

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

GOPAC Election Fund

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="2015"/>	<input type="text" value="4267.01"/>	<input type="text" value="4267.01"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7248.42"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="521434.52"/>	<input type="text" value="604499.03"/>
(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="528682.94"/>	<input type="text" value="608766.04"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="518408.36"/>	<input type="text" value="598491.46"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="10274.58"/>	<input type="text" value="10274.58"/>
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
GOPAC Election Fund

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).....	2105.00	14269.00
(ii) Unitemized	15429.52	34830.03
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	17534.52	49099.03
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	17534.52	54099.03
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.).....	503900.00	550400.00
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))..... ▶	521434.52	604499.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	521434.52	604499.03

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	356.83	1939.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	356.83	1939.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	22500.00
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	505551.53	574051.53
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)) ..	518408.36	598491.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	518408.36	598491.46

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)	17534.52	54099.03
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17534.52	54099.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	356.83	1939.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	356.83	1939.93

**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 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)
GOPAC Election Fund

A. MR. EDGAR H. BRISTOL
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 UNION STREET
 City FOXBORO State MA Zip Code 02035-2316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015
Transaction ID : SA11.830983
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. MR. GREGORY J. HAMER
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 3608
 City MORGAN CITY State LA Zip Code 70381-3608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BIG FOOD ENTERPRISES EXECUTIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : SA11.830883
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. DR. DUDLEY D. JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 N. CREEKWOOD DRIVE
 City MANSFIELD State TX Zip Code 76063-5428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015
Transaction ID : SA11.830985
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 46
	<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)
GOPAC Election Fund

A. MR. MACK C. LINDSEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 9501 CEDAR CREST DRIVE
 City AUSTIN State TX Zip Code 78750-2724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11.830947
 Amount of Each Receipt this Period
 400.00
 CONTRIBUTION

B. MR. RICHARD C. MARX
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 440
 City WAPPINGERS FALLS State NY Zip Code 12590-0440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2015
Transaction ID : SA11.831052
 Amount of Each Receipt this Period
 105.00
 CONTRIBUTION

C. MR. ROBERT J. ROSE
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 1725
 City RANCHO SANTA FE State CA Zip Code 92067-1725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFF(Occupation INFORMATION REQUESTED PER BEST EFF(
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : SA11.830870
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	755.00
TOTAL This Period (last page this line number only).....▶	2105.00

**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 46
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial) A. GOPAC INC		Date of Receipt MM / DD / YYYY 07 / 23 / 2015 Transaction ID : SA17.99935
Mailing Address 2300 CLARENDON BLVD STE 1305		Amount of Each Receipt this Period 5000.00
City ARLINGTON	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C	NON FEDERAL RECEIPT	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. GOPAC INC		Date of Receipt MM / DD / YYYY 09 / 21 / 2015 Transaction ID : SA17.99936
Mailing Address 2300 CLARENDON BLVD STE 1305		Amount of Each Receipt this Period 40000.00
City ARLINGTON	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C	NON FEDERAL RECEIPT	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. GOPAC INC		Date of Receipt MM / DD / YYYY 09 / 22 / 2015 Transaction ID : SA17.99937
Mailing Address 2300 CLARENDON BLVD STE 1305		Amount of Each Receipt this Period 25000.00
City ARLINGTON	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C	NON FEDERAL RECEIPT	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	70000.00
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 9 OF 46
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

A. GOPAC INC
Full Name (Last, First, Middle Initial)

Mailing Address 2300 CLARENDON BLVD
STE 1305

City ARLINGTON State VA Zip Code 22201

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
07 / 28 / 2015

Transaction ID : SA17.99938

Amount of Each Receipt this Period
5000.00

NON FEDERAL RECEIPT

B. GOPAC INC
Full Name (Last, First, Middle Initial)

Mailing Address 2300 CLARENDON BLVD
STE 1305

City ARLINGTON State VA Zip Code 22201

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
08 / 11 / 2015

Transaction ID : SA17.99939

Amount of Each Receipt this Period
28000.00

NON FEDERAL RECEIPT

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

Mailing Address 2300 CLARENDON BLVD
STE 1305

City ARLINGTON State VA Zip Code 22201

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
08 / 25 / 2015

Transaction ID : SA17.99940

Amount of Each Receipt this Period
45000.00

NON FEDERAL RECEIPT

SUBTOTAL of Receipts This Page (optional).....▶	78000.00
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 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)
A. GOPAC INC

