Each Disbursement this Period

191.96
--------

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**C. OFFICEMAX**

Mailing Address 263 SHUMAN BLVD

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			25			2016			

Transaction ID : SB21B.I6940

Amount of Each Disbursement this Period

67.73
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Memo Item  
MALONEY 3/7

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

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

0.00
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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"/> 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)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. OFFICEMAX**

Mailing Address 263 SHUMAN BLVD

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

Transaction ID : SB21B.I6941

Amount of Each Disbursement this Period

10.59

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**B. OMNI HOTELS**

Mailing Address 4001 MAPLE AVE

City DALLAS State TX Zip Code 75219

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 10 / 2015

Transaction ID : SB21B.I6947

Amount of Each Disbursement this Period

469.11

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**C. OMNI HOTELS**

Mailing Address 4001 MAPLE AVE

City DALLAS State TX Zip Code 75219

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 12 / 2015

Transaction ID : SB21B.I6949

Amount of Each Disbursement this Period

366.47

Memo Item  
MALONEY 3/7

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. PANERA BREAD CO**

Mailing Address 3630 S GEYER RD STE 100

City ST LOUIS State MO Zip Code 63127

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 08 / 2016

Transaction ID : SB21B.I6957

Amount of Each Disbursement this Period

14.58

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**B. PRICELINE**

Mailing Address 800 CONNECTICUT AVE

City NORWALK State CT Zip Code 06854

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 12 / 2015

Transaction ID : SB21B.I6989

Amount of Each Disbursement this Period

298.68

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**C. PRICELINE**

Mailing Address 800 CONNECTICUT AVE

City NORWALK State CT Zip Code 06854

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 14 / 2015

Transaction ID : SB21B.I6990

Amount of Each Disbursement this Period

205.08

Memo Item  
MALONEY 3/7

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. RITE AID**

Mailing Address 30 HUNTER LN

City State Zip Code  
CAMP HILL PA 17011

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2016

Transaction ID : SB21B.I7004

Amount of Each Disbursement this Period

65.02

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**B. SHELL OIL**

Mailing Address P.O. BOX 2463

City State Zip Code  
HOUSTON TX 77252

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2015

Transaction ID : SB21B.I7028

Amount of Each Disbursement this Period

35.66

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**C. SHELL OIL**

Mailing Address P.O. BOX 2463

City State Zip Code  
HOUSTON TX 77252

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 07 / 2015

Transaction ID : SB21B.I7030

Amount of Each Disbursement this Period

7.72

Memo Item  
MALONEY 3/7

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. SHELL OIL**

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2015

**Transaction ID : SB21B.I7031**

Amount of Each Disbursement this Period

33.45
-------

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**B. SHELL OIL**

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2016

**Transaction ID : SB21B.I7038**

Amount of Each Disbursement this Period

23.80
-------

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**C. SHELL OIL**

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2016

**Transaction ID : SB21B.I7039**

Amount of Each Disbursement this Period

9.27
------

Memo Item  
MALONEY 3/7

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

0.00
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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 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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. SHELL OIL**

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2016

Transaction ID : SB21B.I7041

Amount of Each Disbursement this Period

15.10

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**B. SPEEDWAY**

Mailing Address 500 SPEEDWAY DR

City ENON State OH Zip Code 45323

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2016

Transaction ID : SB21B.I7054

Amount of Each Disbursement this Period

22.99

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**C. TARGET**

Mailing Address 1000 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 16 / 2016

Transaction ID : SB21B.I7106

Amount of Each Disbursement this Period

60.13

Memo Item  
MALONEY 3/7

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. TARGET**

Mailing Address 1000 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 03 / 2016

Transaction ID : SB21B.I7108

Amount of Each Disbursement this Period

255.88

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**B. THRIFTY CAR RENTAL**

Mailing Address 5330 E 31ST ST

City TULSA State OK Zip Code 74135

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2016

Transaction ID : SB21B.I7111

Amount of Each Disbursement this Period

189.11

Memo Item  
MALONEY 3/7

Full Name (Last, First, Middle Initial)

