

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

JEFF 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="2014"/>	<input type="text" value="66304.20"/>	<input type="text" value="66304.20"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="129104.64"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="26140.55"/>	<input type="text" value="189018.04"/>
(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="155245.19"/>	<input type="text" value="255322.24"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="20378.21"/>	<input type="text" value="124602.40"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="134866.98"/>	<input type="text" value="134866.98"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="523.80"/>	

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

JEFF PAC

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

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).....	7500.00	69800.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7500.00	69800.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	7500.00	37500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	15000.00	107300.00
12. Transfers From Affiliated/Other Party Committees.....	11140.55	80531.45
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	186.59
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1000.00
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))..... ▶	26140.55	189018.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	26140.55	189018.04

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	1869.96
(b) Other Federal Operating Expenditures	20378.21	47732.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	20378.21	49602.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	75000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	20378.21	124602.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20378.21	122732.44

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)	15000.00	107300.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15000.00	107300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	20378.21	47732.44
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	186.59
38. Net Operating Expenditures (subtract Line 37 from Line 36)	20378.21	47545.85

**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 19
(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)
JEFF PAC

A. . EASTERN BAND OF CHEROKEE INDIA
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. BOX 455
 City State Zip Code
 CHEROKEE NC 28719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SOVEREIGN NATION INDIAN TRIBE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 22 / 2014
Transaction ID : INCA384
 Amount of Each Receipt this Period
 5000.00

B. . TABLE MOUNTAIN RANCHERIA
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. BOX 410
 City State Zip Code
 FRIANT CA 93626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SOVEREIGN NATION INDIAN TRIBE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 22 / 2014
Transaction ID : INCA383
 Amount of Each Receipt this Period
 2500.00

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 / D D / Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	7500.00
TOTAL This Period (last page this line number only).....▶	7500.00

**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 19
<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

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)
JEFF PAC

Full Name (Last, First, Middle Initial)
A. AMERICAN SOCIETY OF ANESTHESIOLOGISTS PAC

Mailing Address 1061 AMERICAN LN.

City State Zip Code
SCHAMBURG IL 60173

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 02 / 2014

Transaction ID : INCA376

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. NEW YORK LIFE INSURANCE PAC

Mailing Address 51 MADISON AVE. RM. 1109

City State Zip Code
NEW YORK NY 10010

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 22 / 2014

Transaction ID : INCA385

Amount of Each Receipt this Period
2500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	7500.00
TOTAL This Period (last page this line number only).....▶	7500.00

**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 8 OF 19
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
JEFF PAC

A. DENHAM VICTORY FUND
Full Name (Last, First, Middle Initial)
Mailing Address 2150 RIVER PLAZA DR., #150

City SACRAMENTO	State CA	Zip Code 95833
FEC ID number of contributing federal political committee. C C00496018		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 80531.45	

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 11 / 2014
Transaction ID : INCA380

Amount of Each Receipt this Period
11140.55

TRANSFER FROM JFA

B. SUSAN GROFF
Full Name (Last, First, Middle Initial)
Mailing Address 9832 CALVIN AVE.

City NORTHRIDGE	State CA	Zip Code 91324
FEC ID number of contributing federal political committee. C		
Name of Employer NORTHWEST EXCAVATING	Occupation CONTRACTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 20 / 2014
Transaction ID : IDTA191

Amount of Each Receipt this Period
5000.00

[MEMO ITEM]

C. ISAAC APPLBAUM
Full Name (Last, First, Middle Initial)
Mailing Address 837 LONGRIDGE RD.

City OAKLAND	State CA	Zip Code 94610
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation CONSULTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 03 / 2014
Transaction ID : IDTA190

Amount of Each Receipt this Period
5000.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....▶	11140.55
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 19
(check only one)

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

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)
JEFF PAC

A. RONI ROBERTS
Full Name (Last, First, Middle Initial)
Mailing Address 895 POPPY CT.
City OAKDALE State CA Zip Code 95361
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation NOT EMPLOYED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 04 / 2014
Transaction ID : IDTA189
Amount of Each Receipt this Period
2400.00
[MEMO ITEM]