Mailing Address 2300 CLARENDON BLVD
 STE 1305

City ARLINGTON State VA Zip Code 22201

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015

Transaction ID : SA17.99941

Amount of Each Receipt this Period
 63500.00

NON FEDERAL RECEIPT

Full Name (Last, First, Middle Initial)
B. GOPAC INC

Mailing Address 2300 CLARENDON BLVD
 STE 1305

City ARLINGTON State VA Zip Code 22201

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA17.99942

Amount of Each Receipt this Period
 135000.00

NON FEDERAL RECEIPT

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

Mailing Address 2300 CLARENDON BLVD
 STE 1305

City ARLINGTON State VA Zip Code 22201

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015

Transaction ID : SA17.99943

Amount of Each Receipt this Period
 48200.00

NON FEDERAL RECEIPT

SUBTOTAL of Receipts This Page (optional)..... ▶ 246700.00

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 46
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial) A. GOPAC INC		Date of Receipt
Mailing Address 2300 CLARENDON BLVD STE 1305		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code
ARLINGTON	VA	22201
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.99944
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="40000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	NON FEDERAL RECEIPT
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/>	

Full Name (Last, First, Middle Initial) B. GOPAC INC		Date of Receipt
Mailing Address 2300 CLARENDON BLVD STE 1305		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code
ARLINGTON	VA	22201
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.99945
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="9200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	NON FEDERAL RECEIPT
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/>	

Full Name (Last, First, Middle Initial) C. GOPAC INC		Date of Receipt
Mailing Address 2300 CLARENDON BLVD STE 1305		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City	State	Zip Code
ARLINGTON	VA	22201
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.99946
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="29500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	NON FEDERAL RECEIPT
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="78700.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 12 OF 46
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)
A. GOPAC INC

Mailing Address 2300 CLARENDON BLVD
STE 1305

City ARLINGTON State VA Zip Code 22201

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
11 / 18 / 2015

Transaction ID : SA17.99947

Amount of Each Receipt this Period
10000.00

NON FEDERAL RECEIPT

Full Name (Last, First, Middle Initial)
B. GOPAC INC

Mailing Address 2300 CLARENDON BLVD
STE 1305

City ARLINGTON State VA Zip Code 22201

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
12 / 01 / 2015

Transaction ID : SA17.99948

Amount of Each Receipt this Period
5500.00

NON FEDERAL RECEIPT

Full Name (Last, First, Middle Initial)
C. JOHNSON TIMBER CORPORATION

Mailing Address W147 E. RIVER ROAD

City HAYWARD State WI Zip Code 54843-7816

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 10 / 2015

Transaction ID : SA11.830914

Amount of Each Receipt this Period
10000.00

NON FEDERAL RECEIPT

SUBTOTAL of Receipts This Page (optional).....▶	25500.00
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 13 OF 46
(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)
A. KENTUCKY REPUBLICAN PARTY FEDERAL ACCOUNT

Mailing Address PO BOX 1068

City State Zip Code
FRANKFORT KY 40602

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
09 / 17 / 2015

Transaction ID : SA17.99949

Amount of Each Receipt this Period
5000.00

RETURN OF NON-FED RECEIPT

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

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

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 Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	503900.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address 200 VESEY STREET

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB1.17696

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address 200 VESEY STREET

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2015

Transaction ID : SB1.17697

Amount of Each Disbursement this Period

35.29

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address 200 VESEY STREET

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : SB1.17698

Amount of Each Disbursement this Period

1.89

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

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

45.13

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2015

Transaction ID : SB1.17704

Amount of Each Disbursement this Period

26.95

Full Name (Last, First, Middle Initial)

B. INTUIT

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB1.17705

Amount of Each Disbursement this Period

26.95

Full Name (Last, First, Middle Initial)