**C. NICHOLAS S MARCELLINO JR.**

Mailing Address 99 MASON HILL RD

City WARNER State NH Zip Code 03278

Purpose of Disbursement SALARY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 29 / 2016

Transaction ID : SB21B.I6330

Amount of Each Disbursement this Period

540.00

Memo Item

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

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

540.00

**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)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. KERRY L MARSH**

Mailing Address 65 CLINTON ST

City State Zip Code  
CONCORD NH 03301

Purpose of Disbursement  
REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : SB21B.I6321

Amount of Each Disbursement this Period

2446.70

Memo Item

Full Name (Last, First, Middle Initial)

**B. MARLBOROUGH SELF STORAGE**

Mailing Address 10 CANADA ST

City State Zip Code  
MARLBOROUGH NH 03455

Purpose of Disbursement  
RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2016

Transaction ID : SB21B.I6871

Amount of Each Disbursement this Period

1173.00

Memo Item  
MARSH 3/7

Full Name (Last, First, Middle Initial)

**C. CHRISTOPHER M. MARSTON**

Mailing Address 110 SHOOTERS CT

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement  
REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : SB21B.I6299

Amount of Each Disbursement this Period

1152.50

Memo Item

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

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

2446.70

2446.70



**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)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. GETRESPONSE**

Mailing Address 1011 CENTRE RD STE 322  
SUITE 322

City WILMINGTON State DE Zip Code 19805

Purpose of Disbursement  
WEBSITE EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	29	/	2016

Transaction ID : SB21B.I6711

Amount of Each Disbursement this Period

1152.50
---------

Memo Item  
MARSTON 3/7

Full Name (Last, First, Middle Initial)

**B. NICHOLAS S MCGEE**

Mailing Address 8 RIVER WOODS DR.

City SCARBOROUGH State ME Zip Code 04074

Purpose of Disbursement  
REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	07	/	2016

Transaction ID : SB21B.I6331

Amount of Each Disbursement this Period

170.60
--------

Memo Item

Full Name (Last, First, Middle Initial)

**C. CUMBERLAND FARMS**

Mailing Address 100 CROSSING BLVD

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	19	/	2016

Transaction ID : SB21B.I6535

Amount of Each Disbursement this Period

40.10
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Memo Item  
MCGEE 3/7

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

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

170.60
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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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MORGANNE R MCGUIRK**

Mailing Address 4 S HAMPTON DR.

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement  
REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	07	/	2016

Transaction ID : SB21B.I6324

Amount of Each Disbursement this Period

110.48
--------

Memo Item

Full Name (Last, First, Middle Initial)

**B. CRAIG P MURPHY**

Mailing Address 3701 KARALYN CT

City ARLINGTON State TX Zip Code 76016

Purpose of Disbursement  
REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	07	/	2016

Transaction ID : SB21B.I6329

Amount of Each Disbursement this Period

187.25
--------

Memo Item

Full Name (Last, First, Middle Initial)

**C. VERIZON WIRELESS**

Mailing Address 140 WEST ST

City NEW YORK State NY Zip Code 10007

Purpose of Disbursement  
PHONE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	16	/	2016

Transaction ID : SB21B.I7185

Amount of Each Disbursement this Period

187.25
--------

Memo Item

MURPHY 3/7

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

297.73
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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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. CHRISTY L PAAVOLA**

Mailing Address 220 CENTURY PL #3109  
#3109

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : SB21B.I6300

Amount of Each Disbursement this Period

908.01

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2016

Transaction ID : SB21B.I6421

Amount of Each Disbursement this Period

25.00

Memo Item  
PAAVOLA 3/7

Full Name (Last, First, Middle Initial)

