

# 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**  
KelliPAC

ADDRESS (number and street) PO Box 11786  
Check if different than previously reported. (ACC) Ft. Mohave AZ 86427

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00572941 3. IS THIS REPORT NEW (N) OR AMENDED (A)  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 08 / 01 / 2016 through 08 / 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.  
McKee, Douglas, , ,  
Type or Print Name of Treasurer

Signature of Treasurer McKee, Douglas, , , [Electronically Filed] Date 06 / 06 / 2017

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**KelliPAC**

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="2835.00"/>	<input type="text" value="2835.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="198937.94"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="514243.00"/>	<input type="text" value="765388.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="713180.94"/>	<input type="text" value="768223.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="675185.47"/>	<input type="text" value="730227.53"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="37995.47"/>	<input type="text" value="37995.47"/>
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="31100.00"/>	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

KelliPAC

Report Covering the Period: From: 08 / 01 / 2016 To: 08 / 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).....	509000.00	759750.00
(ii) Unitemized .....	5243.00	5638.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	514243.00	765388.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	514243.00	765388.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	514243.00	765388.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	514243.00	765388.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	675185.47	730227.53
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	675185.47	730227.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	675185.47	730227.53

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	514243.00	765388.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	514243.00	765388.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

NAME OF COMMITTEE (In Full)  
**KelliPAC**

**A. Jensen, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21321 E Ocotillo Rd #123  
 City Queen Creek State AZ Zip Code 85142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jensen Family Medicine Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 20 / 2016  
**Transaction ID : SA11AI.4680**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Kirke, Gerald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5465 Mills Civik Pkwy Suite 400  
 City West Des Moines, State IA Zip Code 50266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kirke Financial Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 18 / 2016  
**Transaction ID : SA11AI.4677**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Langer, Harry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2350 Dorina Dr  
 City Northfield State IL Zip Code 60093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.4381**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)  
**KelliPAC**

**A. Mcevoy, Nancy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 943 E Kortsen Rd Unit 15

City Casa Grande	State AZ	Zip Code 85122
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2016

**Transaction ID : SA11AI.4560**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Mercer, Robert and Diana, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 Route 25A

City East Setauket	State NY	Zip Code 11733
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Renaissance Technologies	Occupation (for Individual) Financial Consultant
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2016

**Transaction ID : SA11AI.4361**

Amount of Each Receipt this Period  
500000.00

Memo Item

**C. Naegele, Robert, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7993 Via Vecchia

City Naples	State FL	Zip Code 34108
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Slef	Occupation (for Individual) Retired
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2016

**Transaction ID : SA11AI.4377**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	501250.00
<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 16  
(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)  
**KelliPAC**

**A. Sayer, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 545 San Elijo St  
 City San Diego State CA Zip Code 92106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 04 / 2016  
**Transaction ID : SA11AI.4608**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Shceer, Lawrence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11422 S Shoshoni Dr  
 City Phoenix State AZ Zip Code 85044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Honeywell Occupation (for Individual) Aviator/engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 23 / 2016  
**Transaction ID : SA11AI.4466**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Shelley, heora, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10624 E Terra Dr  
 City Scottsdale State AZ Zip Code 85258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 23 / 2016  
**Transaction ID : SA11AI.4456**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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



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

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

FOR LINE NUMBER: PAGE 9 OF 16  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KelliPAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Smith, David, , ,

Mailing Address 640 N Windsor

City Mesa	State AZ	Zip Code 85213
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Plumber
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		23		2016

**Transaction ID : SA11AI.4424**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	509000.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 10 OF 16
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**KelliPAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Rainmakers</b>			Nature of Debt (Purpose): Fundraising Commisson
Mailing Address po Box 1082			
City Springfield	State VA	Zip Code 22150	

Outstanding Balance Beginning This Period		Transaction ID : SD10.4767	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
31100.00	0.00	31100.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	31100.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	31100.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	31100.00

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>KelliPAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00572941</span> </div>
--	---

