

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.
NEW PAC

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIP CODE**
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 / / through / /

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 Toni Dian Nunes

Signature of Treasurer Toni Dian Nunes [Electronically Filed] Date / /

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

NEW 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="2015"/>		190592.18
(b) Cash on Hand at Beginning of Reporting Period.....	296526.62	
(c) Total Receipts (from Line 19)	52285.29	314037.29
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	348811.91	504629.47
7. Total Disbursements (from Line 31).....	115109.10	270926.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	233702.81	233702.81
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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

NEW PAC

Report Covering the Period: From: 07 / 01 / 2015 To: 12 / 31 / 2015

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).....	10000.00	47250.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10000.00	47250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	37785.29	262285.29
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	47785.29	309535.29
12. Transfers From Affiliated/Other Party Committees.....	4500.00	4502.00
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.).....	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))..... ▶	52285.29	314037.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	52285.29	314037.29

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	85840.07	164157.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	85840.07	164157.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28500.00	28500.00
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	769.03	78269.03
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)) ..	115109.10	270926.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	115109.10	270926.66

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)	47785.29	309535.29
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47785.29	309535.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	85840.07	164157.63
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	85840.07	164157.63

**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 51
<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)
NEW PAC

Full Name (Last, First, Middle Initial)
A. BARONA BAND OF MISSION INDIANS

Mailing Address 1095 BARONA RD

City LAKESIDE	State CA	Zip Code 92040
------------------	-------------	-------------------

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

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
08	/	19	/	2015

Transaction ID : SA11AI.9357

Amount of Each Receipt this Period
2500.00

DATED: 7/20/15 REC'VD: 8/19/15

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

Mailing Address P.O. BOX 1548

City ADA	State OK	Zip Code 74820
-------------	-------------	-------------------

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

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
12	/	01	/	2015

Transaction ID : SA11AI.9368

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
C. SYCUAN BAND OF THE KUMEYAAY NATION

Mailing Address 5459 DEHESA ROAD

City EL CAJON	State CA	Zip Code 92019
------------------	-------------	-------------------

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

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
10	/	28	/	2015

Transaction ID : SA11AI.9373

Amount of Each Receipt this Period
2500.00

DATED: 6/23/15 REC'VD: 10/28/15

SUBTOTAL of Receipts This Page (optional).....▶	7500.00
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 7 OF 51
(check only one)

<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)
NEW PAC

A. YOCHA DEHE WINTUN NATION
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 18
City BROOKS State CA Zip Code 95606
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2015
Transaction ID : SA11AI.9369
Amount of Each Receipt this Period
2500.00
DATED: 9/30/15 REC'VD: 11/30/15

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

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	10000.00

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

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

FOR LINE NUMBER: PAGE 8 OF 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NEW PAC

Full Name (Last, First, Middle Initial)
A. ALEXANDER AND BALDWIN INC FEDPAC

Mailing Address P.O. BOX 3440

City State Zip Code
HONOLULU HI 96801

FEC ID number of contributing federal political committee. **C C00017681**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 09 / 2015
Transaction ID : SA11C.9374

Amount of Each Receipt this Period
1000.00

DATED: 9/30/15 REC'VD: 10/9/15

Full Name (Last, First, Middle Initial)
B. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 Connecticut Avenue NW
Suite 600

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C C00004275**

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
 12 / 14 / 2015
Transaction ID : SA11C.9366

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C. DIAGEO NORTH AMERICA INC EMPLOYEES' POLITICAL PARTICIPATION COMMITTEE

Mailing Address 801 MAIN AVENUE
PO BOX 778

City State Zip Code
NORWALK CT 06851

FEC ID number of contributing federal political committee. **C C00034470**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3785.29

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 30 / 2015
Transaction ID : SA11C.9378

Amount of Each Receipt this Period
3785.29

In-kind - EXPENSES ASSOCIATED WITH EVENT HELD - DATE: 9/1/15 INFO REC'VD: 12/30/15

SUBTOTAL of Receipts This Page (optional)..... ▶ 9785.29

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 51
<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

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NAME OF COMMITTEE (In Full)
NEW PAC

Full Name (Last, First, Middle Initial)
A. EMERSON ELECTRIC CO. RESPONSIBLE GOVERNMENT FUND

Mailing Address 8000 W FLORISSANT AVE
STATION 2310

City ST. LOUIS State MO Zip Code 63136

FEC ID number of contributing federal political committee. **C** C00080515

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 17 / 2015
Transaction ID : SA11C.9360

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. FEDEXPAC FEDERAL EXPRESS POLITICAL ACTION COMMITTEE

Mailing Address 942 SOUTH SHADY GROVE ROAD

City MEMPHIS State TN Zip Code 38120

FEC ID number of contributing federal political committee. **C** C00068692

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
12 / 11 / 2015
Transaction ID : SA11C.9365

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
C. INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Mailing Address 412 First Street, SE, Suite 300

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
11 / 04 / 2015
Transaction ID : SA11C.9370

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 10000.00

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 10 OF 51
<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

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NAME OF COMMITTEE (In Full)
NEW PAC

A. KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 655 15th Street NW Suite 445
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C** C00236489
 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
 12 / 07 / 2015
Transaction ID : SA11C.9361
 Amount of Each Receipt this Period
 5000.00

B. OPPENHEIMERFUNDS, INC. POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1295 STATE STREET
 City SPRINGFIELD State MA Zip Code 01111
 FEC ID number of contributing federal political committee. **C** C00367920
 Name of Employer Occupation
 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
 12 / 14 / 2015
Transaction ID : SA11C.9363
 Amount of Each Receipt this Period
 2000.00