**C. ENTERPRISE RENT-A-CAR**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2016

Transaction ID : SB21B.I6592

Amount of Each Disbursement this Period

356.73

Memo Item  
PAAVOLA 3/7

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

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

908.01

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. FAIRFIELD INN**

Mailing Address 10400 FERNWOOD RD

City State Zip Code  
BETHESDA MD 20817

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

Transaction ID : SB21B.I6673

Amount of Each Disbursement this Period

123.17

Memo Item  
PAAVOLA 3/7

Full Name (Last, First, Middle Initial)

**B. FRONTIER AIR**

Mailing Address 7001 TOWER RD

City State Zip Code  
DENVER CA 80249

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 13 / 2016

Transaction ID : SB21B.I6701

Amount of Each Disbursement this Period

76.00

Memo Item  
PAAVOLA 3/7

Full Name (Last, First, Middle Initial)

**C. MICROTTEL INN**

Mailing Address 22 SYLVAN WAY

City State Zip Code  
PARSIPPANY NJ 07054

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2016

Transaction ID : SB21B.I6887

Amount of Each Disbursement this Period

94.92

Memo Item  
PAAVOLA 3/7

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES**

Mailing Address 1455 MARKET ST  
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 13 / 2016

Transaction ID : SB21B.I7140

Amount of Each Disbursement this Period

19.63

Memo Item  
PAAVOLA 3/7

Full Name (Last, First, Middle Initial)

**B. SCOTT PARADISE**

Mailing Address 5416 W 97TH CIR

City OVERLAND PARK State KS Zip Code 66207

Purpose of Disbursement  
GRASSROOTS CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2016

Transaction ID : SB21B.I6341

Amount of Each Disbursement this Period

7750.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. TODD PAULEY**

Mailing Address 5028 NW 19TH ST

City OKLAHOMA CITY State OK Zip Code 73127

Purpose of Disbursement  
CAMPAIGN CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2016

Transaction ID : SB21B.I6352

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

12750.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. WILLIAM J PEACOCK**

Mailing Address 3101 N HAMPTON DR. #1107

City ALEXANDRIA State VA Zip Code 22302

Purpose of Disbursement REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2016

Transaction ID : SB21B.I6360

Amount of Each Disbursement this Period

190.67

Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 942 S SHADY GROVE RD

City MEMPHIS State TN Zip Code 38119

Purpose of Disbursement SHIPPING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2015

Transaction ID : SB21B.I6682

Amount of Each Disbursement this Period

10.34

Memo Item  
PEACOCK 3/10

Full Name (Last, First, Middle Initial)

**C. OFFICE DEPOT**

Mailing Address 6600 NORTH MILITARY TR

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2015

Transaction ID : SB21B.I6906

Amount of Each Disbursement this Period

5.28

Memo Item  
PEACOCK 3/10

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

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

190.67

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. OFFICE DEPOT**

Mailing Address 6600 NORTH MILITARY TR

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : SB21B.I6907

Amount of Each Disbursement this Period

7.19
------

Memo Item  
PEACOCK 3/10

Full Name (Last, First, Middle Initial)

**B. OFFICE DEPOT**

Mailing Address 6600 NORTH MILITARY TR

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2015			

Transaction ID : SB21B.I6908

Amount of Each Disbursement this Period

8.88
------

Memo Item  
PEACOCK 3/10

Full Name (Last, First, Middle Initial)

**C. OFFICE DEPOT**

Mailing Address 6600 NORTH MILITARY TR

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

Transaction ID : SB21B.I6911

Amount of Each Disbursement this Period

20.13
-------

Memo Item  
PEACOCK 3/10

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

0.00
------

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 475 L'ENFANT PLZ SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 29 / 2015

Transaction ID : SB21B.I7169

Amount of Each Disbursement this Period

7.05

Memo Item  
PEACOCK 3/10

Full Name (Last, First, Middle Initial)

**B. WILLIAM J PEACOCK**

Mailing Address 3101 N HAMPTON DR. #1107

City ALEXANDRIA State VA Zip Code 22302

Purpose of Disbursement  
REIMBURSEMENT (ITEMS BELOW ITEMIZATION THRESHHOLD)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2016

