

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

ADDRESS (number and street) **1305 Memorial Avenue**  
Check if different than previously reported. (ACC) **West Springfield MA 01089**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00163212** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period  /  /  2021 through  /  /  2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Chiecko, Gregory, , ,  
Type or Print Name of Treasurer

Signature of Treasurer *Chiecko, Gregory, , ,* [Electronically Filed] Date  /  /  2021

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>	<input type="text" value="26160.27"/>	<input type="text" value="26160.27"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="26160.27"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="20677.74"/>	<input type="text" value="20677.74"/>
(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="46838.01"/>	<input type="text" value="46838.01"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="19831.33"/>	<input type="text" value="19831.33"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="27006.68"/>	<input type="text" value="27006.68"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A).....	20000.00	20000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	20000.00	20000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	20000.00	20000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	677.74	677.74
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)).....▶	20677.74	20677.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	20677.74	20677.74

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19500.00	19500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	331.33	331.33
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	19831.33	19831.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19831.33	19831.33

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	20000.00	20000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20000.00	20000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

**A. Corl, Stephanie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 904 Potomac Dr  
 City Wilmington State NC Zip Code 28411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Powers Great American Midways Occupation (for Individual) Carnival Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2021  
**Transaction ID : SA11AI.5052**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Corl, Susan, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1204 Shenandoah St  
 City Wilmington State NC Zip Code 28411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Heavenly Treats Occupation (for Individual) Carnival Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2021  
**Transaction ID : SA11AI.5050**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Dean, Sheila, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 181  
 City Elkton State VA Zip Code 22827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dean Travel LLC Occupation (for Individual) Carnival Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2021  
**Transaction ID : SA11AI.5049**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
	<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)  
**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

**A. Ianni, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11705 Boyette Rd  
 Suite 474  
 City Riverview State FL Zip Code 33589  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Red Carpet Amusements, Inc. Occupation (for Individual) Carnival Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 02 / 2021  
**Transaction ID : SA11AI.5047**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Metcalf, Patricia, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1543 Bartow Road  
 Suite 218  
 City Lakeland State FL Zip Code 33801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Powers Great American Midway Occupation (for Individual) Carnival Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 01 / 2021  
**Transaction ID : SA11AI.5046**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**C. POWERS, DEBORAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4216 EDWARD HYDE PL  
 City WILMINGTON State NC Zip Code 28405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) POWERS GREAT AMERICAN MIDWAYS Occupation (for Individual) CARNIVAL OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 06 / 02 / 2021  
**Transaction ID : SA11AI.5053**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

**A. Reisinger, Whitney, N, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 97221 Laffites Way  
 City Yulee State FL Zip Code 32097  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dixie Enterprises, Inc. Occupation (for Individual) Carnival Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **06 / 02 / 2021**  
**Transaction ID : SA11AI.5048**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**B. Strates, E. Jay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1700 W. Fawsett Rd  
 City Winter Park State FL Zip Code 32789  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Strates Shows Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt **02 / 18 / 2021**  
**Transaction ID : SA11AI.5045**  
 Amount of Each Receipt this Period 1600.00  
 Memo Item

**C. SWARTZ, HOLLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10065 RAPP RD  
 City NEW MIDDLETOWN State OH Zip Code 44442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HITCH-HIKER MFG Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **01 / 08 / 2021**  
**Transaction ID : SA11AI.5043**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 9 OF 15  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Wheelock, Stephanie, S, ,

Mailing Address 117 Pacer Way

City Warners      State NY      Zip Code 13164

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

Name of Employer (for Individual) Big Daddy's Concessions      Occupation (for Individual) Carnival Executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2021

**Transaction ID : SA11AI.5051**

Amount of Each Receipt this Period  
 2000.00

Memo Item

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

Mailing Address

City      State      Zip Code

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City      State      Zip Code

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	20000.00

**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 10 OF 15
<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)  
**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

**A. Wells Fargo Advisors**

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

Mailing Address 7900 Xerxes Ave S  
10th FL

City Bloomington State MN Zip Code 55431

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
639.58

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2021

**Transaction ID : SA17.5079**

Amount of Each Receipt this Period  
615.81

Memo Item  
Change in value 1/1-6/30/2021

**B. Wells Fargo Advisors**

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

Mailing Address 7900 Xerxes Ave S  
10th FL

City Bloomington State MN Zip Code 55431

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
677.74

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2021

**Transaction ID : SA17.5084**

Amount of Each Receipt this Period  
38.16

Memo Item  
Dividend income

**C.**

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	653.97
<b>TOTAL</b> This Period (last page this line number only).....	653.97