C. RIO TINTO AMERICA INC. PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 4700 DAYBREAK PARKWAY
 City SOUTH JORDAN State UT Zip Code 84095
 FEC ID number of contributing federal political committee. **C** C00243675
 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
 08 / 05 / 2015
Transaction ID : SA11C.9359
 Amount of Each Receipt this Period
 2500.00
 DATED: 7/30/15 REC'VD: 8/5/15

SUBTOTAL of Receipts This Page (optional).....	9500.00
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 51
<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

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NAME OF COMMITTEE (In Full)
NEW PAC

A. Full Name (Last, First, Middle Initial)
SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

Mailing Address P O BOX 500

City RENVILLE State MN Zip Code 56284

FEC ID number of contributing federal political committee. **C** C00166348

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 / /
Transaction ID : SA11C.9371

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
UNITED PARCEL SERVICE INC. PAC

Mailing Address 55 GLENLAKE PARKWAY NE

City ATLANTA State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 / /
Transaction ID : SA11C.9362

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE

Mailing Address 805 FIFTEENTH ST NW SUITE 430

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 / /
Transaction ID : SA11C.9376

Amount of Each Receipt this Period
5000.00

DATED: 9/29/15 REC'VD: 10/9/15

SUBTOTAL of Receipts This Page (optional).....	8500.00
TOTAL This Period (last page this line number only).....	37785.29

**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 51
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
NEW PAC

A. NUNES VICTORY FUND
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 6545

City VISALIA	State CA	Zip Code 93290
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FEC ID number of contributing federal political committee. **C** C00544031

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4502.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2015
Transaction ID : SA12.9537

Amount of Each Receipt this Period
4500.00

TRANSFER FROM JOINT FUNDRAISING

B. BRUCE KOPITAR
Full Name (Last, First, Middle Initial)
Mailing Address 18854 AVE 300

City EXETER	State CA	Zip Code 93221
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FEC ID number of contributing federal political committee. **C**

Name of Employer WIIRELESS EYE/US TOWERS	Occupation OWNER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 06 / 2015
Transaction ID : SA12.9537.0

Amount of Each Receipt this Period
5000.00

[MEMO ITEM]

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

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

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	4500.00

**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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. API - BLACK & WHITE GALA

Mailing Address 5550 N PALM AVE, SUITE 103

City FRESNNO State CA Zip Code 93704

Purpose of Disbursement
DONATION: EVENT SPONSORSHIP

012

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2015

Transaction ID : SB21B.9519

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. BUCKMAN - MITCHELL, INC.

Mailing Address P.O. BOX 629

City VISALIA State CA Zip Code 93279

Purpose of Disbursement
OFFICE EXP: INSURANCE

001

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2015

Transaction ID : SB21B.9413

Amount of Each Disbursement this Period

908.70

Full Name (Last, First, Middle Initial)

C. CARDMEMBER SERVICES - CREDIT CARD

Mailing Address P.O. BOX 94014

City PALANTINE State IL Zip Code 60094

Purpose of Disbursement
TRAVEL: MOTEL/MEALS - BALANCE UNDER REPORT LIMIT

002

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2015

Transaction ID : SB21B.9455

Amount of Each Disbursement this Period

404.75

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

3813.45

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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. MARRIOTT HOTEL

Mailing Address 5855 W CENTURY BLVD

City LOS ANGELES State CA Zip Code 90045

Purpose of Disbursement
TRAVEL: HOTEL

002
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2015

Transaction ID : SB21B.9455.0

Amount of Each Disbursement this Period

294.43

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CARDMEMBER SERVICES - CREDIT CARD

Mailing Address P.O. BOX 94014

City PALANTINE State IL Zip Code 60094

Purpose of Disbursement
PAC FUNDRAISING: CATERING/FOOD/BEV/ROOM USAGE

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2015

Transaction ID : SB21B.9457

Amount of Each Disbursement this Period

4491.35

Full Name (Last, First, Middle Initial)

C. HAWK N DOVE

Mailing Address 329 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAC FUNDRAISING: CATERING/FOOD/BEV/ROOM USAGE

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2015

Transaction ID : SB21B.9457.0

Amount of Each Disbursement this Period

324.57

[MEMO ITEM]

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

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

4491.35

**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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. EXETER MEAT & PROCESSING

Mailing Address 140 E PALM ST

City EXETER State CA Zip Code 93221

Purpose of Disbursement
PAC FUNDRAISING: CATERING/FOOD

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2015

Transaction ID : SB21B.9457.1

Amount of Each Disbursement this Period

98.09

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. HAGGEN FOOD

Mailing Address 1132 W BRANCH ST

City ARROYO GRANDE State CA Zip Code 93420

Purpose of Disbursement
PAC FUNDRAISING: CATERING/FOOD/BEV

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2015

Transaction ID : SB21B.9457.2

Amount of Each Disbursement this Period

274.49

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. KOBERL AT BLUE

Mailing Address 998 MONTEREY ST

City SAN LUIS OBISBO State CA Zip Code 93401

Purpose of Disbursement
PAC FUNDRAISING: CATERING/BEV

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2015

Transaction ID : SB21B.9457.3

Amount of Each Disbursement this Period

325.61

[MEMO ITEM]

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

0.00

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 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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. SCHNEIDER'S OF CAPITOL HILL

Mailing Address 300 MASSACHUSETTS AVENUE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
PAC FUNDRAISING: CATERING/BEV

003
Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2015

Transaction ID : **SB21B.9457.4**

Amount of Each Disbursement this Period

2692.14

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CAPITOL HILL CLUB

Mailing Address 300 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAC FUNDRAISING: CATERING/FOOD/BEV/ROOM USAGE

003
Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2015

Transaction ID : **SB21B.9457.5**

Amount of Each Disbursement this Period

205.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CARDMEMBER SERVICES - CREDIT CARD