Transaction ID : SB21B.I6361

Amount of Each Disbursement this Period

51.94

Memo Item

Full Name (Last, First, Middle Initial)

**C. NED RYUN**

Mailing Address 608 S MAPLE AVE

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : SB21B.I6340

Amount of Each Disbursement this Period

10000.00

Memo Item

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

10051.94

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. JOHN B SIMPSON JR.**

Mailing Address 640 LINKSIDE HOLLOW

City ALPHARETTA State GA Zip Code 30005

Purpose of Disbursement REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 15 / 2016

Transaction ID : SB21B.I6317

Amount of Each Disbursement this Period

1072.72

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2015

Transaction ID : SB21B.I6398

Amount of Each Disbursement this Period

32.86

Memo Item  
SIMPSON 3/15

Full Name (Last, First, Middle Initial)

**C. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 19 / 2015

Transaction ID : SB21B.I6399

Amount of Each Disbursement this Period

21.98

Memo Item  
SIMPSON 3/15

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

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

1072.72

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. COSTCO**

Mailing Address 999 LAKE DR

City ISSAQUAH State WA Zip Code 98027

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

Transaction ID : SB21B.I6526

Amount of Each Disbursement this Period

147.40

Memo Item  
SIMPSON 3/15

Full Name (Last, First, Middle Initial)

**B. CVS**

Mailing Address 1 CVS DR

City WOONSOCKET State RI Zip Code 02895

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

Transaction ID : SB21B.I6540

Amount of Each Disbursement this Period

25.00

Memo Item  
SIMPSON 3/15

Full Name (Last, First, Middle Initial)

**C. OFFICE DEPOT**

Mailing Address 6600 NORTH MILITARY TR

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2015

Transaction ID : SB21B.I6914

Amount of Each Disbursement this Period

78.62

Memo Item  
SIMPSON 3/15

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. SPIRIT AIRLINES**

Mailing Address 2800 EXECUTIVE WAY

City MIRAMAR State FL Zip Code 33025

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2016

Transaction ID : SB21B.I7056

Amount of Each Disbursement this Period

130.00

Memo Item  
SIMPSON 3/15

Full Name (Last, First, Middle Initial)

**B. SPIRIT AIRLINES**

Mailing Address 2800 EXECUTIVE WAY

City MIRAMAR State FL Zip Code 33025

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2016

Transaction ID : SB21B.I7059

Amount of Each Disbursement this Period

25.00

Memo Item  
SIMPSON 3/15

Full Name (Last, First, Middle Initial)

**C. STAPLES**

Mailing Address 500 STAPLES DR.

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2015

Transaction ID : SB21B.I7068

Amount of Each Disbursement this Period

32.09

Memo Item  
SIMPSON 3/15

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. TARGET**

Mailing Address 1000 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2015

Transaction ID : SB21B.I7103

Amount of Each Disbursement this Period

108.48

Memo Item  
SIMPSON 3/15

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES**

Mailing Address 1455 MARKET ST  
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 24 / 2016

Transaction ID : SB21B.I7135

Amount of Each Disbursement this Period

35.79

Memo Item  
SIMPSON 3/15

Full Name (Last, First, Middle Initial)

**C. VERIZON WIRELESS**

Mailing Address 140 WEST ST

City NEW YORK State NY Zip Code 10007

Purpose of Disbursement PHONE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 08 / 2016

Transaction ID : SB21B.I7183

Amount of Each Disbursement this Period

35.00

Memo Item  
SIMPSON 3/15

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. PENNY SEALE**

Mailing Address 3329 FAINT RIDGE

City State Zip Code  
PIEDMONT OK 73078

Purpose of Disbursement  
REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	7			2	0	1	6		

**Transaction ID : SB21B.I6342**

Amount of Each Disbursement this Period

1	6	2	3	.	8	3
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. CASEYS GENERAL STORE**

