



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL 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"/>		696186.45
(b) Cash on Hand at Beginning of Reporting Period.....	696186.45	
(c) Total Receipts (from Line 19) .....	45836.03	45836.03
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	742022.48	742022.48
7. Total Disbursements (from Line 31).....	72044.66	72044.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	669977.82	669977.82
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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

**PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL 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).....	45667.77	45667.77
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	45667.77	45667.77
(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) .....	45667.77	45667.77
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.).....	168.26	168.26
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))..... ▶	45836.03	45836.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	45836.03	45836.03

**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 .....	1076.14	1076.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1076.14	1076.14
22. Transfers to Affiliated/Other Party Committees.....	49268.52	49268.52
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	3500.00
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 .....	18200.00	18200.00
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)) ..	72044.66	72044.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	72044.66	72044.66

**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) .....	45667.77	45667.77
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	45667.77	45667.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1076.14	1076.14
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1076.14	1076.14

**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 14  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND**

**A. CONTRIBUTIONS UNITEMIZED**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8600 HILLCREST RD  
 City KANSAS CITY State MO Zip Code 64138  
 Date of Receipt: 01 / 31 / 2015  
**Transaction ID : SA11AI.44393**  
 Amount of Each Receipt this Period: 15978.78  
 JANUARY UNITEMIZED CONTRIBUTIONS  
 FEC ID number of contributing federal political committee: C  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼: 15978.78

**B. CONTRIBUTIONS UNITEMIZED**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8600 HILLCREST RD  
 City KANSAS CITY State MO Zip Code 64138  
 Date of Receipt: 02 / 28 / 2015  
**Transaction ID : SA11AI.44394**  
 Amount of Each Receipt this Period: 15748.48  
 JANUARY MEMBERSHIP CONTRIBUTIONS  
 FEC ID number of contributing federal political committee: C  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼: 31727.26

**C. CONTRIBUTIONS UNITEMIZED**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8600 HILLCREST RD  
 City KANSAS CITY State MO Zip Code 64138  
 Date of Receipt: 03 / 31 / 2015  
**Transaction ID : SA11AI.44395**  
 Amount of Each Receipt this Period: 13940.51  
 MARCH MEMBERSHIP CONTRIBUTIONS  
 FEC ID number of contributing federal political committee: C  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼: 45667.77

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45667.77  
**TOTAL** This Period (last page this line number only)..... ▶ 45667.77

**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)  
**PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND**

Full Name (Last, First, Middle Initial)

**A. Capital One Card Services**

Mailing Address Dept. 9600

City Carol Stream State IL Zip Code 60128-1960

Purpose of Disbursement  
airfare/2015 Legislative Conference / Grandon

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

**Transaction ID : SB21B.44353**

Amount of Each Disbursement this Period

238.20
--------

Full Name (Last, First, Middle Initial)

**B. United Eastern Democrats**

Mailing Address 308 W. Maple, Suite 101

City Independence State MO Zip Code 64050

Purpose of Disbursement  
Annual Sponsorship Dues

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2015

**Transaction ID : SB21B.44343**

Amount of Each Disbursement this Period

250.00
--------

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

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)..... ▶

488.20
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488.20
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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 checked="" 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)  
**PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND**

Full Name (Last, First, Middle Initial)

### A. U.A. Political Education Committee

Mailing Address THREE PARK PLACE

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement  
Transfer to Affiliated Committee

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 Y
02	/	17	/	2015

Transaction ID : SB22.44354

Amount of Each Disbursement this Period

49268.52
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Full Name (Last, First, Middle Initial)

### B.

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 Y
	/		/	

Amount of Each Disbursement this Period

--

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 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)..... ▶

49268.52
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49268.52
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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 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)  
**PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND**

Full Name (Last, First, Middle Initial)

**A. CLEAVER FOR CONGRESS**

Mailing Address PO BOX 411872

City KANSAS CITY State MO Zip Code 64141

Purpose of Disbursement  
5th Congressional 2016 Re-election

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: MO District: 05

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

Transaction ID : SB23.44361

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. MCCASKILL FOR MISSOURI**

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement  
Sponsorship for Senator Claire McCaskill

Candidate Name

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 26 / 2015

Transaction ID : SB23.44356

Amount of Each Disbursement this Period

1000.00

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 / 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)..... ▶

3500.00

3500.00

**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)  
**PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND**

Full Name (Last, First, Middle Initial)