C. INTUIT

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2015

Transaction ID : SB1.17706

Amount of Each Disbursement this Period

26.95

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

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

80.85

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB1.17707

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. INTUIT

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB1.17708

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. INTUIT

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB1.17709

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement SEMINAR REGISTRATION EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB1.17703

Amount of Each Disbursement this Period: 150.00

Category/Type

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

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) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 150.00

TOTAL This Period (last page this line number only)..... ▶ 356.83

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. JONI ERNST FOR SENATE

Mailing Address PO BOX 93441

City DES MOINES State IA Zip Code 50393

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JONI ERNST

Office Sought: House
 Senate
 President
State: IA District: 00

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2015

Transaction ID : SB1.17702

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. KENTUCKY REPUBLICAN PARTY FEDERAL ACCOUNT

Mailing Address PO BOX 1068

City FRANKFORT State KY Zip Code 40602

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2015

Transaction ID : SB1.17701

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

C. REPUBLICAN PARTY OF WISCONSIN-FEDERAL ACCOUNT

Mailing Address 148 EAST JOHNSON ST

City MADISON State WI Zip Code 55703

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	18	/	2015

Transaction ID : SB1.17700

Amount of Each Disbursement this Period

2,500.00

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

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

12500.00

12500.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)
A. ANDY REID FOR TOWNSHIP COMMITTEE

Mailing Address **62 LINVALE ROAD**

City **RINGOES** State **NJ** Zip Code **08551**

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **10 / 26 / 2015**

Transaction ID : SB1.17713

Amount of Each Disbursement this Period: **2000.00**

Category/Type

Full Name (Last, First, Middle Initial)
B. ARIZONA FRONTIER FUND

Mailing Address **400 FIRST STREET SE SECOND FLOOR**

City **WASHINGTON** State **DC** Zip Code **20003**

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **08 / 25 / 2015**

Transaction ID : SB1.17714

Amount of Each Disbursement this Period: **10000.00**

Category/Type

Full Name (Last, First, Middle Initial)
C. BENGIVENGA & WOLAK FOR COUNCIL

Mailing Address **261 ST. JAMES PLACE**

City **SOUTH PLAINFIELD** State **NJ** Zip Code **07080**

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **10 / 16 / 2015**

Transaction ID : SB1.17715

Amount of Each Disbursement this Period: **5200.00**

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ **17200.00**

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. BILL COLE FOR GOVERNOR

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		25		2015

Mailing Address PO BOX 2016

Transaction ID : SB1.17716

City State Zip Code
BLUEFIELD WV 24701

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. BRUCE THOMPSON FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		18		2015

Mailing Address PO BOX 278

Transaction ID : SB1.17717

City State Zip Code
GAINESVILLE GA 30503

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. BURLINGTON COUNTY REPUBLICAN COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2015

Mailing Address 223 HIGH STREET

Transaction ID : SB1.17718

City State Zip Code
MOUNT HOLLY NJ 08060

Amount of Each Disbursement this Period

17000.00

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

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

18500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial) A. BURLINGTON COUNTY REPUBLICAN COMMITTEE		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 223 HIGH STREET		Transaction ID : SB1.17719
City MOUNT HOLLY	State NJ	
Zip Code 08060	Purpose of Disbursement NON FEDERAL DISBURSEMENT	Amount of Each Disbursement this Period 20000.00
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) B. CIATARELLI & SIMON FOR ASSEMBLY		Date of Disbursement MM / DD / YYYY 10 / 26 / 2015
Mailing Address 66 EAST MAIN STREET		Transaction ID : SB1.17720
City SOMERVILLE	State NJ	
Zip Code 08876	Purpose of Disbursement NON FEDERAL DISBURSEMENT	Amount of Each Disbursement this Period 2600.00
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) C. CIATTARELLI FOR ASSEMBLY		Date of Disbursement MM / DD / YYYY 10 / 28 / 2015
Mailing Address 166 MAIN STREET		Transaction ID : SB1.17721
City SOMERVILLE	State NJ	
Zip Code 08876	Purpose of Disbursement NON FEDERAL DISBURSEMENT	Amount of Each Disbursement this Period 2000.00
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	24600.00
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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)
A. COLORADO LEADERSHIP FUND