Mailing Address 1 SE CONVENIENCE BLVD

City State Zip Code  
ANKENY IA 50021

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	8			2	0	1	6		

**Transaction ID : SB21B.I6485**

Amount of Each Disbursement this Period

2	1	.	2	3
---	---	---	---	---

Memo Item

SEALE 3/7

Full Name (Last, First, Middle Initial)

**C. CASEYS GENERAL STORE**

Mailing Address 1 SE CONVENIENCE BLVD

City State Zip Code  
ANKENY IA 50021

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	9			2	0	1	6		

**Transaction ID : SB21B.I6487**

Amount of Each Disbursement this Period

1	8	.	1	5
---	---	---	---	---

Memo Item

SEALE 3/7

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

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

1	6	2	3	.	8	3
---	---	---	---	---	---	---

1	6	2	3	.	8	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)  
**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. CASEYS GENERAL STORE**

Mailing Address 1 SE CONVENIENCE BLVD

City ANKENY State IA Zip Code 50021

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 24 / 2016

Transaction ID : SB21B.I6489

Amount of Each Disbursement this Period

24.00

Memo Item  
SEALE 3/7

Full Name (Last, First, Middle Initial)

**B. CASEYS GENERAL STORE**

Mailing Address 1 SE CONVENIENCE BLVD

City ANKENY State IA Zip Code 50021

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 25 / 2016

Transaction ID : SB21B.I6492

Amount of Each Disbursement this Period

15.00

Memo Item  
SEALE 3/7

Full Name (Last, First, Middle Initial)

**C. CASEYS GENERAL STORE**

Mailing Address 1 SE CONVENIENCE BLVD

City ANKENY State IA Zip Code 50021

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2016

Transaction ID : SB21B.I6495

Amount of Each Disbursement this Period

36.03

Memo Item  
SEALE 3/7

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

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

0.00

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. CASEYS GENERAL STORE**

Mailing Address 1 SE CONVENIENCE BLVD

City ANKENY State IA Zip Code 50021

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2016

Transaction ID : SB21B.I6497

Amount of Each Disbursement this Period

17.49

Memo Item  
SEALE 3/7

Full Name (Last, First, Middle Initial)

**B. CASEYS GENERAL STORE**

Mailing Address 1 SE CONVENIENCE BLVD

City ANKENY State IA Zip Code 50021

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2016

Transaction ID : SB21B.I6498

Amount of Each Disbursement this Period

25.00

Memo Item  
SEALE 3/7

Full Name (Last, First, Middle Initial)

**C. COMFORT INN**

Mailing Address 1 CHOICE HOTELS CIR #400

City ROCKVILLE State MD Zip Code 20850

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2016

Transaction ID : SB21B.I6522

Amount of Each Disbursement this Period

105.53

Memo Item  
SEALE 3/7

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. DFW AIRPORT**

Mailing Address PO BOX 619428

City DFW AIRPORT State TX Zip Code 75261

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2016

Transaction ID : SB21B.I6556

Amount of Each Disbursement this Period

75.00

Memo Item  
SEALE 3/7

Full Name (Last, First, Middle Initial)

**B. HERTZ**

Mailing Address 225 BRAE BLVD

City PARK RIDGE State NJ Zip Code 07656

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2016

Transaction ID : SB21B.I6751

Amount of Each Disbursement this Period

520.00

Memo Item  
SEALE 3/7

Full Name (Last, First, Middle Initial)

**C. KUM AND GO**

Mailing Address 6400 WESTOWN PKWY

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 17 / 2016

Transaction ID : SB21B.I6807

Amount of Each Disbursement this Period

10.78

Memo Item  
SEALE 3/7

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

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

0.00



**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. KUM AND GO**

Mailing Address 6400 WESTOWN PKWY

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement  
GAS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SB21B.I6818**

Amount of Each Disbursement this Period

25.92
-------

Memo Item  
SEALE 3/7

Full Name (Last, First, Middle Initial)