Mailing Address P.O. BOX 94014

City PALANTINE State IL Zip Code 60094

Purpose of Disbursement
TRAVEL: HOTEL/CAR RENTAL/MEALS - BALANCE UNDER REPORT
LIMIT

002
Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 09 / 2015

Transaction ID : **SB21B.9447**

Amount of Each Disbursement this Period

2185.03

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

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

2185.03

**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)
NEW PAC

Full Name (Last, First, Middle Initial)
A. HYATT REGENCY

Mailing Address P.O. BOX 843977

City DALLAS State TX Zip Code 75284

Purpose of Disbursement TRAVEL: HOTEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 09 / 2015

Transaction ID : **SB21B.9447.0**

Amount of Each Disbursement this Period: 727.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. COURTYARD BY MARRIOTT

Mailing Address 1325 2ND ST NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRAVEL: HOTEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 09 / 2015

Transaction ID : **SB21B.9447.1**

Amount of Each Disbursement this Period: 370.98

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. NWL LODGING

Mailing Address 1001 LAFAYETTE DRIVE

City FARMINGTON State PA Zip Code 15437

Purpose of Disbursement TRAVEL: HOTEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 09 / 2015

Transaction ID : **SB21B.9447.2**

Amount of Each Disbursement this Period: 940.08

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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 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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. HERTZ RENT-A-CAR

Mailing Address 460 HEADQUARTERS PLAZA

City MORRISTOWN State NJ Zip Code 07960

Purpose of Disbursement
TRAVEL: CAR RENTAL

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	9			2	0	1	5		

Transaction ID : SB21B.9447.3

Amount of Each Disbursement this Period

1	3	1	.	0	5
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CARDMEMBER SERVICES - CREDIT CARD

Mailing Address P.O. BOX 94014

City PALANTINE State IL Zip Code 60094

Purpose of Disbursement
PAC FUNDRAISING: CATERING/FOOD/BEV/ROOM USAGE

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	9			2	0	1	5		

Transaction ID : SB21B.9452

Amount of Each Disbursement this Period

6	9	7	.	6	2
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. BULL FEATHERS

Mailing Address 410 1ST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAC FUNDRAISNIG: CATERING/FOOD/BEV/ROOM USAGE

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	9			2	0	1	5		

Transaction ID : SB21B.9452.0

Amount of Each Disbursement this Period

6	2	.	7	8
---	---	---	---	---

[MEMO ITEM]

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

6	9	7	.	6	2
---	---	---	---	---	---

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

6	9	7	.	6	2
---	---	---	---	---	---

**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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. CAPITOL HILL CLUB

Mailing Address 300 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAC FUNDRAISNG: CATERING/FOOD/BEV/ROOM USAGE

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : **SB21B.9452.1**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CARDMEMBER SERVICES - CREDIT CARD

Mailing Address P.O. BOX 94014

City PALANTINE State IL Zip Code 60094

Purpose of Disbursement
PAC FUNDRAISING: CATERING/FOOD/BEV/ROOM USAGE

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : **SB21B.9430**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. LA PIAZZA

Mailing Address 1600 E TULARE AVE

City TULARE State CA Zip Code 93274

Purpose of Disbursement
PAC FUNDRAISING: CATERING/FOOD/BEV/ROOM USAGE

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : **SB21B.9430.0**

Amount of Each Disbursement this Period

[MEMO ITEM]

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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. CARDMEMBER SERVICES - CREDIT CARD

Mailing Address P.O. BOX 94014

City PALANTINE State IL Zip Code 60094

Purpose of Disbursement
PAC FUNDRAISING EXP: CATERING/FOOD/BEV/ROOM USAGE -
BALANCE UNDER REPORT LIMIT
Candidate Name

003
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : SB21B.9424

Amount of Each Disbursement this Period

2617.71

Full Name (Last, First, Middle Initial)

B. CAPITOL HILL CLUB

Mailing Address 300 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAC FUNDRAISING: CATERING/FOOD/BEV/ROOM USAGE
Candidate Name

003
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : SB21B.9424.0

Amount of Each Disbursement this Period

1600.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DEL FRISCOS

Mailing Address 3925 PARADISE ROAD

City LAS VEGAS State NV Zip Code 89169

Purpose of Disbursement
PAC FUNDRAISING EXP: CATERING/FOOD/BEV/ROOM USAGE
Candidate Name

003
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : SB21B.9424.1

Amount of Each Disbursement this Period

642.47

[MEMO ITEM]

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

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

2617.71

**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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. EXETER MEAT & PROCESSING

Mailing Address 140 E PALM ST

City EXETER State CA Zip Code 93221

Purpose of Disbursement
PAC FUNDRAISING: CATERING/FOOD

003
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB21B.9424.2

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CARDMEMBER SERVICES - CREDIT CARD

Mailing Address P.O. BOX 94014

City PALANTINE State IL Zip Code 60094

Purpose of Disbursement
TRAVEL: BEV - UNDER REPORT LIMIT

002
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB21B.9465

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CARDMEMBER SERVICES - CREDIT CARD

Mailing Address P.O. BOX 94014

City PALANTINE State IL Zip Code 60094

Purpose of Disbursement
PAC FUNDRAISING: CATERING/FOOD/BEV/ROOM USAGE

003
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB21B.9466

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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. DEL FRISCOS

Mailing Address 3925 PARADISE ROAD

City LAS VEGAS State NV Zip Code 89169

Purpose of Disbursement
PAC FUNDRAISING: CATERING/FOOD/BEV/ROOM USAGE

003
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 28 / 2015

Transaction ID : **SB21B.9466.0**

Amount of Each Disbursement this Period

1007.45

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CARDMEMBER SERVICES - CREDIT CARD