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Anedot</b>	Date of Public Distribution/Dissemination <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>
Mailing Address <b>PO BOX 84314</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">689.98</div>
City <b>Baton Rouge</b> State <b>LA</b> Zip Code <b>70884</b>	<b>Transaction ID : SE.4690</b> Date of Disbursement or Obligation <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px;">08 / 30 / 2016</div>
Purpose of Expenditure <b>Online Commission</b>	Category/Type <span style="border: 1px solid black; padding: 2px;">003</span>
Name of Federal Candidate: <b>WARD, KELLI, , ,</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: <b>AZ</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">729743.07</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>Cambridge Analytica</b>	Date of Public Distribution/Dissemination <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>
Mailing Address <b>1 Wales Ave</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">450000.00</div>
City <b>Alexandria</b> State <b>VA</b> Zip Code <b>22314</b>	<b>Transaction ID : SE.4352</b> Date of Disbursement or Obligation <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px;">08 / 10 / 2016</div>
Purpose of Expenditure <b>Consultation, analysis, Television Purchase</b>	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate: <b>WARD, KELLI, , ,</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: <b>AZ</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">710303.09</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">450689.98</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

\_\_\_\_\_  
 Signature
 

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

06 / 06 / 2017

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>KelliPAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00572941</span> </div>
--	---

Check if  24-hour report     48-hour report     New report    Amends report filed on   /  /  

Full Name of Payee <input type="checkbox"/> Memo Item <b>Rainmakers</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">  /  /  </span>
Mailing Address <b>PO Box 1082</b>	Amount <span style="border: 1px solid black; padding: 2px; text-align: right;">21500.00</span>
City <b>Springfield</b> State <b>VA</b> Zip Code <b>22151</b>	<b>Transaction ID : SE.4340</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">  /  /  </span>
Purpose of Expenditure <b>Fund Raising</b> Category/Type <span style="border: 1px solid black; padding: 2px;">003</span>	<span style="border: 1px solid black; padding: 2px;">  /  /  </span>
Name of Federal Candidate: <b>WARD, KELLI, , ,</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>AZ</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">101057.60</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Rainmakers</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">  /  /  </span>
Mailing Address <b>PO Box 1082</b>	Amount <span style="border: 1px solid black; padding: 2px; text-align: right;">31100.00</span>
City <b>Springfield</b> State <b>VA</b> Zip Code <b>22151</b>	<b>Transaction ID : SE.4764</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">  /  /  </span>
Purpose of Expenditure <b>Fundraising Commission</b> Category/Type <span style="border: 1px solid black; padding: 2px;">003</span>	<span style="border: 1px solid black; padding: 2px;">  /  /  </span>
Name of Federal Candidate: <b>WARD, KELLI, , ,</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">0.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px; text-align: right;">21500.00</span>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px; text-align: right;"> </span>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px; text-align: right;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*McKee, Douglas, , ,*

**[Electronically Filed]**

Date

  /  /  

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>KelliPAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00572941
--	--	---

Check if  24-hour report  48-hour report  New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item <b>Rally Forge LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 05 / 2016
Mailing Address 21401 E Russet Rd		Amount 20000.00
City Queen Creek	State AZ	
Purpose of Expenditure Signs		Transaction ID : <b>SE.4337</b>
Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2016
Name of Federal Candidate: WARD, KELLI, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
		2016 7957.60

Full Name of Payee <input type="checkbox"/> Memo Item <b>Rally Forge LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 03 / 2016
Mailing Address 21401 E Russet Rd		Amount 18750.00
City Queen Creek	State AZ	
Purpose of Expenditure Monthly Payment Digital Meda		Transaction ID : <b>SE.4346</b>
Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 08 / 03 / 2016
Name of Federal Candidate: WARD, KELLI, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
		2016 191553.09

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	38750.00
(a) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(a) TOTAL Independent Expenditures .....	▶	

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McKee, Douglas, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
06 / 06 / 2017

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>KelliPAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00572941                 </div>
--	--

Check if  24-hour report     48-hour report     New report    Amends report filed on   /  /  