B.
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 / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

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 / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	11140.55

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
JEFF PAC

Full Name (Last, First, Middle Initial)

A. CHASE CARDMEMBER SERVICES

Mailing Address P. O. BOX 94014

City PALATINE State IL Zip Code 60094

Purpose of Disbursement
CREDIT CARD PAYMENT

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2014

Transaction ID : EXPB374

Amount of Each Disbursement this Period

4147.14

Full Name (Last, First, Middle Initial)

B. HYATT REGENCY

Mailing Address 1800 S. HARBOR BLVD.

City GARDEN GROVE State CA Zip Code 92840

Purpose of Disbursement
LODGING

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2014

Transaction ID : EDTB167EXPB374

Amount of Each Disbursement this Period

270.65

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. HERTZ

Mailing Address 5855 W. CENTURY BLVD.

City LOS ANGELES State CA Zip Code 90045

Purpose of Disbursement
AUTO RENTAL

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2014

Transaction ID : EDTB168EXPB374

Amount of Each Disbursement this Period

411.12

[MEMO ITEM]

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

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

4147.14

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
JEFF PAC

Full Name (Last, First, Middle Initial)

A. SOUTHWEST AIRLINES

Mailing Address SACRAMENTO INT'L AIRPORT

City SACRAMENTO State CA Zip Code 95838

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EDTB169EXPB374

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address AVIATION DR.

City STERLING State VA Zip Code 20166

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EDTB170EXPB374

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. JETBLUE

Mailing Address 776 NORTH TERMINAL DR.

City SALT LAKE CITY State UT Zip Code 84114

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EDTB171EXPB374

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

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)
JEFF PAC

Full Name (Last, First, Middle Initial)

A. JETBLUE

Mailing Address 776 NORTH TERMINAL DR.

City State Zip Code
SALT LAKE CITY UT 84114

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

002
Category/
Type

Date of Disbursement

/ /

Transaction ID : EDTB172EXPB374

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JETBLUE

Mailing Address 776 NORTH TERMINAL DR.

City State Zip Code
SALT LAKE CITY UT 84114

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

002
Category/
Type

Date of Disbursement

/ /

Transaction ID : EDTB174EXPB374

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. SAFEWAY

Mailing Address 1330 CHAIN BRIDGE RD.

City State Zip Code
MCLEAN VA 22150

Purpose of Disbursement
FOOD FOR FUNDRAISER

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

003
Category/
Type

Date of Disbursement

/ /

Transaction ID : EDTB173EXPB374

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

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)
JEFF PAC

Full Name (Last, First, Middle Initial)

A. VIRGINIA ABC STORE

Mailing Address 1446 CHAIN BRIDGE RD.

City MCLEAN State VA Zip Code 22151

Purpose of Disbursement
SUPPLIES FOR FUNDRAISER

003

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 25 / 2014

Transaction ID : EDTB176EXPB374

Amount of Each Disbursement this Period

291.93

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BUCCA DI BEPPO

Mailing Address 1825 CONNECTICUTT AVE.

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
FUNDRAISING EVENT

003

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 25 / 2014

Transaction ID : EDTB175EXPB374

Amount of Each Disbursement this Period

1119.61

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address P. O. BOX 7221

City PASADENA State CA Zip Code 91109

Purpose of Disbursement
SHIPPING

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 01 / 2014

Transaction ID : EXPB375

Amount of Each Disbursement this Period

45.17

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

45.17

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

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)
JEFF PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN COLLEGE OF RADIOLOGY PAC

Mailing Address 505 9TH ST. NW #910

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
FUNDRAISING EXPENSES

003

Candidate Name

AMERICAN COLLEGE OF RADIOLOGY PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 08 / 2014