Mailing Address P.O. BOX 94014

City PALANTINE State IL Zip Code 60094

Purpose of Disbursement
PAC FUNDRAISING: CATERING/FOOD/BEV/ROOM USAGE/FACILITY RENTAL - BALANCE UNDER REPORT LIMIT

003
Category/
Type

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 27 / 2015

Transaction ID : **SB21B.9468**

Amount of Each Disbursement this Period

11482.62

Full Name (Last, First, Middle Initial)

C. CAPITOL HILL CLUB

Mailing Address 300 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAC FUNDRAISING: CATERING/FOOD/BEV/ROOM USAGE

003
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 27 / 2015

Transaction ID : **SB21B.9468.0**

Amount of Each Disbursement this Period

821.95

[MEMO ITEM]

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

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

11482.62

**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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. VINTAGE PRESS

Mailing Address 216 N WILLIS STREET

City VISALIA State CA Zip Code 93291

Purpose of Disbursement
PAC FUNDRAISING: CATERING/FOOD/BEV/ROOM USAGE

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		27		2015

Transaction ID : SB21B.9468.1

Amount of Each Disbursement this Period

557.21

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. HAWK N DOVE

Mailing Address 329 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAC FUNDRAISING: CATERING/FOOD/BEV/ROOM USAGE

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		27		2015

Transaction ID : SB21B.9468.2

Amount of Each Disbursement this Period

169.03

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DEL FRISCOS

Mailing Address 3925 PARADISE ROAD

City LAS VEGAS State NV Zip Code 89169

Purpose of Disbursement
PAC FUNDRAISING: CATERING/FOOD/BEV/ROOM USAGE

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		27		2015

Transaction ID : SB21B.9468.3

Amount of Each Disbursement this Period

577.64

[MEMO ITEM]

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

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

0.00

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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 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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. TD GARDEN BOX OFFICE

Mailing Address 100 LEGENDS WAY

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAC FUNDRAISING: FACILITY RENTAL

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	7		2	0	1	5

Transaction ID : SB21B.9468.4

Amount of Each Disbursement this Period

6	0	4	0	0
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ALPHA OMAGA

Mailing Address 1155 MEE LANE

City RUTHERFORD State CA Zip Code 94513

Purpose of Disbursement
PAC FUNDRAISING: CATERING/BEV

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	7		2	0	1	5

Transaction ID : SB21B.9468.5

Amount of Each Disbursement this Period

9	2	2	3	2
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. THE DEPOT RESTAURANT

Mailing Address 207 E OAK AVE

City VISALIA State CA Zip Code 93291

Purpose of Disbursement
PAC FUNDRAISING: CATERING/FOOD/BEV/ROOM USAGE

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	7		2	0	1	5

Transaction ID : SB21B.9468.6

Amount of Each Disbursement this Period

1	3	3	3	8
---	---	---	---	---

[MEMO ITEM]

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

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

0	0	0
---	---	---

0	0	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 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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. SCHNEIDER'S OF CAPITOL HILL

Mailing Address 300 MASSACHUSETTS AVENUE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
PAC FUNDRAISING: CATERING/BEV

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 27 / 2015

Transaction ID : **SB21B.9468.7**

Amount of Each Disbursement this Period

347.51

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ANTICA NAPA VALLEY

Mailing Address 3700 SODA CANYON ROAD

City NAPA State CA Zip Code 94558

Purpose of Disbursement
PAC FUNDRAISING: CATERING/FOOD/BEV/ROOM USAGE

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 27 / 2015

Transaction ID : **SB21B.9468.8**

Amount of Each Disbursement this Period

622.08

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CARDMEMBER SERVICES - CREDIT CARD

Mailing Address P.O. BOX 94014

City PALANTINE State IL Zip Code 60094

Purpose of Disbursement
TRAVEL: MOTEL

002
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 27 / 2015

Transaction ID : **SB21B.9481**

Amount of Each Disbursement this Period

1932.30

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

1932.30

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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. VILLAGIO INN

Mailing Address 6481 WASHINGTON STREET

City YOUNTVILLE State CA Zip Code 94599

Purpose of Disbursement
TRAVEL: MOTEL

002
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2015

Transaction ID : SB21B.9481.0

Amount of Each Disbursement this Period

1932.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CARDMEMBER SERVICES - CREDIT CARD

Mailing Address P.O. BOX 94014

City PALANTINE State IL Zip Code 60094

Purpose of Disbursement
CARD MEMBERSHIP FEE

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2015

Transaction ID : SB21B.9484

Amount of Each Disbursement this Period

395.00

Full Name (Last, First, Middle Initial)

C. CARDMEMBER SERVICES - CREDIT CARD

Mailing Address P.O. BOX 94014

City PALANTINE State IL Zip Code 60094

Purpose of Disbursement
TRAVEL: AIR FARE

002
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2015

Transaction ID : SB21B.9485

Amount of Each Disbursement this Period

1047.19

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

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

1442.19

**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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. UNITED AIRLINES

Mailing Address 900 GRAND PLAZA DR

City HOUSTON State TX Zip Code 77067

Purpose of Disbursement
TRAVEL: AIR FARE

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		30		2015

Transaction ID : SB21B.9485.0

Amount of Each Disbursement this Period

1047.19

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CARDMEMBER SERVICES - CREDIT CARD

Mailing Address P.O. BOX 94014

City PALANTINE State IL Zip Code 60094

Purpose of Disbursement
OFFICE EXP: COMMUNICATIONS

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		30		2015

Transaction ID : SB21B.9487

Amount of Each Disbursement this Period

94.00

Full Name (Last, First, Middle Initial)