Mailing Address **PO BOX 238**

City **DENVER** State **CO** Zip Code **80201**

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **11 / 02 / 2015**

Transaction ID : SB1.17722

Amount of Each Disbursement this Period
10000.00

Category/Type

Full Name (Last, First, Middle Initial)
B. COMMITTEE TO ELECT AMATO FOR MAYOR

Mailing Address **38 PINE TREE DRIVE**

City **BAYVILLE** State **NJ** Zip Code **08721**

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **10 / 19 / 2015**

Transaction ID : SB1.17723

Amount of Each Disbursement this Period
2600.00

Category/Type

Full Name (Last, First, Middle Initial)
C. COMMITTEE TO ELECT FRANK CAPUTO

Mailing Address **14 WARKWICK COURT**

City **BARNEGAT** State **NJ** Zip Code **08005**

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **10 / 19 / 2015**

Transaction ID : SB1.17724

Amount of Each Disbursement this Period
2600.00

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ **15200.00**

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO ELECT FRED AKSHAR

Mailing Address 1116 OLD STATE ROAD

City BINGHAMTON State NY Zip Code 13904

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2015

Transaction ID : SB1.17725

Amount of Each Disbursement this Period

11000.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO ELECT HERRMANN, KANE & ATANASIO

Mailing Address 9 WARREN COURT

City MONROE State NJ Zip Code 08831

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2015

Transaction ID : SB1.17726

Amount of Each Disbursement this Period

5200.00

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO ELECT JOHN BACCHIONE

Mailing Address 36 PACIFIC AVENUE

City BAYVILLE State NJ Zip Code 08721

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2015

Transaction ID : SB1.17727

Amount of Each Disbursement this Period

2600.00

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

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

18800.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO ELECT KEWITH BUSCIO

Date of Disbursement

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

Mailing Address 36 PACIFIC AVENUE

Transaction ID : SB1.17728

City BAYVILLE State NJ Zip Code 08721

Amount of Each Disbursement this Period

2	6	0	0	.	0	0
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Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO ELECT MIDGLEY & NUTTALL

Date of Disbursement

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

Mailing Address 122 BOULDER LAKE DRIVE

Transaction ID : SB1.17729

City LITTLE EGG HARBOR State NJ Zip Code 08087

Amount of Each Disbursement this Period

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

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO ELECT PAUL ANDERSON

Date of Disbursement

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

Mailing Address 10000 W. CHARLESTON BLVD STE. 135

Transaction ID : SB1.17730

City LAS VEGAS State NV Zip Code 89135

Amount of Each Disbursement this Period

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

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

1	7	8	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO ELECT THOMAS ROLZHAUSEN

Mailing Address 16 HUMMEL DRIVE

City SOUTH TOMS RIVER State NJ Zip Code 08753

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB1.17731

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO ELECT TOM GROSSE

Mailing Address 36 PACIFIC AVENUE

City BAYVILLE State NJ Zip Code 08721

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB1.17732

Amount of Each Disbursement this Period

2	6	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO RE-ELECT BYRON LEONETTI & TROIANO

Mailing Address 136 W. LEAMING AVENUE

City WILDWOOD State NJ Zip Code 08260

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB1.17733

Amount of Each Disbursement this Period

7	8	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO RE-ELECT FREEHOLDERS BARTLETT & LITTLE

Mailing Address 680 HOOPER AVENUE BUILDING B #201

City TOMS RIVER State NJ Zip Code 08753

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2015

Transaction ID : SB1.17734

Amount of Each Disbursement this Period

5200.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO RE-ELECT SCOTT COLABELLA FOR COUNTY CLERK

Mailing Address 680 HOOPER AVENUE BUILDING B #201

City TOMS RIVER State NJ Zip Code 08753

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2015

Transaction ID : SB1.17735

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO RE-ELECT SUSAN MCCABE

Mailing Address 14 WARWICK COURT

City BARNEGAT State NJ Zip Code 08005

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2015

Transaction ID : SB1.17736

Amount of Each Disbursement this Period

2600.00

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

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

10400.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. DON TRIPP SPEAKER'S PAC

