

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**
MANUFACTURED HOUSING INSTITUTE PAC

ADDRESS (number and street) **1655 North Fort Myer Drive**
Suite 104
 Check if different than previously reported. (ACC) **ARLINGTON VA 22209**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00043463 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 **11 / 08 / 2016** in the State of **VA**
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period **10 / 01 / 2016** through **10 / 19 / 2016**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Westbrook, Gay, A., Ms.,
Type or Print Name of Treasurer _____

Signature of Treasurer Westbrook, Gay, A., Ms., [Electronically Filed] Date **10 / 26 / 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

MANUFACTURED HOUSING INSTITUTE 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"/>		<input type="text" value="220865.92"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="282155.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="8715.81"/>	<input type="text" value="140004.89"/>
(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="290870.81"/>	<input type="text" value="360870.81"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2500.00"/>	<input type="text" value="72500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="288370.81"/>	<input type="text" value="288370.81"/>
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="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

MANUFACTURED HOUSING INSTITUTE 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).....	6845.81	91121.07
(ii) Unitemized	1870.00	47883.82
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8715.81	139004.89
(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)	8715.81	139004.89
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	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)).....▶	8715.81	140004.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8715.81	140004.89

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.....	2500.00	72500.00
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)) ..	2500.00	72500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	72500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	8715.81	139004.89
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8715.81	139004.89
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)
MANUFACTURED HOUSING INSTITUTE PAC

A. Bowersox, Mark, D., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17008 Bittner Way

City Noblesville	State IN	Zip Code 46062
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Manufactured Housing Institute	Occupation (for Individual) Sr Vice President, Industry Relations
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
791.73

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Transaction ID : SA11AI.9872

Amount of Each Receipt this Period
41.67

Memo Item

B. Ernst, Richard, D., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6535 Bandera Avenue 2A

City Dallas	State TX	Zip Code 75225
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Financial Marketing Associates	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

Transaction ID : SA11AI.9821

Amount of Each Receipt this Period
100.00

Memo Item

C. Ernst, Richard, D., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6535 Bandera Avenue 2A

City Dallas	State TX	Zip Code 75225
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Financial Marketing Associates	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

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

Transaction ID : SA11AI.9830

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	391.67
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
MANUFACTURED HOUSING INSTITUTE PAC

A. Ewing, Dustin, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3615 E. 14th Street (Hwy 60 E)
 City Owensboro State KY Zip Code 42303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kentucky Dream Homes Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1035.00

Date of Receipt 10 / 04 / 2016
Transaction ID : SA11AI.9820
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Gooch, Lesli, McCollum, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1655 Fort Myer Drive, Suite 104
 City Arlington State VA Zip Code 22209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Manufactured Housing Institute Occupation (for Individual) SVP, Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1585.00

Date of Receipt 10 / 14 / 2016
Transaction ID : SA11AI.9873
 Amount of Each Receipt this Period 83.00
 Memo Item

C. Heinemann, Tom, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1655 Fort Myer Drive, Suite 104
 City Arlington State VA Zip Code 22209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Manufactured Housing Institute Occupation (for Individual) Vice President, Federal Gov't Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 14 / 2016
Transaction ID : SA11AI.9874
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	608.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 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)
MANUFACTURED HOUSING INSTITUTE PAC

A. Heinemann, Tom, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1655 Fort Myer Drive, Suite 104

City Arlington	State VA	Zip Code 22209
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Manufactured Housing Institute	Occupation (for Individual) Vice President, Federal Gov't Affairs
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2016

Transaction ID : SA11AI.9870

Amount of Each Receipt this Period
100.00

Memo Item

B. Jennison, Richard, A., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10236 Democracy Lane

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Manufactured Housing Institute	Occupation (for Individual) President & CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1036.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Transaction ID : SA11AI.9871

Amount of Each Receipt this Period
21.14

Memo Item

C. Lovin, Brad, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4911 Departure Drive

City Raleigh	State NC	Zip Code 27919
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NC Manufactured Housing Assn.	Occupation (for Individual) Executive Director
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1035.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2016

Transaction ID : SA11AI.9875

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	621.14
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 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)
MANUFACTURED HOUSING INSTITUTE PAC

A. Oliver, Scott, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P. O. Box 9

City Hohenwald	State TN	Zip Code 38462
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oliver Technologies, Inc.	Occupation (for Individual) Vice President
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2016

Transaction ID : SA11AI.9878

Amount of Each Receipt this Period
115.00

Memo Item

B. Pardieck, Gregg, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 North Poplar Street

City Seymour	State IN	Zip Code 47274
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Village Green	Occupation (for Individual) Director
--	---

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
10	/	12	/	2016

Transaction ID : SA11AI.9867

Amount of Each Receipt this Period
1000.00

Memo Item

C. Pendleton, D.J., , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6850 Austin Center Blvd., Ste. 325

City Austin	State TX	Zip Code 78731
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) TX Manufactured Housing Assn.	Occupation (for Individual) Executive Director
--	---