C. AT&T BILLING

Mailing Address P.O. BOX 5014

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement
OFFICE EXP: COMMUNICATIONS

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		30		2015

Transaction ID : SB21B.9487.0

Amount of Each Disbursement this Period

94.00

[MEMO ITEM]

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

94.00

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 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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. CARDMEMBER SERVICES - CREDIT CARD

Mailing Address P.O. BOX 94014

City PALANTINE State IL Zip Code 60094

Purpose of Disbursement
PAC FUNDRAISING: CATERING/FOOD/BEV/ROOM USAGE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.9489**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CAPITOL HILL CLUB

Mailing Address 300 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAC FUNDRAISING: CATERING/FOOD/BEV/ROOM USAGE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.9489.0**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. SCHNEIDER'S OF CAPITOL HILL

Mailing Address 300 MASSACHUSETTS AVENUE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
PAC FUNDRAISING: CATERING/BEV

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.9489.1**

Amount of Each Disbursement this Period

[MEMO ITEM]

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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. CENTRAL VALLEY BUSINESS FORMS

Mailing Address 7500 W SUNNYVIEW AVE

City VISALIA State CA Zip Code 93291

Purpose of Disbursement
OFFICE EXP: ENVELOPES

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB21B.9412

Amount of Each Disbursement this Period

4	9	8	.	7	2
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. CITI CARDS

Mailing Address P.O. BOX 6406

City THE LAKES State NV Zip Code 88901

Purpose of Disbursement
OFFICE EXP: BANKING FEES

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	5		

Transaction ID : SB21B.9429

Amount of Each Disbursement this Period

3	9	7	.	6	1
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. CITI CARDS

Mailing Address P.O. BOX 6406

City THE LAKES State NV Zip Code 88901

Purpose of Disbursement
TRAVEL: TRANSPORTATION/HOTEL/MEALS - BALANCE UNDER LIMIT

002

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			3	0			2	0	1	5		

Transaction ID : SB21B.9492

Amount of Each Disbursement this Period

2	8	8	.	7	6	9
---	---	---	---	---	---	---

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

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

3	7	8	.	4	0	2
---	---	---	---	---	---	---

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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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. CAMPAIGN FINANCIAL SERVICES

Mailing Address P.O. BOX 30844

City State Zip Code
BETHESDA MD 20824

Purpose of Disbursement
TRAVEL: TRAIN TRANSPORTATION

002
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2015

Transaction ID : SB21B.9492.0

Amount of Each Disbursement this Period

573.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BENOIT BISTRO

Mailing Address 60 W 55TH ST

City State Zip Code
NEW YORK NY 10022

Purpose of Disbursement
TRAVEL: MEALS

002
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2015

Transaction ID : SB21B.9492.2

Amount of Each Disbursement this Period

446.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. LOTTE NY PALACE

Mailing Address 465 MADISON AVE

City State Zip Code
NEW YORK NY 10022

Purpose of Disbursement
TRAVEL: HOTEL

002
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SB21B.9492.3

Amount of Each Disbursement this Period

1621.58

[MEMO ITEM]

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

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

0.00

**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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. CITI CARDS

Mailing Address P.O. BOX 6406

City THE LAKES State NV Zip Code 88901

Purpose of Disbursement OFFICE EXP: COMMUNICATIONS/SUPPLIES/SHIPPING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 30 / 2015

Transaction ID : **SB21B.9500**

Amount of Each Disbursement this Period: 540.65

Category/Type: 001

Full Name (Last, First, Middle Initial)

B. AT&T BILLING

Mailing Address P.O. BOX 5014

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement OFFICE EXP: COMMUNICATIONS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 30 / 2015

Transaction ID : **SB21B.9500.0**

Amount of Each Disbursement this Period: 319.93

Category/Type: 001

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. OFFICE DEPOT

Mailing Address 2425 S MOONEY BLVD

City VISALIA State CA Zip Code 93277

Purpose of Disbursement OFFICE EXP: TONER

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 30 / 2015

Transaction ID : **SB21B.9500.1**

Amount of Each Disbursement this Period: 179.27

Category/Type: 001

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 540.65

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)
NEW PAC

Full Name (Last, First, Middle Initial) A. DIAGEO NORTH AMERICA INC EMPLOYEES' POLITICAL PARTICIPATION COMMITTEE		Date of Disbursement MM / DD / YYYY 12 / 30 / 2015
Mailing Address 801 MAIN AVENUE PO BOX 778		Transaction ID : SB21B.9379
City NORWALK State CT Zip Code 06851	Amount of Each Disbursement this Period 3785.29	
Purpose of Disbursement In-kind - EXPENSES ASSOCIATED WITH EVENT HELD - DATE: 9/1/15 INFO REC'D: 12/30/15	Category/Type 003	Candidate Name
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. CLARISSA N HENDERSON		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address P.O. Box 7474		Transaction ID : SB21B.9432
City VISALIA State CA Zip Code 93291	Amount of Each Disbursement this Period 2250.00	
Purpose of Disbursement CONSULTING: OFFICE MANAGEMENT	Category/Type 001	Candidate Name
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. CLARISSA N HENDERSON		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address P.O. Box 7474		Transaction ID : SB21B.9434
City VISALIA State CA Zip Code 93291	Amount of Each Disbursement this Period 708.95	
Purpose of Disbursement OFFICE EXP: SUPPLIES/COMMUNICATIONS/SOFTWARE - BALANCE UNDER REPORT LIMIT	Category/Type 001	Candidate Name
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional)..... ▶	6744.24
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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. OFFICE DEPOT

