

# 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**  
**TRUE NORTH PAC**

ADDRESS (number and street) **228 S WASHINGTON STREET STE 115**  
Check if different than previously reported. (ACC) **ALEXANDRIA VA 22314**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00571000** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  **11** /  **08** /  **2016** in the State of  **AK**

5. Covering Period  **10** /  **20** /  **2016** through  **11** /  **28** /  **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 **Miller, Julia, , ,**

Signature of Treasurer **Miller, Julia, , ,** [Electronically Filed] Date  **12** /  **08** /  **2016**

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

**TRUE NORTH PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		88204.96
(b) Cash on Hand at Beginning of Reporting Period.....	104982.90	
(c) Total Receipts (from Line 19) .....	12250.00	230105.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	117232.90	318309.96
7. Total Disbursements (from Line 31).....	34052.07	235129.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	83180.83	83180.83
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

TRUE NORTH PAC

Report Covering the Period: From: MM / DD / YYYY 10 / 20 / 2016 To: MM / DD / YYYY 11 / 28 / 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).....	250.00	85500.00
(ii) Unitemized .....	0.00	105.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	250.00	85605.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	12000.00	144500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	12250.00	230105.00
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)).....▶	12250.00	230105.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12250.00	230105.00

**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 .....	9052.07	137429.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	9052.07	137429.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	97700.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	34052.07	235129.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34052.07	235129.13

**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) .....	12250.00	230105.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12250.00	230105.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	9052.07	137429.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	9052.07	137429.13

**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 13
	<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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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)  
**TRUE NORTH PAC**

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

Mailing Address 405 Talahi Rd SE

City Vienna	State VA	Zip Code 22180
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2016

**Transaction ID : SA11AI.4908**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y 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
------	-------	----------

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 Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	250.00

**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 7 OF 13
<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)  
**TRUE NORTH PAC**

**A. AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 12846

City AUSTIN	State TX	Zip Code 78711
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FEC ID number of contributing federal political committee. **C** C00358903

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

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
11	/	11	/	2016

**Transaction ID : SA11C.4903**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. AMERICAN FINANCIAL SERVICES ASSOCIATION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
AMERICAN FINANCIAL SERVICES ASSOCIATION PAC

Mailing Address 919 18TH STREET, NW  
SUITE 300

City WASHINGTON	State DC	Zip Code 20006
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FEC ID number of contributing federal political committee. **C** C00038604

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

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
11	/	11	/	2016

**Transaction ID : SA11C.4905**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE

Mailing Address 2121 CRYSTAL DRIVE  
SUITE 100

City ARLINGTON	State VA	Zip Code 22202
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00303024

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

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

**Transaction ID : SA11C.4901**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7000.00
<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 8 OF 13
<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)  
**TRUE NORTH PAC**

**A. THE HOME DEPOT INC. POLITICAL ACTION COMMITTEE**

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

Mailing Address 1155 F STREET, NW  
SUITE 400

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00284885

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2016

**Transaction ID : SA11C.4907**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B.**

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y 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

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 Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	12000.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

Full Name (Last, First, Middle Initial) <b>A. BB&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 28 / 2016	
Mailing Address 614 H St. NW		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4879</b> Amount of Each Disbursement this Period [ ] 541.54	
City Washington	State DC	Zip Code 20001	Category/ Type [ ]
Purpose of Disbursement Credit Card Payment--See Memos		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Corcoran Caterers</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 28 / 2016	
Mailing Address 2401 Montgomery Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4879.c</b> Amount of Each Disbursement this Period [ ] 541.54	
City Silver Spring	State MD	Zip Code 20910	Category/ Type [ ]
Purpose of Disbursement Event Catering		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. BB&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 28 / 2016	
Mailing Address 614 H St. NW		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4880</b> Amount of Each Disbursement this Period [ ] 7036.41	
City Washington	State DC	Zip Code 20001	Category/ Type [ ]
Purpose of Disbursement Credit Card Payment--See Memos		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	[ ] 7577.95
<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"/> 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)  
**TRUE NORTH PAC**

**A. Alaska Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68900

City Seattle State WA Zip Code 98168

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4880.1

Amount of Each Disbursement this Period: 440.50

Memo Item

**B. Delta Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 20980

City Atlanta State GA Zip Code 30320

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4880.2

Amount of Each Disbursement this Period: 1791.30

Memo Item

**C. Stanford Park Hotel**

Full Name (Last, First, Middle Initial)

Mailing Address 100 El Camino Rd.

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4880.

Amount of Each Disbursement this Period: 578.91

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
**TRUE NORTH PAC**

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>			Date of Disbursement MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 233 S. Wacker Drive				
City Chicago	State IL	Zip Code 60606	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Travel			Transaction ID : <b>SB21B.4880.</b>	
Candidate Name			Amount of Each Disbursement this Period [REDACTED] 3526.10	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input checked="" type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>B. BB&amp;T</b>			Date of Disbursement MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 614 H St. NW				
City Washington	State DC	Zip Code 20001	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Credit Card Payment--See Memos			Transaction ID : <b>SB21B.4881</b>	
Candidate Name			Amount of Each Disbursement this Period [REDACTED] 1474.12	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>C. Hilton Chicago</b>			Date of Disbursement MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 720 S Michigan Ave				
City Chicago	State IL	Zip Code 60605	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Travel			Transaction ID : <b>SB21B.4881.</b>	
Candidate Name			Amount of Each Disbursement this Period [REDACTED] 356.90	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input checked="" type="checkbox"/> Memo Item			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1474.12
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**TRUE NORTH PAC**

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

Mailing Address 3355 S Las Vegas Blvd

City Las Vegas State NV Zip Code 89109

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4881.

Amount of Each Disbursement this Period: 273.28

Memo Item

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

Mailing Address 1818 International Blvd

City Seattle State WA Zip Code 98188

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4881.2

Amount of Each Disbursement this Period: 236.92

Memo Item

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

Mailing Address 2740 28th Street SE

City Grand Rapids State MI Zip Code 49512

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4881.

Amount of Each Disbursement this Period: 278.72

Memo Item

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

**TOTAL** This Period (last page this line number only)..... ▶ 9052.07

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

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**TRUE NORTH PAC**

Full Name (Last, First, Middle Initial)  
**A. JOHN KENNEDY FOR US**

Mailing Address 2900 CLEARVIEW PKWY  
SUITE 206

City METAIRIE State LA Zip Code 70006

Purpose of Disbursement  
Runoff Political Contribution

Candidate Name  
**KENNEDY, JOHN NEELY, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)  Runoff  
State: LA District: 00

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
11 / 22 / 2016

FEC Identification Number

**C** C00608398

**Transaction ID : SB23.4898**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. NRSC TARGETED STATE VICTORY COMMITTEE**

Mailing Address 228 S. WASHINGTON STREET  
SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Political Contribution

Candidate Name

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

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
10 / 20 / 2016

FEC Identification Number

**C** C00617498

**Transaction ID : SB23.4909**

Amount of Each Disbursement this Period

20000.00

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  
Disbursement For:  Primary  General  Other (specify)  Other  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

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

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

25000.00

25000.00