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

**A. ANDY HARRIS FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 426

City STEVENSVILLE State MD Zip Code 21666

Purpose of Disbursement  011 Category/Type

Candidate Name  
**HARRIS, ANDREW P, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: MD District: 01

Date of Disbursement: MM / DD / YYYY  
05 / 19 / 2021

FEC Identification Number: **C00435974**  
Transaction ID : **SB23.5074**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. ANN WAGNER FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 50

City BALLWIN State MO Zip Code 63022

Purpose of Disbursement  011 Category/Type

Candidate Name  
**WAGNER, ANN L., , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: MO District: 02

Date of Disbursement: MM / DD / YYYY  
06 / 11 / 2021

FEC Identification Number: **C00495846**  
Transaction ID : **SB23.5078**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. BILLY LONG FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 3246 E RIDGEVIEW ST

City SPRINGFIELD State MO Zip Code 65804

Purpose of Disbursement  011 Category/Type

Candidate Name  
**LONG, BILLY MR., , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: MO District: 07

Date of Disbursement: MM / DD / YYYY  
04 / 14 / 2021

FEC Identification Number: **C00460063**  
Transaction ID : **SB23.5073**  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 8500.00

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

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NAME OF COMMITTEE (In Full)  
**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

**A. DAN NEWHOUSE FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 10949

City YAKIMA State WA Zip Code 98909

Purpose of Disbursement  011 Category/Type

Candidate Name  
**NEWHOUSE, DAN, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 19 / 2021

FEC Identification Number: **C00559393**  
Transaction ID : **SB23.5076**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. DEFAZIO FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 1316

City SPRINGFIELD State OR Zip Code 97477

Purpose of Disbursement  011 Category/Type

Candidate Name  
**DEFAZIO, PETER A, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: OR District: 04

Date of Disbursement: 05 / 19 / 2021

FEC Identification Number: **C00215905**  
Transaction ID : **SB23.5075**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. FRIENDS OF JIM CLYBURN**

Full Name (Last, First, Middle Initial)  
Mailing Address POST OFFICE BOX 12567

City COLUMBIA State SC Zip Code 29211

Purpose of Disbursement  011 Category/Type

Candidate Name  
**CLYBURN, JAMES E., , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: SC District: 06

Date of Disbursement: 03 / 16 / 2021

FEC Identification Number: **C00255562**  
Transaction ID : **SB23.5072**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6000.00

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

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

NAME OF COMMITTEE (In Full)  
**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

**A. PINGREE FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 17613

City PORTLAND State ME Zip Code 04112

Purpose of Disbursement  011 Category/Type

Candidate Name  
**PINGREE, CHELLIE, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 19 / 2021

FEC Identification Number: C00433391  
Transaction ID : SB23.5077  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

Candidate Name

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

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

Candidate Name

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

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	19500.00

# 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"/> 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)  
**OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC**

**A. Bank of America**

Full Name (Last, First, Middle Initial)

Mailing Address 100 North Tryon Street

City Charlotte State NC Zip Code 28255

Purpose of Disbursement: Investment advisory fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 02 / 2021

FEC Identification Number: C

Transaction ID : SB29.5061

Amount of Each Disbursement this Period: 30.00

Memo Item

**B. Bank of America**

Full Name (Last, First, Middle Initial)

Mailing Address 100 North Tryon Street

City Charlotte State NC Zip Code 28255

Purpose of Disbursement: April 21 advisory fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 30 / 2021

FEC Identification Number: C

Transaction ID : SB29.5064

Amount of Each Disbursement this Period: 46.48

Memo Item

**C. Bank of America**

Full Name (Last, First, Middle Initial)

Mailing Address 100 North Tryon Street

City Charlotte State NC Zip Code 28255

Purpose of Disbursement: Investment advisory fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 18 / 2021

FEC Identification Number: C

Transaction ID : SB29.5062

Amount of Each Disbursement this Period: 30.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 106.48

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

