

# 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

Tomorrow is Meaningful PAC-TIM PAC

ADDRESS (number and street) P.O. Box 347

Check if different than previously reported. (ACC) Haymarket VA 20168

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00495887 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

## 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 [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)
- Election on [MM] / [DD] / [YYYY] in the State of [SC]

5. Covering Period [MM] / [DD] / [YYYY] 10 / 01 / 2014 through [MM] / [DD] / [YYYY] 11 / 24 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jennifer DeCasper

Signature of Treasurer Jennifer DeCasper [Electronically Filed] Date 12 / 22 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Tomorrow is Meaningful PAC-TIM PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="77570.31"/>	<input type="text" value="77570.31"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="92500.03"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="13500.00"/>	<input type="text" value="130222.16"/>
(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="106000.03"/>	<input type="text" value="207792.47"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="20557.17"/>	<input type="text" value="122349.61"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="85442.86"/>	<input type="text" value="85442.86"/>
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

**Tomorrow is Meaningful PAC-TIM 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).....	0.00	15250.00
(ii) Unitemized .....	0.00	10.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	15260.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	13500.00	113500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	13500.00	128760.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	1321.17
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	140.99
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	13500.00	130222.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13500.00	130222.16

**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 .....	4557.17	18849.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4557.17	18849.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	97500.00
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 .....	6000.00	6000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	20557.17	122349.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20557.17	122349.61

**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) .....	13500.00	128760.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13500.00	128760.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	4557.17	18849.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	140.99
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4557.17	18708.62

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

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

NAME OF COMMITTEE (In Full)  
**Tomorrow is Meaningful PAC-TIM PAC**

**A. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 CONSTITUTION AVE. NW  
 SUITE 500 WEST  
 City WASHINGTON State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C** C00096156  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2014  
**Transaction ID : SA11C.5422**  
 Amount of Each Receipt this Period  
 4000.00

**B. NATIONAL ASSOCIATION OF BROADCASTERS POLITICAL ACTION COMMITTEE (NABPAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1771 N STREET NW  
 City WASHINGTON State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C** C00009985  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 19 / 2014  
**Transaction ID : SA11C.5463**  
 Amount of Each Receipt this Period  
 2000.00

**C. PFIZER INC. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 235 EAST 42ND STREET  
 City NEW YORK State NY Zip Code 10017  
 FEC ID number of contributing federal political committee. **C** C00016683  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 19 / 2014  
**Transaction ID : SA11C.5464**  
 Amount of Each Receipt this Period  
 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8500.00
<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 7 OF 15  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Tomorrow is Meaningful PAC-TIM PAC**

**A. PRICEWATERHOUSECOOPERS POLITICAL ACTION COMMITTEE I**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1301 K STREET, NW  
 SUITE 800W  
 City WASHINGTON State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C** C00107235  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2014  
**Transaction ID : SA11C.5462**  
 Amount of Each Receipt this Period  
 5000.00

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

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

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	13500.00

**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)  
**Tomorrow is Meaningful PAC-TIM PAC**

Full Name (Last, First, Middle Initial)

**A. Chick-fil-A**

Mailing Address 2200 Crystal Drive  
Suite G

City Arlington State VA Zip Code 22202

Purpose of Disbursement  
See Memo to John Don

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : SB21B.5416**

Amount of Each Disbursement this Period

121.83
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. John Christopher Don**

Mailing Address 3211 13th Road South

City Arlington State VA Zip Code 22204

Purpose of Disbursement  
Reimbursement for food & drink for Senator's C&M event

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : SB21B.5410**

Amount of Each Disbursement this Period

247.12
--------

Full Name (Last, First, Middle Initial)

**C. Gula Graham Group**

Mailing Address 499 S Capitol St SW  
Ste 420

City Washington State DC Zip Code 20003

Purpose of Disbursement  
3rd Quarter Commission

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2014			

**Transaction ID : SB21B.5420**

Amount of Each Disbursement this Period

4250.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4497.12
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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 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)  
**Tomorrow is Meaningful PAC-TIM PAC**

Full Name (Last, First, Middle Initial)

**A. Gula Graham Group**

Mailing Address 499 S Capitol St SW  
Ste 420

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Consulting Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 20 / 2014

Transaction ID : **SB21B.5421**

Amount of Each Disbursement this Period

60.05

Full Name (Last, First, Middle Initial)

**B. Gula Graham Group**

Mailing Address 499 S Capitol St SW  
Ste 420

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Consulting October Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 07 / 2014

Transaction ID : **SB21B.5461**

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Target**

Mailing Address 3101 Jefferson Davis Hwy

City Alexandria State VA Zip Code 22305

Purpose of Disbursement  
See Memo to John Don

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

Transaction ID : **SB21B.5418**

Amount of Each Disbursement this Period

93.24

[MEMO ITEM]

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

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

60.05

**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)  
**Tomorrow is Meaningful PAC-TIM PAC**

Full Name (Last, First, Middle Initial)