**B. OKLAHOMA GOP**

Mailing Address 4031 N LINCOLN BLVD

City OKLAHOMA CITY State OK Zip Code 73105

Purpose of Disbursement  
EVENT TICKETS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2016

**Transaction ID : SB21B.I6943**

Amount of Each Disbursement this Period

365.00
--------

Memo Item  
SEALE 3/7

Full Name (Last, First, Middle Initial)

**C. WALMART**

Mailing Address 702 SW 8TH ST

City BENTONVILLE6 State AR Zip Code 72716

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2016

**Transaction ID : SB21B.I7200**

Amount of Each Disbursement this Period

82.62
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Memo Item  
SEALE 3/7

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

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

0.00
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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"/> 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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMAZON.COM**

Mailing Address 440 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : SB21B.I6291

Amount of Each Disbursement this Period

456.78

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address 200 VESEY ST

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement CC PROCESSING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : SB21B.I6292

Amount of Each Disbursement this Period

17.84

Memo Item

Full Name (Last, First, Middle Initial)

**C. BILL.COM**

Mailing Address 1810 EMBARCADERO RD

City PALO ALTO State CA Zip Code 94303

Purpose of Disbursement ACCOUNTS PAYABLE SERVICE FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2016

Transaction ID : SB21B.I6293

Amount of Each Disbursement this Period

117.34

Memo Item

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

591.96

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN SOLUTIONS**

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
E-MAIL FUNDRAISING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2016

Transaction ID : SB21B.I6294

Amount of Each Disbursement this Period

912.70

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN SOLUTIONS**

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CC PROCESSING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2016

Transaction ID : SB21B.I7231

Amount of Each Disbursement this Period

0.27

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPSTONE PUBLIC AFFAIRS LLC**

Mailing Address P.O. BOX 2096

City JACKSON State MS Zip Code 39775

Purpose of Disbursement  
GRASSROOTS CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : SB21B.I6295

Amount of Each Disbursement this Period

1100.00

Memo Item

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

2012.97

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
WIRE TRANSFER FEE

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
03	/	23	/	2016

Transaction ID : SB21B.I6297

Amount of Each Disbursement this Period

20.00
-------

Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL RDSTE 400 STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
CC PROCESSING

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
03	/	04	/	2016

Transaction ID : SB21B.I6301

Amount of Each Disbursement this Period

3767.45
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL RDSTE 400 STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
CC PROCESSING

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
03	/	08	/	2016

Transaction ID : SB21B.I6302

Amount of Each Disbursement this Period

927.06
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Memo Item

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

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

4714.51
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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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. CONSERVATIVE CONNECTOR LLC**

Mailing Address 435 E MAIN ST STE 250  
STE 250

City GREENWOOD State IN Zip Code 46143

Purpose of Disbursement  
LIST RENTALS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2016

Transaction ID : SB21B.I6303

Amount of Each Disbursement this Period

46601.65

Memo Item

Full Name (Last, First, Middle Initial)

**B. CONSERVATIVE CONNECTOR LLC**

Mailing Address 435 E MAIN ST STE 250  
STE 250

City GREENWOOD State IN Zip Code 46143

Purpose of Disbursement  
LIST RENTALS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2016

Transaction ID : SB21B.I6304

Amount of Each Disbursement this Period

246.66

Memo Item

Full Name (Last, First, Middle Initial)

**C. CONSERVATIVE CONNECTOR LLC**

Mailing Address 435 E MAIN ST STE 250  
STE 250

City GREENWOOD State IN Zip Code 46143

Purpose of Disbursement  
REVENUE SHARE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2016

Transaction ID : SB21B.I6305

Amount of Each Disbursement this Period

100.31

Memo Item

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

46948.62

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. CONSERVATIVE CONNECTOR LLC**

Mailing Address 435 E MAIN ST STE 250  
STE 250

City GREENWOOD State IN Zip Code 46143

Purpose of Disbursement  
REVENUE SHARE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 19 / 2016

Transaction ID : SB21B.I7230

Amount of Each Disbursement this Period

161.43

Memo Item

Full Name (Last, First, Middle Initial)

**B. DABNEY HOLLIS**

Mailing Address 2902 WYNGATE DR.