Mailing Address 633 NEWBURY ROAD PO BOX 1369

City State Zip Code
SOCORRO NM 87801

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB1.17737

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. ELECTION FUND OF BURLINGTON COUNTY GOP FREEHOLDERS

Mailing Address 223 HIGH STREET

City State Zip Code
MOUNT HOLLY NJ 08060

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB1.17738

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. ELECTION FUND OF CAROLINE CASAGRANDE

Mailing Address PO BOX 34

City State Zip Code
MANALAPAN NJ 07726

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB1.17739

Amount of Each Disbursement this Period

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. ELECTION FUND OF MARIA RODRIGUEZ GREGG

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		10		2015

Mailing Address 223 HIGH STREET

Transaction ID : SB1.17740

City MOUNT HOLLY State NJ Zip Code 08060

Amount of Each Disbursement this Period

2600.00

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. ELECTION FUND OF MARY PAT ANGELINI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		10		2015

Mailing Address PO BOX 517

Transaction ID : SB1.17741

City OAKHURST State NJ Zip Code 07755

Amount of Each Disbursement this Period

2600.00

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. FRANK WAGNER FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2015

Mailing Address PO BOX 68008

Transaction ID : SB1.17742

City VIRGINIA BEACH State VA Zip Code 23471

Amount of Each Disbursement this Period

10000.00

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

15200.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. FRIENDS FOR TERI HICKEL

Mailing Address PO BOX 1034

City MILTON State WA Zip Code 99354

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /
10 / 22 / 2015

Transaction ID : SB1.17743

Amount of Each Disbursement this Period

950.00

B. FRIENDS OF AMANDA CHASE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 5811

City MIDLOTHIAN State VA Zip Code 23112

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /
10 / 23 / 2015

Transaction ID : SB1.17744

Amount of Each Disbursement this Period

2500.00

C. FRIENDS OF AMANDA CHASE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 5811

City MIDLOTHIAN State VA Zip Code 23112

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /
09 / 30 / 2015

Transaction ID : SB1.17745

Amount of Each Disbursement this Period

5000.00

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

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

8450.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. FRIENDS OF BRYCE REEVES

Mailing Address PO BOX 7022

City State Zip Code
FREDERICKSBURG VA 22404

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
10 / 16 / 2015

Transaction ID : SB1.17746

Amount of Each Disbursement this Period

60000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DANA YOUNG

Mailing Address 610 SOUTH BLVD.

City State Zip Code
TAMPA FL 33606

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
11 / 13 / 2015

Transaction ID : SB1.17747

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DAVID YANCEY

Mailing Address PO BOX 1163

City State Zip Code
NEWPORT NEWS VA 23601

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
10 / 06 / 2015

Transaction ID : SB1.17748

Amount of Each Disbursement this Period

5000.00

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

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

75000.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. FRIENDS OF GLEN STURTEVANT

Mailing Address 1520 HUGUENOT ROAD

City RICHMOND State VA Zip Code 23235

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB1.17749

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

B. FRIENDS OF GLEN STURTEVANT

Mailing Address 1520 HUGUENOT ROAD

City RICHMOND State VA Zip Code 22325

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB1.17750

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C. FRIENDS OF HAIN, LIEBOWITZ, & OBERST

Mailing Address 68 BROAD STREET

City FLEMINGTON State NJ Zip Code 08822

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB1.17751

Amount of Each Disbursement this Period

Category/
Type

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JACKSON MILLER

Mailing Address PO BOX 10072

City MANASSAS State VA Zip Code 20108

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB1.17752

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

B. FRIENDS OF KELLY YAEDE FOR MAYOR

Mailing Address 25 CHAMBORD COURT

City HAMILTON State NJ Zip Code 08619

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB1.17753

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SCOTT LINGAMFELTER

Mailing Address 5420 LOMAX WAY

City WOODBRIDGE State VA Zip Code 22193

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB1.17754

Amount of Each Disbursement this Period

Category/
Type

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. HAL PARRISH FOR SENATE

Mailing Address PO BOX 4

City MANASSAS State VA Zip Code 20108

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

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			23			2015			

Transaction ID : SB1.17755

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B. HAL PARRISH FOR SENATE

Mailing Address PO BOX 4

City MANASSAS State VA Zip Code 20108

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

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
09			30			2015			

Transaction ID : SB1.17756

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

C. HOLT & KING FOR FREEHOLDER

Mailing Address 17 GEORGES PLACE

City CLINTON State NJ Zip Code 08809

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

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			28			2015			

Transaction ID : SB1.17757

Amount of Each Disbursement this Period

5200.00

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

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

25200.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. ILEANA SCHIRMER FOR COUNCIL