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
10	/	04	/	2016

Transaction ID : SA11AI.9851

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2115.00
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 10 OF 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MANUFACTURED HOUSING INSTITUTE PAC

A. Starkey, Lois, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4650 36th Street South
 City Arlington State VA Zip Code 22206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Manufactured Housing Institute Vice President, Regulatory Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 07 / 2016
Transaction ID : SA11AI.9824
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Statum, Hugh, T., Mr., III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5000 Clayton Road
 City Maryville State TN Zip Code 37804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Clayton Homes, Inc. CFO, Clayton Retail
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 10 / 07 / 2016
Transaction ID : SA11AI.9837
 Amount of Each Receipt this Period 60.00
 Memo Item

C. Urness, Daniel, L., Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 N. Central Avenue, Suite 800
 City Phoenix State AZ Zip Code 85004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Cavco Industries, Inc. CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2010.00

Date of Receipt 10 / 04 / 2016
Transaction ID : SA11AI.9852
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 660.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 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)
MANUFACTURED HOUSING INSTITUTE PAC

A. Walker, Howard, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Two North Riverside Plaza
Suite 800

City Chicago	State IL	Zip Code 60606
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Equity LifeStyle Properties	Occupation (for Individual) Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2016

Transaction ID : SA11AI.9865

Amount of Each Receipt this Period
2350.00

Memo Item

B. Wicke, Anthony, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2042 Wooddale Drive, Suite 160

City Woodbury	State MN	Zip Code 55125
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Land Home Financial Services	Occupation (for Individual) Vice President
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
367.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2016

Transaction ID : SA11AI.9825

Amount of Each Receipt this Period
100.00

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)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2450.00
TOTAL This Period (last page this line number only).....	6845.81

**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

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NAME OF COMMITTEE (In Full)

MANUFACTURED HOUSING INSTITUTE PAC

Full Name (Last, First, Middle Initial)

A. CITIZENS FOR COCHRAN

Mailing Address PO BOX 7183

City
TUPELO

State
MS

Zip Code
38802

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

COCHRAN, THAD, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: MS District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2016			

FEC Identification Number

C C00091892

Transaction ID : SB23.9885

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FEARLESS PAC

Mailing Address PO BOX 37

City
BOULDER

State
CO

Zip Code
80306

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2016			

FEC Identification Number

C C00540955

Transaction ID : SB23.9883

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JARED POLIS COMMITTEE

Mailing Address P.O. BOX 4572

City
BOULDER

State
CO

Zip Code
80306

Purpose of Disbursement
Returned Contribution

011

Category/
Type

Candidate Name

POLIS, JARED, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2016			

FEC Identification Number

C C00435370

Transaction ID : SB23.9864

Amount of Each Disbursement this Period

-1000.00

Memo Item

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

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

1000.00

--

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : SB23.9864

Contribution mailed 09/27/2016 to campaign committee that does not accept PAC contributions. Returned check received 10/11/2016 and voided.

Form/Schedule:

Transaction ID:

**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)

MANUFACTURED HOUSING INSTITUTE PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ROGER WICKER

Mailing Address P.O. Box 874

City
Tupelo

State
MS

Zip Code
38802

Purpose of Disbursement
Stop Payment on Contribution

011

Category/
Type

Candidate Name

WICKER, ROGER F, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MS District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2016			

FEC Identification Number

C C00364380

Transaction ID : SB23.9861

Amount of Each Disbursement this Period

-1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PALAZZO FOR CONGRESS

Mailing Address 13155 HIGHWAY 67 SUITE B

City
BILOXI

State
MS

Zip Code
39532

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

PALAZZO, STEVEN MCCARTY, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MS District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2016			

FEC Identification Number

C C00477323

Transaction ID : SB23.9859

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TIM SCOTT FOR SENATE

Mailing Address 1405 ASHLEY RIVER RD

City
CHARLESTON

State
SC

Zip Code
29407

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

SCOTT, TIMOTHY E, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SC District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2016			

FEC Identification Number

C C00540302

Transaction ID : SB23.9856

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

500.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : SB23.9861

Contribution mailed 09/22/2016 to closed campaign committee. Stop payment on check made 10/06/2016.

Form/Schedule:

Transaction ID:

**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

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NAME OF COMMITTEE (In Full)

MANUFACTURED HOUSING INSTITUTE PAC

Full Name (Last, First, Middle Initial)

A. WICKER FOR SENATE

Mailing Address PO BOX 64

City JACKSON

State MS

Zip Code 39205

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

WICKER, ROGER F., , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MS District: 01

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2016

FEC Identification Number

C C00443218

Transaction ID : SB23.9879

Amount of Each Disbursement this Period

1000.00

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

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

1000.00

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

2500.00