City ATLANTA State GA Zip Code 30305

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 30 / 2016

Transaction ID : SB21B.I6306

Amount of Each Disbursement this Period

812.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. ELECTION CFO, LLC**

Mailing Address P.O. BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement  
COMPLIANCE CONSULTING; EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 24 / 2016

Transaction ID : SB21B.I6309

Amount of Each Disbursement this Period

2250.20

Memo Item

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

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

3223.63

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 942 S SHADY GROVE RD

City MEMPHIS State TN Zip Code 38119

Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.I6310

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. GOOGLE**

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
ADVERTISING - ONLINE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.I6312

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. I360, LLC**

Mailing Address P.O. BOX 37046

City BALTIMORE State MD Zip Code 21297

Purpose of Disbursement  
VOTER CONTACT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.I6313

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)  
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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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. I360, LLC**

Mailing Address P.O. BOX 37046

City **BALTIMORE** State **MD** Zip Code **21297**

Purpose of Disbursement  
VOTER CONTACT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I6314**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. I360, LLC**

Mailing Address P.O. BOX 37046

City **BALTIMORE** State **MD** Zip Code **21297**

Purpose of Disbursement  
VOTER CONTACT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I6315**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. JEBBIT, INC.**

Mailing Address 4 S MARKET ST STE S-5005

City **BOSTON** State **MA** Zip Code **02109**

Purpose of Disbursement  
IT SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I6316**

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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. LEXIS NEXIS**

Mailing Address PO BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement RESEARCH SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2016

Transaction ID : SB21B.I6322

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MEDIACOM**

Mailing Address P.O. BOX 5744

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement UTILITIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 22 / 2016

Transaction ID : SB21B.I6325

Amount of Each Disbursement this Period

2296.74

Memo Item

Full Name (Last, First, Middle Initial)

**C. MEDIACOM**

Mailing Address P.O. BOX 5744

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement UTILITIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : SB21B.I6326

Amount of Each Disbursement this Period

429.95

Memo Item

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

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

3226.69

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MIDAMERICAN ENERGY**

Mailing Address P.O. BOX 8020

City DAVENPORT State IA Zip Code 52808

Purpose of Disbursement UTILITIES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2016

Transaction ID : SB21B.I6327

Amount of Each Disbursement this Period

65.25

Memo Item

Full Name (Last, First, Middle Initial)

**B. OFFICETEAM**

Mailing Address 12400 COLLECTIONS CENTER DR.

City CHICAGO State IL Zip Code 60693

Purpose of Disbursement GRASSROOTS STAFFING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 29 / 2016

Transaction ID : SB21B.I6332

Amount of Each Disbursement this Period

12826.52

Memo Item

Full Name (Last, First, Middle Initial)

**C. OFFICETEAM**

Mailing Address 12400 COLLECTIONS CENTER DR.

City CHICAGO State IL Zip Code 60693

Purpose of Disbursement GRASSROOTS STAFFING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2016

Transaction ID : SB21B.I6333

Amount of Each Disbursement this Period

9366.88

Memo Item

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

22258.65

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. OFFICETEAM**

Mailing Address 12400 COLLECTIONS CENTER DR.

City CHICAGO State IL Zip Code 60693

Purpose of Disbursement GRASSROOTS STAFFING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 29 / 2016

Transaction ID : SB21B.I6334

Amount of Each Disbursement this Period

962.10

Memo Item

Full Name (Last, First, Middle Initial)

**B. OUTBRAIN, INC.**

Mailing Address 39 WEST 13TH FLOOR3RD FLOOR

City NEW YORK State NY Zip Code 10011

Purpose of Disbursement WEBSITE EXPENSE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 22 / 2016