Mailing Address 2425 S MOONEY BLVD

City VISALIA State CA Zip Code 93277

Purpose of Disbursement
OFFICE EXP: PAPER/INK

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		06		2015

Transaction ID : SB21B.9434.0

Amount of Each Disbursement this Period

2168.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. VERIZON WIRELESS

Mailing Address P.O. BOX 96082

City BELLEVUE State WA Zip Code 98009

Purpose of Disbursement
OFFICE EXP: COMMUNICATIONS

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		06		2015

Transaction ID : SB21B.9434.1

Amount of Each Disbursement this Period

493.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CLARISSA N HENDERSON

Mailing Address P.O. Box 7474

City VISALIA State CA Zip Code 93291

Purpose of Disbursement
PAC FUNDRAISING: CATERING/FOOD/BEV/ROOM USAGE/CASH TIPS

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		06		2015

Transaction ID : SB21B.9437

Amount of Each Disbursement this Period

2168.40

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

2168.40

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

2168.40

**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)
NEW PAC

Full Name (Last, First, Middle Initial)
A. PASOPORT WINE COMPANY

Mailing Address 95 BOOKER ROAD

City TEMPLETON State CA Zip Code 93465

Purpose of Disbursement
PAC FUNDRAISING: CATERING/BEV/ROOM USAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

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

Transaction ID : **SB21B.9437.0**

Amount of Each Disbursement this Period
277.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. STEINBECK VINEYARDS & WINERY

Mailing Address 5940 UNION RD

City PASO ROBLES State CA Zip Code 93446

Purpose of Disbursement
PAC FUNDRAISING: CATERING/BEV/ROOM USAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

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

Transaction ID : **SB21B.9437.1**

Amount of Each Disbursement this Period
312.85

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. TABLAS CREEK VINEYARD

Mailing Address 9339 ADELAIDA ROAD

City PASO ROBLES State CA Zip Code 93446

Purpose of Disbursement
PAC FUNDRAISING: CATERING/BEV/ROOM USAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

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

Transaction ID : **SB21B.9437.2**

Amount of Each Disbursement this Period
637.20

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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 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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. CHEVY CHASE WINE & SPIRITS

Mailing Address 5544 CONNECTICUT AVE, NW

City WASHINGTON State DC Zip Code 20015

Purpose of Disbursement
PAC FUNDRAISING: CATERING/BEV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.9437.3

Amount of Each Disbursement this Period

680.55

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CLARISSA N HENDERSON

Mailing Address P.O. Box 7474

City VISALIA State CA Zip Code 93291

Purpose of Disbursement
TRAVEL: HOTEL & CASH VALET

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.9445

Amount of Each Disbursement this Period

1658.69

Full Name (Last, First, Middle Initial)

C. THE CLIFFS

Mailing Address 2757 SHELL BEACH RD

City SHELL BEACH State CA Zip Code 93449

Purpose of Disbursement
TRAVEL: HOTEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.9445.0

Amount of Each Disbursement this Period

1408.69

[MEMO ITEM]

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

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

1658.69

**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)
NEW PAC

Full Name (Last, First, Middle Initial) A. CLARISSA N HENDERSON		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address P.O. Box 7474		Transaction ID : SB21B.9384
City VISALIA	State CA	
Purpose of Disbursement OFFICE EXP: SOFTWARE/USPS/INSURANCE/IMAGES - BALANCE UNDER REPORT LIMIT		Amount of Each Disbursement this Period 1523.06
Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. CAMPAIGNER BY PROTUS		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 6922 HOLLYWOOD BLVD		Transaction ID : SB21B.9384.0
City HOLLYWOOD	State CA	
Purpose of Disbursement OFFICE EXP: SOFTWARE LIC		Amount of Each Disbursement this Period 149.96
Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. USPS - U.S. POSTAL SERVICE		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address GENERAL DELIVERY		Transaction ID : SB21B.9384.1
City VISALIA	State CA	
Purpose of Disbursement OFFICE EXP: POSTAGE		Amount of Each Disbursement this Period 245.91
Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....▶	1523.06
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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. NATIONWIDE MUTUAL INSURANCE COMPANY

Mailing Address ONE NATIONWIDE PLAZA

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement
OFFICE EXP: INSURANCE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2015

Transaction ID : SB21B.9384.2

Amount of Each Disbursement this Period

1102.38

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CLARISSA N HENDERSON

Mailing Address P.O. Box 7474

City VISALIA State CA Zip Code 93291

Purpose of Disbursement
OFFICE EXP: SOFTWARE LIC/IMAGES/OFFICE EXP/MANAGEMENT
CONFERENCE - BALANCE UNDER REPORT LIMIT

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : SB21B.9398

Amount of Each Disbursement this Period

1003.04

Full Name (Last, First, Middle Initial)

C. CAMPAIGNER BY PROTUS

Mailing Address 6922 HOLLYWOOD BLVD

City HOLLYWOOD State CA Zip Code 90028

Purpose of Disbursement
OFFICE: SOFTWARE LIC

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : SB21B.9398.0

Amount of Each Disbursement this Period

74.98

[MEMO ITEM]

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

1003.04

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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. OFFICE DEPOT

Mailing Address 2425 S MOONEY BLVD

City VISALIA State CA Zip Code 93277

Purpose of Disbursement
OFFICE EXP: INK, MISC ITEMS

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : SB21B.9398.2

Amount of Each Disbursement this Period

106.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. SYLVESTER MANAGEMENT CORPORATION