Mailing Address PO BOX 34

City MANALAPAN State NJ Zip Code 07726

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2015

Transaction ID : SB1.17758

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

B. JAMESBURG REPUBLICAN CLUB TWO

Mailing Address 7A READ STREET

City JAMESBURG State NJ Zip Code 08831

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2015

Transaction ID : SB1.17759

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

C. JEN GIATTINO FOR CITY COUNCIL

Mailing Address 216 SEVENTH STREET

City HOBOKEN State NJ Zip Code 07030

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : SB1.17760

Amount of Each Disbursement this Period

2600.00

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

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

7800.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. JOE MURRAY FOR STATE SENATE

Mailing Address PO BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

10 / 16 / 2015

Transaction ID : SB1.17761

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. KEN SMITH FOR CHATTANOOGA CITY COUNCIL

Mailing Address 1000 LINDSAY STREET

City CHATTANOOGA State TN Zip Code 37402

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

09 / 04 / 2015

Transaction ID : SB1.17762

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. KENTUCKY HOUSE REPUBLICAN CAUCUS CAMPAIGN CMTE

Mailing Address PO BOX 1068

City FRANKFORT State KY Zip Code 40602

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

11 / 20 / 2015

Transaction ID : SB1.17763

Amount of Each Disbursement this Period

2500.00

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

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

8000.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)
A. KENTUCKY SENATE REPUBLICAN TRUST

Date of Disbursement: MM / DD / YYYY
11 / 19 / 2015

Mailing Address PO BOX 1068

City: FRANKFORT State: KY Zip Code: 40602

Purpose of Disbursement: NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **SB1.17764**

Amount of Each Disbursement this Period: 2500.00

Full Name (Last, First, Middle Initial)
B. MARK GREEN FOR STATE SENATE

Date of Disbursement: MM / DD / YYYY
07 / 24 / 2015

Mailing Address 1990 MADISON STREET STE 102

City: CLARKSVILLE State: TN Zip Code: 37043

Purpose of Disbursement: NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **SB1.17765**

Amount of Each Disbursement this Period: 5000.00

Full Name (Last, First, Middle Initial)
C. MELISSA MELENDEZ FOR ASSEMBLY 2016

Date of Disbursement: MM / DD / YYYY
11 / 06 / 2015

Mailing Address C/O VONA 9321 SILVERBEND LANE

City: ELK GROVE State: CA Zip Code: 95264

Purpose of Disbursement: NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **SB1.17766**

Amount of Each Disbursement this Period: 8400.00

SUBTOTAL of Disbursements This Page (optional)..... ▶ 15900.00

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. MICHIGAN VALUES LEADERSHIP FUND

Date of Disbursement

Mailing Address PO BOX 261

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

City DEWITT State MI Zip Code 48820

Transaction ID : SB1.17767

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

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

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. MIDDLESEX COUNTY REPUBLICAN COMMITTEE

Date of Disbursement

Mailing Address PO BOX 324

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

City MIDDLESEX State NJ Zip Code 08846

Transaction ID : SB1.17768

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

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

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. MIDDLESEX REPUBLICAN ORGANIZATION CAMPAIGN 2015

Date of Disbursement

Mailing Address PO BOX 34

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

City MIDDLESEX State NJ Zip Code 08846

Transaction ID : SB1.17769

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

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

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

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

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. MILLTOWN REPUBLICAN 2015 CAMPAIGN COMMITTEE