**A. Bynum for Commissioner**

Mailing Address P.O. Box 171353

City Kansas City State KS Zip Code 66117

Purpose of Disbursement  
1st District at Large

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 Y
03	/	26	/	2015

**Transaction ID : SB29.44370**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. CASS COUNTY CENTRAL DEMOCRATIC COMMITTEE**

Mailing Address PO BOX 994

City HARRISONVILLE State MO Zip Code 64701

Purpose of Disbursement  
Annual 'Black to Blue' Dinner / Gold Sponsor

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 Y
02	/	26	/	2015

**Transaction ID : SB29.44380**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Louie Wright**

Mailing Address 2304 NE 35th Court

City Kansas City State MO Zip Code 64116

Purpose of Disbursement  
City Council 1st District

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 Y
03	/	12	/	2015

**Transaction ID : SB29.44381**

Amount of Each Disbursement this Period

500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1500.00
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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)  
**PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF KEVIN MCMANUS**

Mailing Address P.P. BOX 481642

City KANSAS CITY State MO Zip Code 64148

Purpose of Disbursement  
Contribution Non-federal State Rep 36th District

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	26	/	2015

**Transaction ID : SB29.44378**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. JACKSON COUNTY DEMOCRATIC COMMITTEE**

Mailing Address 308 W MAPLE  
STE 101

City INDEPENDENCE State MO Zip Code 64050

Purpose of Disbursement  
Event Fundraiser 23/17/15

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	16	/	2015

**Transaction ID : SB29.44372**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. JACKSON COUNTY DEMOCRATIC COMMITTEE**

Mailing Address 308 W MAPLE  
STE 101

City INDEPENDENCE State MO Zip Code 64050

Purpose of Disbursement  
TrumanDays Event / Gold Sponsor

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2015

**Transaction ID : SB29.44383**

Amount of Each Disbursement this Period

3000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

6500.00
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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)  
**PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND**

Full Name (Last, First, Middle Initial) <b>A. Johnson for Commission</b>		Date of Disbursement MM / DD / YYYY 03 / 26 / 2015
Mailing Address P.O. Box 12836		<b>Transaction ID : SB29.44368</b>
City Kansas City	State KS	
Purpose of Disbursement 4th District Commissioner	Candidate Name	Amount of Each Disbursement this Period 500.00
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. Justus for KC</b>		Date of Disbursement MM / DD / YYYY 03 / 26 / 2015
Mailing Address P.O. Box 411464		<b>Transaction ID : SB29.44384</b>
City Kansas City	State MO	
Purpose of Disbursement City Council 4th District	Candidate Name	Amount of Each Disbursement this Period 1000.00
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. Kansas AFL-CIO</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2015
Mailing Address 2132 SW 36th St.		<b>Transaction ID : SB29.44364</b>
City Topeka	State KS	
Purpose of Disbursement Labor's Kitchen BBQ Annual Event	Candidate Name	Amount of Each Disbursement this Period 250.00
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).....▶	1750.00
<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)  
**PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND**

Full Name (Last, First, Middle Initial)

**A. Kansas Democratic Party**

Mailing Address PO Box 1914

City Topeka State KS Zip Code 66601

Purpose of Disbursement  
Washington Days Sponsor

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 16 / 2015

Transaction ID : SB29.44363

Amount of Each Disbursement this Period

1250.00

Full Name (Last, First, Middle Initial)

**B. MISSOURI AFL-CIO GENERAL FUND**

Mailing Address 227 JEFFERSON ST

City JEFFERSON CITY State MO Zip Code 65101

Purpose of Disbursement  
Annual Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

Transaction ID : SB29.44386

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MISSOURIANS FOR KOSTER**

Mailing Address PO BOX 1551

City JEFFERSON CITY State MO Zip Code 65101

Purpose of Disbursement  
Attorney General / Gala Celebration Patron Sponsorship

Candidate Name

Office Sought:  House  Senate  President  
State: MO District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2015

Transaction ID : SB29.44375

Amount of Each Disbursement this Period

1000.00

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

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

3250.00

**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)  
**PIPEFITTERS LOCAL #533 VOLUNTEER POLITICAL FUND**

Full Name (Last, First, Middle Initial)

**A. SENATE DEMOCRATIC CAMPAIGN COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2015

Mailing Address P.O. Box 1911

**Transaction ID : SB29.44365**

City Topeka State KS Zip Code 66601

Amount of Each Disbursement this Period

5000.00
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Purpose of Disbursement  
Non-Fed Candidates Kansas Fund Raiser

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Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of 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.**

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/  
Type

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)..... ▶

5000.00
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18000.00
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