Mailing Address P.O. BOX 986

City IMO State SC Zip Code 29063

Purpose of Disbursement
OFFICE EXP: MANAGEMENT CONFERENCE

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : SB21B.9398.3

Amount of Each Disbursement this Period

627.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CLARISSA N HENDERSON

Mailing Address P.O. Box 7474

City VISALIA State CA Zip Code 93291

Purpose of Disbursement
TRAVEL: MOTEL/AIR FARE - BALANCE UNDER REPORT LIMIT

002

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : SB21B.9405

Amount of Each Disbursement this Period

565.40

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

565.40

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)
NEW PAC

Full Name (Last, First, Middle Initial) A. PRICELINE.COM		Date of Disbursement MM / DD / YYYY 09 / 22 / 2015
Mailing Address 800 CONNECTICUT AVE		Transaction ID : SB21B.9405.0
City NORWALK	State CT	
Zip Code 06854	Purpose of Disbursement TRAVEL: HOTEL IN SAN DIEGO	Amount of Each Disbursement this Period 458.40
Candidate Name	Category/Type 002	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. CLARISSA N HENDERSON		Date of Disbursement MM / DD / YYYY 09 / 22 / 2015
Mailing Address P.O. Box 7474		Transaction ID : SB21B.9408
City VISALIA	State CA	
Zip Code 93291	Purpose of Disbursement PAC FUNDRAISING: ENTRANCE TICKETS & PARKING/TULARE CO FAIR	Amount of Each Disbursement this Period 49.50
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CLARISSA N HENDERSON		Date of Disbursement MM / DD / YYYY 09 / 22 / 2015
Mailing Address P.O. Box 7474		Transaction ID : SB21B.9409
City VISALIA	State CA	
Zip Code 93291	Purpose of Disbursement PAC SOLICITATION: CONTRIBUTOR ITEMS	Amount of Each Disbursement this Period 9033.28
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	9082.78
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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. PUKKA HEADWEAR

Mailing Address 337 S MAIN STREET

City State Zip Code
FINDLEY OH 45840

Purpose of Disbursement
PAC SOLICITATION: CONTRIBUTOR ITEMS

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : **SB21B.9409.0**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CLARISSA N HENDERSON

Mailing Address P.O. Box 7474

City State Zip Code
VISALIA CA 93291

Purpose of Disbursement
CONSULTING: OFFICE MANAGEMENT

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : **SB21B.9506**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CLARISSA N HENDERSON

Mailing Address P.O. Box 7474

City State Zip Code
VISALIA CA 93291

Purpose of Disbursement
OFFICE EXP: SOFTWARE/IMAGES/SHIPPING/COMMUNICATIONS -
BALANCE UNDER REPORT LIMIT

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : **SB21B.9518**

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)
NEW PAC

A. CAMPAIGNER BY PROTUS

Full Name (Last, First, Middle Initial)

Mailing Address 6922 HOLLYWOOD BLVD

City HOLLYWOOD State CA Zip Code 90028

Purpose of Disbursement
OFFICE EXP: SOFTWARE LIC

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SB21B.9518.0

Amount of Each Disbursement this Period

224.92

[MEMO ITEM]

B. VERIZON WIRELESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 96082

City BELLEVUE State WA Zip Code 98009

Purpose of Disbursement
OFFICE EXP: COMMUNICATIONS

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SB21B.9518.3

Amount of Each Disbursement this Period

281.19

[MEMO ITEM]

C. CLARISSA N HENDERSON

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 7474

City VISALIA State CA Zip Code 93291

Purpose of Disbursement
PAC FUNDRAISING: CATERING/FOOD/BEV/ROOM USAGE/MISC ITEMS
UNDER REPORT LIMIT

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SB21B.9531

Amount of Each Disbursement this Period

2502.05

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

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

2502.05

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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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. COSTCO WHOLESALE

Mailing Address 3750 S MOONEY BLVD

City VISALIA State CA Zip Code 93277

Purpose of Disbursement
PAC FUNDRAISING: CATERING/BEV

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB21B.9531.0

Amount of Each Disbursement this Period

1806.16

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. WINDHAM HOTEL

Mailing Address 9000 W AIRPORT DRIVE

City VISALIA State CA Zip Code 93277

Purpose of Disbursement
PAC FUNDRAISING: CATERING/ROOM USAGE

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB21B.9531.2

Amount of Each Disbursement this Period

248.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CAITLIN SHANNON

Mailing Address 201 I STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
TRAVEL: FUEL EXPENSE - UNDER REPORT LIMIT

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2015

Transaction ID : SB21B.9389

Amount of Each Disbursement this Period

54.34

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

54.34

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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. CAITLIN SHANNON

Mailing Address 201 I STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
PAC FUNDRAISING EVENT: CATERING/FOOD/BEV - UNDER REPORT LIMIT

Candidate Name

003
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2015

Transaction ID : SB21B.9390

Amount of Each Disbursement this Period

293.15

Full Name (Last, First, Middle Initial)

B. CAITLIN SHANNON

Mailing Address 201 I STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
TRAVEL EXP: MEALS - BALANCE UNDER REPORT LIMIT

Candidate Name

002
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2015

Transaction ID : SB21B.9391

Amount of Each Disbursement this Period

664.74

Full Name (Last, First, Middle Initial)

C. LA PLAZA RESTAURANTS

Mailing Address 629 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
TRAVEL: MEALS

Candidate Name

002
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2015

Transaction ID : SB21B.9391.0

Amount of Each Disbursement this Period

260.56

[MEMO ITEM]

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

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

957.89

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

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

FOR LINE NUMBER:
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<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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. CIPINOT GRILLE

Mailing Address 1051 NIPOMO STREET

City State Zip Code
SAN LUIS OBISPO CA 93401

Purpose of Disbursement
TRAVEL: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

002
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2015

Transaction ID : **SB21B.9391.1**

Amount of Each Disbursement this Period

201.72

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CAITLIN SHANNON

Mailing Address 201 I STREET NE

City State Zip Code
WASHINGTON DC 20002

Purpose of Disbursement
CONSULTING: FUNDRAISING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 13 / 2015