Transaction ID : SB21B.I6335

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PRESENCE PUBLIC RELATIONS**

Mailing Address 3329 FAINT RIDGE

City PIEDMONT State OK Zip Code 73078

Purpose of Disbursement PUBLIC RELATIONS CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : SB21B.I6336

Amount of Each Disbursement this Period

4500.00

Memo Item

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

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

6462.10

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. RACKSPACE**

Mailing Address 1 FANATICAL PL

City SAN ANTONIO State TX Zip Code 78218

Purpose of Disbursement WEBSITE EXPENSE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : SB21B.I6337

Amount of Each Disbursement this Period

78.84

Memo Item

Full Name (Last, First, Middle Initial)

**B. REGUS**

Mailing Address P.O. BOX 842456

City DALLAS State TX Zip Code 75284

Purpose of Disbursement RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : SB21B.I6338

Amount of Each Disbursement this Period

2844.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. SLYBROADCASTING**

Mailing Address 7 FANEUIL HALL

City BOSTON State MA Zip Code 02109

Purpose of Disbursement PHONES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2016

Transaction ID : SB21B.I6343

Amount of Each Disbursement this Period

250.00

Memo Item

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

3172.84

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. SOFTWARE MANAGEMENT COMPANY, INC**

Mailing Address 500 N BRAND BLVD, SUITE 1100

City GLENDALE State CA Zip Code 91203

Purpose of Disbursement  
WEBSITE EXPENSE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 28 / 2016

Transaction ID : SB21B.I6344

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. SURGE**

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement  
PAYROLL TAXES & EXPENSES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 29 / 2016

Transaction ID : SB21B.I6347

Amount of Each Disbursement this Period

114.05

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE PROSPER GROUP CORPORATION**

Mailing Address 435 E MAIN STSTE 250

City GREENWOOD State IN Zip Code 46143

Purpose of Disbursement  
EMAIL SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : SB21B.I6348

Amount of Each Disbursement this Period

8902.41

Memo Item

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

9036.46

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. THE PROSPER GROUP CORPORATION**

Mailing Address 435 E MAIN ST STE 250

City GREENWOOD State IN Zip Code 46143

Purpose of Disbursement  
EMAIL SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 15 / 2016

Transaction ID : SB21B.I6349

Amount of Each Disbursement this Period

8307.21

Memo Item

Full Name (Last, First, Middle Initial)

**B. TRANSAXT**

Mailing Address 190 MONROE AVE NW  
SUITE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement  
CHARGEBACK RESERVE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2016

Transaction ID : SB21B.I6353

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. TRANSAXT**

Mailing Address 190 MONROE AVE NW  
SUITE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement  
CHARGEBACK FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2016

Transaction ID : SB21B.I6354

Amount of Each Disbursement this Period

285.00

Memo Item

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

9592.21

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. TRANSAXT**

Mailing Address 190 MONROE AVE NW  
SUITE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement  
CHARGEBACK FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2016

Transaction ID : SB21B.I6355

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES**

Mailing Address 1455 MARKET ST  
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : SB21B.I6356

Amount of Each Disbursement this Period

42.76

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES**

Mailing Address 1455 MARKET ST  
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

Transaction ID : SB21B.I6357

Amount of Each Disbursement this Period

25.08

Memo Item

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

217.84

**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES**

Mailing Address 1455 MARKET ST  
FL 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2016

**Transaction ID : SB21B.I6358**

Amount of Each Disbursement this Period

11.84

Memo Item

Full Name (Last, First, Middle Initial)

**B. YCMM SOLA, LLC**

Mailing Address 95 EDDY RDSTE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2016

**Transaction ID : SB21B.I6362**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

1011.84

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

377613.34



**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)

**CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. UNLOCKING POTENTIAL PAC**

Mailing Address 1390 CHAIN BRIDGE ROAD #515

City State Zip Code  
MCLEAN VA 22101

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 23 / 2016

**Transaction ID : SB23.I6290**

Amount of Each Disbursement this Period

160643.50

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

160643.50

160643.50