Mailing Address 6 JANET COURT

City MILLTOWN State NJ Zip Code 08850

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /
10 / 16 / 2015

Transaction ID : SB1.17770

Amount of Each Disbursement this Period

2600.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. MISSISSIPPI HOUSE REPUBLICAN CAUCUS

Mailing Address PO BOX 2008

City JACKSON State MS Zip Code 39215

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /
08 / 25 / 2015

Transaction ID : SB1.17771

Amount of Each Disbursement this Period

10000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. NANCY DYE FOR STATE SENATE

Mailing Address 3535 FRANKLIN ROAD SW, A-2

City ROANOKE State VA Zip Code 24014

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /
09 / 29 / 2015

Transaction ID : SB1.17772

Amount of Each Disbursement this Period

10000.00

Category/
Type

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

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

22600.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. NANCY DYE FOR STATE SENATE

Mailing Address 3535 FRANKLIN ROAD SW, A-2

City ROANOKE State VA Zip Code 24014

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 16 / 2015

Transaction ID : **SB1.17773**

Amount of Each Disbursement this Period
10000.00

Category/Type

Full Name (Last, First, Middle Initial)

B. NEW JERSEY ASSEMBLY REPUBLICAN VICTORY

Mailing Address PO BOX 225

City COLONIA State NJ Zip Code 07067

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 01 / 2015

Transaction ID : **SB1.17774**

Amount of Each Disbursement this Period
2500.00

Category/Type

Full Name (Last, First, Middle Initial)

C. NEW JERSEY ASSEMBLY REPUBLICAN VICTORY

Mailing Address PO BOX 225

City COLONIA State NJ Zip Code 07067

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 21 / 2015

Transaction ID : **SB1.17775**

Amount of Each Disbursement this Period
12500.00

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 25000.00

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)
A. NEW JERSEY STATE REPUBLICAN COMMITTEE

Mailing Address 150 WEST STATE STREET STE 230

City TRENTON State NJ Zip Code 08608

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 29 / 2015

Transaction ID : **SB1.17776**

Amount of Each Disbursement this Period
12500.00

Full Name (Last, First, Middle Initial)
B. PARISOT FOR DELEGATE

Mailing Address PMB 466 BEVERLY ROAD STE 115

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 06 / 2015

Transaction ID : **SB1.17777**

Amount of Each Disbursement this Period
500.00

Full Name (Last, First, Middle Initial)
C. PETERSON FOR ASSEMBLY

Mailing Address 6 DARTS MILL ROAD

City FLEMINGTON State NJ Zip Code 08822

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 28 / 2015

Transaction ID : **SB1.17778**

Amount of Each Disbursement this Period
2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶ 15000.00

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)
A. RICHFORD FOR COUNTY EXECUTIVE

Mailing Address 4020 QUAKERBRIDGE ROAD

City MERCERVILLE State NJ Zip Code 08619

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
10 / 16 / 2015

Transaction ID : **SB1.17779**

Amount of Each Disbursement this Period
2600.00

Category/Type

Full Name (Last, First, Middle Initial)
B. RON VILLANUEVA FOR VIRGINIA HOUSE

Mailing Address PO BOX 61005

City VIRGINIA BEACH State VA Zip Code 23466

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
09 / 30 / 2015

Transaction ID : **SB1.17780**

Amount of Each Disbursement this Period
5000.00

Category/Type

Full Name (Last, First, Middle Initial)
C. RYAN QUARLES FOR AGRICULTURE COMMISSIONER

Mailing Address PO BOX 1001

City GEORGETOWN State KY Zip Code 40324

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
07 / 23 / 2015

Transaction ID : **SB1.17781**

Amount of Each Disbursement this Period
1000.00

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8600.00

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)
A. SAM THOMPSON FOR SENATE

Mailing Address **5 LINCROFT AVENUE**

City **OLD BRIDGE** State **NJ** Zip Code **08857**

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
12 / 28 / 2015

Transaction ID : SB1.17782

Amount of Each Disbursement this Period
2600.00

Full Name (Last, First, Middle Initial)
B. SC HOUSE REPUBLICAN CAUCUS

Mailing Address **PO BOX 21**

City **COLUMBIA** State **SC** Zip Code **29202**

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
07 / 23 / 2015

Transaction ID : SB1.17783

Amount of Each Disbursement this Period
5000.00

Full Name (Last, First, Middle Initial)
C. SENATE REPUBLICAN MAJORITY

Mailing Address **PO BOX 225**

City **COLONIA** State **NJ** Zip Code **07067**

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
09 / 21 / 2015

Transaction ID : SB1.17784

Amount of Each Disbursement this Period
12500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶ **20100.00**