Transaction ID : **SB21B.9396**

Amount of Each Disbursement this Period

2250.00

Full Name (Last, First, Middle Initial)

C. CAITLIN SHANNON

Mailing Address 201 I STREET NE

City State Zip Code
WASHINGTON DC 20002

Purpose of Disbursement
PAC FUNDRAISING EXP: CATERING/FOOD/BEV - BALANCE UNDER REPORT LIMIT
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

003
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : **SB21B.9521**

Amount of Each Disbursement this Period

297.33

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

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

2547.33

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

Use separate schedule(s)
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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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. BULL FEATHERS

Mailing Address 410 1ST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAC FUNDRAISING: CATERING/BEV

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2015			

Transaction ID : SB21B.9521.1

Amount of Each Disbursement this Period

18.94

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. HAWK N DOVE

Mailing Address 329 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAC FUNDRAISING EXP: CATERING/BEV

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2015			

Transaction ID : SB21B.9521.2

Amount of Each Disbursement this Period

25.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CAITLIN SHANNON

Mailing Address 201 I STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
CONSULTING: FUNRAISING MANAGEMENT

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

Transaction ID : SB21B.9517

Amount of Each Disbursement this Period

2250.00

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

2250.00

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

85740.07

**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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		04		2015

Mailing Address PO BOX 80126

Transaction ID : SB23.9516

City State Zip Code
LAFAYETTE LA 70598

Amount of Each Disbursement this Period

5,000.00

Purpose of Disbursement
POLITICAL CONTRIBUTION

011
Category/
Type

Candidate Name

CHARLES W JR BOUSTANY

Office Sought: House
 Senate
 President
State: LA District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. DENHAM FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		18		2015

Mailing Address 2150 RIVER PLAZA DR., #150

Transaction ID : SB23.9507

City State Zip Code
SACRAMENTO CA 95833

Amount of Each Disbursement this Period

2,000.00

Purpose of Disbursement
POLITICAL CONTRIBUTION

011
Category/
Type

Candidate Name

JEFF DENHAM

Office Sought: House
 Senate
 President
State: CA District: 19

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. DON BACON FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2015

Mailing Address P.O. BOX 391368

Transaction ID : SB23.9417

City State Zip Code
OMAHA NE 68139

Amount of Each Disbursement this Period

2,000.00

Purpose of Disbursement
POLITICAL CONTRIBUTION

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

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

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

9000.00

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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 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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF DAVE JOYCE

Mailing Address 320 KENARDEN DR

City State Zip Code
HIGHLAND HTS OH 44143

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Candidate Name

DAVID P JOYCE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District: 14

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2015

Transaction ID : SB23.9433

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE HECK

Mailing Address PO Box 750114

City State Zip Code
Las Vegas NV 89136

Purpose of Disbursement

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2015

Transaction ID : SB23.9382

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. JOHNSON FOR CONGRESS COMMITTEE

Mailing Address P. O. Box 1986

City State Zip Code
New Britain CT 06050

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CT District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : SB23.9415

Amount of Each Disbursement this Period

2000.00

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

6500.00

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

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

Use separate schedule(s)
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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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. KEN CALVERT FOR CONGRESS

Mailing Address PO Box 20123

City Riverside State CA Zip Code 92516

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Candidate Name

KENNETH S MR. CALVERT

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 44

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	16	/	2015

Transaction ID : **SB23.9512**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MIKE BISHOP FOR CONGRESS

Mailing Address P.O. BOX 1148

City BRIGHTON State MI Zip Code 48116

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Candidate Name

Office Sought: House
 Senate
 President
State: MI District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	15	/	2015

Transaction ID : **SB23.9414**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. PAUL COOK FOR CONGRESS

Mailing Address PO BOX 365

City YUCCA VALLEY State CA Zip Code 92286

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Candidate Name

PAUL COOK

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	16	/	2015

Transaction ID : **SB23.9509**

Amount of Each Disbursement this Period

2000.00

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

5000.00

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 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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. POLIQUIN FOR CONGRESS

Mailing Address PO BOX 50

City OAKLAND State ME Zip Code 04963

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Candidate Name
BRUCE L POLIQUIN

Category/
Type

Office Sought: House
 Senate
 President
State: ME District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2015

Transaction ID : SB23.9420

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. RANDY HULTGREN FOR CONGRESS

Mailing Address P.O. BOX 39

City BATAVIA State IL Zip Code 60510

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Candidate Name
RANDY HULTGREN

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 14

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2015

Transaction ID : SB23.9422

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. STEVE KNIGHT FOR CONGRESS

Mailing Address PO BOX 991

City LANCASTER State CA Zip Code 93584

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Candidate Name
STEVE KNIGHT

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 25

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB23.9508

Amount of Each Disbursement this Period

2000.00

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

6000.00

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

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

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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)
NEW PAC

Full Name (Last, First, Middle Initial)

A. WALBERG FOR CONGRESS

Mailing Address 6769 Teachout Rd.

City Tipton State MI Zip Code 49287

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Candidate Name
TIMOTHY L. WALBERG

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : SB23.9513

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / 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

Category/
Type

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 Y Y

Amount of Each Disbursement this Period

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

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

2000.00

28500.00

**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)
NEW PAC

Full Name (Last, First, Middle Initial)
A. CLARISSA N HENDERSON

Mailing Address P.O. Box 7474

City VISALIA State CA Zip Code 93291

Purpose of Disbursement
ADVANCE ON FUTURE EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : **SB29.9536**

Amount of Each Disbursement this Period
768.97

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 768.97

TOTAL This Period (last page this line number only)..... ▶ 768.97