Transaction ID : EXPB379

Amount of Each Disbursement this Period

4500.00

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address P. O. BOX 7221

City PASADENA State CA Zip Code 91109

Purpose of Disbursement
SHIPPING

001

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 24 / 2014

Transaction ID : EXPB386

Amount of Each Disbursement this Period

28.19

Full Name (Last, First, Middle Initial)

C. CHASE CARDMEMBER SERVICES

Mailing Address P. O. BOX 94014

City PALATINE State IL Zip Code 60094

Purpose of Disbursement
CREDIT CARD PAYMENT

002

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 29 / 2014

Transaction ID : EXPB387

Amount of Each Disbursement this Period

11311.71

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

15839.90

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

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)
JEFF PAC

Full Name (Last, First, Middle Initial)

A. RESTON LIMOUSINE

Mailing Address 45685 ELMWOOD CT.

City State Zip Code
STERLING VA 20166

Purpose of Disbursement
TRAVEL EXP.

002
Category/
Type

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
12 / 29 / 2014

Transaction ID : EDTB177EXPB387

Amount of Each Disbursement this Period

518.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. TRAMONTI RISTORANTE

Mailing Address 119 E. ATLANTIC AVE.

City State Zip Code
DELRAY BEACH FL 33444

Purpose of Disbursement
FUNDRAISING EVENT

003
Category/
Type

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
12 / 29 / 2014

Transaction ID : EDTB178EXPB387

Amount of Each Disbursement this Period

518.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. JETBLUE

Mailing Address 776 NORTH TERMINAL DR.

City State Zip Code
SALT LAKE CITY UT 84114

Purpose of Disbursement
AIRFARE

003
Category/
Type

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
12 / 29 / 2014

Transaction ID : EDTB179EXPB387

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

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

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)
JEFF PAC

Full Name (Last, First, Middle Initial)

A. SEAGATE HOTEL

Mailing Address 1000 E. ATLANTIC AVE.

City DELRAY BEACH State FL Zip Code 33483

Purpose of Disbursement
LODGING

003

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 29 / 2014

Transaction ID : EDTB180EXPB387

Amount of Each Disbursement this Period

1464.37

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address DULLES AIRPORT

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement
AIRFARE

002

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 29 / 2014

Transaction ID : EDTB181EXPB387

Amount of Each Disbursement this Period

1854.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address AVIATION DR.

City STERLING State VA Zip Code 20166

Purpose of Disbursement
AIRFARE

002

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 29 / 2014

Transaction ID : EDTB182EXPB387

Amount of Each Disbursement this Period

610.20

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
JEFF PAC

Full Name (Last, First, Middle Initial)

A. VERIZON CENTER

Mailing Address 601 F ST.

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
FUNDRAISING VENUE

003

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2014			

Transaction ID : EDTB183EXPB387

Amount of Each Disbursement this Period

2758.52

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MARRIOTT

Mailing Address 7338 ESTATE BAKKEROE

City ST. THOMAS State VI Zip Code 00802

Purpose of Disbursement
LODGING

002

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2014			

Transaction ID : EDTB185EXPB387

Amount of Each Disbursement this Period

785.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. RITZ CARLTON

Mailing Address 6900 GREAT BAY

City ST. THOMAS State VI Zip Code 00001

Purpose of Disbursement
FUNDRAISING VENUE

003

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2014			

Transaction ID : EDTB184EXPB387

Amount of Each Disbursement this Period

512.77

[MEMO ITEM]

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

0.00

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

--

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
JEFF PAC

Full Name (Last, First, Middle Initial)

A. CONGRESSIONAL INSTITUTE

Mailing Address 316 PENNSYLVANIA AVE. #403

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
CONFERENCE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EDTB186EXPB387

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 19
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
JEFF PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CHASE CARDMEMBER SERVICES	Nature of Debt (Purpose): TRAVEL FOR DEMAIO
Mailing Address P. O. BOX 94014	
City State Zip Code PALATINE IL 60094	

Outstanding Balance Beginning This Period <input type="text" value="523.80"/>	Transaction ID : PAYD368	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="523.80"/>

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 <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

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 <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="523.80"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="523.80"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="523.80"/>