**A. Trader Joe's**

Mailing Address 1109 North Highland Street

City Arlington State VA Zip Code 22201

Purpose of Disbursement  
See Memo to John Don

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2014

**Transaction ID : SB21B.5412**

Amount of Each Disbursement this Period

32.05

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

0.00

4557.17

**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)  
**Tomorrow is Meaningful PAC-TIM PAC**

Full Name (Last, First, Middle Initial)

**A. BILL CASSIDY FOR US SENATE**

Mailing Address PO BOX 80505

City State Zip Code  
BATON ROUGE LA 70898

Purpose of Disbursement

Candidate Name

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	07	/	2014

**Transaction ID : SB23.5459**

Amount of Each Disbursement this Period

5,000.00
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Full Name (Last, First, Middle Initial)

**B. KANSAS REPUBLICAN PARTY**

Mailing Address P.O. BOX 4157

City State Zip Code  
TOPEKA KS 66604

Purpose of Disbursement

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
10	/	31	/	2014

**Transaction ID : SB23.5457**

Amount of Each Disbursement this Period

5,000.00
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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

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
	/		/	

Amount of Each Disbursement this Period

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

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

10000.00
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10000.00
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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)  
**Tomorrow is Meaningful PAC-TIM PAC**

Full Name (Last, First, Middle Initial) <b>A. Committee to Elect Shannon Erickson</b>		Date of Disbursement MM / DD / YYYY 10 / 27 / 2014
Mailing Address 129 S. Hermitage Road		<b>Transaction ID : SB29.5429</b>
City Beaufort	State SC	
Zip Code 29902	Purpose of Disbursement Contribution to Non-Federal Candidate	Amount of Each Disbursement this Period 500.00
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>B. Deborah Long for House</b>		Date of Disbursement MM / DD / YYYY 10 / 27 / 2014
Mailing Address 1115 John Short Road		<b>Transaction ID : SB29.5437</b>
City Indian Land	State SC	
Zip Code 29707	Purpose of Disbursement Contribution to Non-Federal Candidate	Amount of Each Disbursement this Period 500.00
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>C. Donna for State House</b>		Date of Disbursement MM / DD / YYYY 10 / 27 / 2014
Mailing Address P.O. Box 161852		<b>Transaction ID : SB29.5443</b>
City Boiling Springs	State SC	
Zip Code 29316	Purpose of Disbursement Contribution to Non-Federal Candidate	Amount of Each Disbursement this Period 500.00
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**Tomorrow is Meaningful PAC-TIM PAC**

Full Name (Last, First, Middle Initial)

**A. Haley for Governor**

Mailing Address P.O. Box 1773

City Columbia State SC Zip Code 29202

Purpose of Disbursement  
Contribution to Non-Federal Candidate

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /   
10 / 31 / 2014

**Transaction ID : SB29.5446**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Heather for House**

Mailing Address P.O. Box 31385

City Myrtle Beach State SC Zip Code 29588

Purpose of Disbursement  
Contribution to Non-Federal Candidate

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /   
10 / 27 / 2014

**Transaction ID : SB29.5427**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Henderson for SC House**

Mailing Address 110 Silver Creek Court

City Greer State SC Zip Code 29650

Purpose of Disbursement  
Contribution to Non-Federal Candidate

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /   
10 / 27 / 2014

**Transaction ID : SB29.5431**

Amount of Each Disbursement this Period

500.00

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

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

2000.00

**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)  
**Tomorrow is Meaningful PAC-TIM PAC**

Full Name (Last, First, Middle Initial)

**A. Jenny Horne for House**

Mailing Address 133 East First North St.  
Suite 5

City Summerville State SC Zip Code 29483

Purpose of Disbursement  
Contribution to Non-Federal Candidate

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.5433**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Katrina Shealy for SC Senate**

Mailing Address P.O. Box 503

City Lexington State SC Zip Code 29071

Purpose of Disbursement  
Contribution to Non-Federal Candidate

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.5423**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Rita Allison for House**

Mailing Address P.O. Box 93

City Lyman State SC Zip Code 29365

Purpose of Disbursement  
Contribution to Non-Federal Candidate

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.5425**

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)  
**Tomorrow is Meaningful PAC-TIM PAC**

Full Name (Last, First, Middle Initial)

**A. Thayer for SC House**

Mailing Address 225 Ansonborough Plantation

City Belton State SC Zip Code 29627

Purpose of Disbursement  
Contribution to Non-Federal Candidate

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

**Transaction ID : SB29.5441**

Amount of Each Disbursement this Period

500.00
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Full Name (Last, First, Middle Initial)

**B. The Campaign to Elect Raye**

Mailing Address 116 Mary Mack Lane

City Fort Mill State SC Zip Code 29715

Purpose of Disbursement  
Contribution to Non-Federal Candidate

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

**Transaction ID : SB29.5435**

Amount of Each Disbursement this Period

500.00
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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1000.00
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6000.00
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