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. SIOBHAN DUNNAVANT FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2015

Mailing Address PO BOX 70849

Transaction ID : SB1.17785

City HENRICO State VA Zip Code 23225

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. SIOBHAN DUNNAVANT FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Mailing Address PO BOX 70849

Transaction ID : SB1.17786

City HENRICO State VA Zip Code 23225

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. SOUTH RIVER REPUBLICAN CAMPAIGN 2015

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2015

Mailing Address PO BOX 373, SOUTH RIVER, NJ 08882

Transaction ID : SB1.17787

City SOUTH RIVER State NJ Zip Code 08882

Amount of Each Disbursement this Period

5200.00

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

12700.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. THE COMMITTEE TO ELECT JANICE VAN NESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2015

Mailing Address 2731 PITLOCHRY STREET

Transaction ID : SB1.17788

City State Zip Code
CONYERS GA 30094

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. THE REAGAN FUND

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

Mailing Address PO BOX 904

Transaction ID : SB1.17789

City State Zip Code
OLYMPIA WA 98507

Amount of Each Disbursement this Period

10000.00

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. VOTE MONTENEGRO

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2015

Mailing Address PO BOX 2275

Transaction ID : SB1.17790

City State Zip Code
LITCHFIELD PARK AZ 85340

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

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

13000.00

--

**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 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 checked="" 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)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)
A. WATSON FOR SENATE

Mailing Address **PO BOX 2486**

City **SAVANNAH** State **GA** Zip Code **31402**

Purpose of Disbursement
VOID CHECK

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **12 / 30 / 2015**

Transaction ID : SB1.17699

Amount of Each Disbursement this Period: **-500.00**

Check not re-issued; Orig. Disb. - Pre-Gen. 2014 (10/1 - 10/15/14)

Full Name (Last, First, Middle Initial)
B. WEST VIRGINIA REPUBLICAN LEGISLATIVE COMMITTEE

Mailing Address **5 EDGEWOOD STREET**

City **WHEELING** State **WV** Zip Code **26003**

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **11 / 02 / 2015**

Transaction ID : SB1.17791

Amount of Each Disbursement this Period: **1000.00**

Full Name (Last, First, Middle Initial)
C. WESTERFIELD FOR SENATE

Mailing Address **P.O. BOX 340**

City **HOPKINSVILLE** State **KY** Zip Code **42241**

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **11 / 07 / 2015**

Transaction ID : SB1.17792

Amount of Each Disbursement this Period: **1000.00**

SUBTOTAL of Disbursements This Page (optional)..... ▶ **1500.00**

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. NATIONAL RESEARCH INC

Mailing Address 146 STATE HWY 34
#250

City HOLMDEL State NJ Zip Code 07733

Purpose of Disbursement
NON-FED DISB-SURVEY RESEARCH

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
10 / 19 / 2015

Transaction ID : SB1.17710

Amount of Each Disbursement this Period

5200.00

Full Name (Last, First, Middle Initial)

B. NATIONAL RESEARCH INC

Mailing Address 146 STATE HWY 34
#250

City HOLMDEL State NJ Zip Code 07733

Purpose of Disbursement
NON-FED DISB-SURVEY RESEARCH

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
09 / 22 / 2015

Transaction ID : SB1.17711

Amount of Each Disbursement this Period

10400.00

Full Name (Last, First, Middle Initial)

C. NATIONAL RESEARCH INC

Mailing Address 146 STATE HWY 34
#250

City HOLMDEL State NJ Zip Code 07733

Purpose of Disbursement
NON-FED DISB-SURVEY RESEARCH

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
09 / 22 / 2015

Transaction ID : SB1.17712

Amount of Each Disbursement this Period

10400.00

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

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

26000.00

504350.00