Full Name of Payee <input type="checkbox"/> Memo Item <b>Rally Forge LLC</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">08</span> / <span style="font-size: 1.2em;">10</span> / <span style="font-size: 1.2em;">2016</span> </div>			
Mailing Address 21401 E Russet Rd	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">18750.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Queen Creek</td> <td style="width:17%; border-bottom: 1px solid black;">State AZ</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 85142</td> </tr> </table>		City Queen Creek	State AZ	Zip Code 85142
City Queen Creek		State AZ	Zip Code 85142	
Purpose of Expenditure Weekly Payment Digital Media				
Name of Federal Candidate: WARD, KELLI, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee <input type="checkbox"/> Memo Item <b>Rally Forge LLC</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">08</span> / <span style="font-size: 1.2em;">23</span> / <span style="font-size: 1.2em;">2016</span> </div>			
Mailing Address 21401 E Russet Rd	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">18750.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Queen Creek</td> <td style="width:17%; border-bottom: 1px solid black;">State AZ</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 85142</td> </tr> </table>		City Queen Creek	State AZ	Zip Code 85142
City Queen Creek		State AZ	Zip Code 85142	
Purpose of Expenditure Weekly Payment Digital Media				
Name of Federal Candidate: WARD, KELLI, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">37500.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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*McKee, Douglas, , ,*

**[Electronically Filed]**

Date

  /  /  

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
KelliPAC
FEC IDENTIFICATION NUMBER
C C00572941

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee Titan Strategies
Mailing Address 4003 Woodstone Way
City Louisville State KY Zip Code 40241
Purpose of Expenditure Monthly Consultation Fee
Category/Type 001
Date of Public Distribution/Dissemination 08/01/2016
Amount 5000.00
Transaction ID: SE.4335
Date of Disbursement or Obligation 08/01/2016

Name of Federal Candidate: WARD, KELLI, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 59557.60

Full Name of Payee Titan Strategies
Mailing Address 4003 Woodstone Way
City Louisville State KY Zip Code 40241
Purpose of Expenditure Email List
Category/Type 004
Date of Public Distribution/Dissemination 08/04/2016
Amount 4500.00
Transaction ID: SE.4342
Date of Disbursement or Obligation 08/01/2016

Name of Federal Candidate: WARD, KELLI, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 105557.60

(a) SUBTOTAL of Itemized Independent Expenditures 9500.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

McKee, Douglas, ,

[Electronically Filed]

Date

06/06/2017

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>KelliPAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00572941                 </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Titan Strategies</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 08 / 09 / 2016						
Mailing Address 4003 Woodstone Way	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">67245.49</div> Transaction ID : <b>SE.4344</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 08 / 03 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Louisville</td> <td>KY</td> <td>40241</td> </tr> </table>		City	State	Zip Code	Louisville	KY	40241
City		State	Zip Code				
Louisville	KY	40241					
Purpose of Expenditure Statewide Mailing							
Name of Federal Candidate: WARD, KELLI, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: <u>AZ</u>						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						
<div style="border: 1px solid black; padding: 2px; width: 150px; margin-left: auto;">172803.09</div>							

Full Name of Payee <input type="checkbox"/> Memo Item <b>Titan Strategies</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 08 / 18 / 2016						
Mailing Address 4003 Woodstone Way	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div> Transaction ID : <b>SE.4348</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 08 / 08 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Louisville</td> <td>KY</td> <td>40241</td> </tr> </table>		City	State	Zip Code	Louisville	KY	40241
City		State	Zip Code				
Louisville	KY	40241					
Purpose of Expenditure Commercial Production							
Name of Federal Candidate: WARD, KELLI, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: <u>AZ</u>						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						
<div style="border: 1px solid black; padding: 2px; width: 150px; margin-left: auto;">241553.09</div>							

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; width: 150px; margin-left: auto;">117245.49</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; width: 150px; margin-left: auto;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; width: 150px; margin-left: auto;">675185.47</div>

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*McKee, Douglas, , ,*

**[Electronically Filed]**

Date

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2017

Signature