

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.

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 04 / 01 / 2014 through 04 / 30 / 2014

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

Signature of Treasurer *Robert F. Carlin* [Electronically Filed] Date 07 / 28 / 2014

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

CMR Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="61536.51"/>	<input type="text" value="61536.51"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="73638.93"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9700"/>	<input type="text" value="121268.15"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="83338.93"/>	<input type="text" value="182804.66"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="72235.58"/>	<input type="text" value="171701.31"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="11103.35"/>	<input type="text" value="11103.35"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CMR Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0	35750
(ii) Unitemized	200	300
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	200	36050
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	9500	71500
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	9700	107550
12. Transfers From Affiliated/Other Party Committees.....	0	13718.15
13. All Loans Received	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5)	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	9700	121268.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9700	121268.15

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	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	50235.58	102201.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	50235.58	102201.31
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22000	69500
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	72235.58	171701.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	72235.58	171701.31

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)	9700	107550
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9700	107550
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	50235.58	102201.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	50235.58	102201.31

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

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

NAME OF COMMITTEE (In Full)
CMR Political Action Committee

Full Name (Last, First, Middle Initial)
A. Bank Of America Corporation State And Federal PAC

Mailing Address 1100 N King Street
DE5-001-02-07

City State Zip Code
Wilmington DE 19884-0011

FEC ID number of contributing federal political committee. **C** C00043489

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 07 / 2014

Transaction ID : 731-1023-c

Amount of Each Receipt this Period
1000

Full Name (Last, First, Middle Initial)
B. Investment Company Institute Political Action Committee

Mailing Address 1401 H Street NW
Suite 1200

City State Zip Code
Washington DC 20005-2110

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : 796-1025-c

Amount of Each Receipt this Period
2500

Full Name (Last, First, Middle Initial)
c. JPMorgan Chase & Co. PAC

Mailing Address 10 S Dearborn Street
1-0520

City State Zip Code
Chicago IL 60603-2300

FEC ID number of contributing federal political committee. **C** C00128512

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 28 / 2014

Transaction ID : 393-1031-c

Amount of Each Receipt this Period
5000

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 17		
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input checked="" type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
CMR Political Action Committee

Full Name (Last, First, Middle Initial)
A. The Goldman Sachs Group, Inc. Political Action Committee

Mailing Address 101 Constitution Avenue NW
Suite 1000E

City Washington State DC Zip Code 20001-2171

FEC ID number of contributing federal political committee. **C** C00350744

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2014

Transaction ID : 742-1028-c

Amount of Each Receipt this Period
1000

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	9500.00

**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)
CMR Political Action Committee

Full Name (Last, First, Middle Initial)

A. Complete Campaigns

Mailing Address 610 Gateway Center Way
Suite K

City San Diego State CA Zip Code 92102-4548

Purpose of Disbursement
Fundraising: Credit Card Merchant Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

003
Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2014

Transaction ID : SB21B-125-1005-e

Amount of Each Disbursement this Period

10

Full Name (Last, First, Middle Initial)

B. Concentric Office, LLC

Mailing Address 8136 Old Keene Mill Road
Suite A300

City Springfield State VA Zip Code 22152-1853

Purpose of Disbursement
Compliance Service

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2014

Transaction ID : SB21B-37-1027-e

Amount of Each Disbursement this Period

1873.51

Full Name (Last, First, Middle Initial)

C. Concentric Office, LLC

Mailing Address 8136 Old Keene Mill Road
Suite A300

City Springfield State VA Zip Code 22152-1853

Purpose of Disbursement
Compliance Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2014

Transaction ID : SB21B-37-1030-e

Amount of Each Disbursement this Period

1906.65

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

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

3790.16

**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)
CMR Political Action Committee

Full Name (Last, First, Middle Initial)

A. Media Town Marketing

Mailing Address 664 Exceller Circle
Newmarket

City Ontario State CA Zip Code 316

Purpose of Disbursement
Website Hosting

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : SB21B-516-1019-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Amtrak

Mailing Address 60 Massachusetts Avenue NE
4th Floor West

City Washington State DC Zip Code 316

Purpose of Disbursement
Travel: Transportation

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : SB21B-822-21-V

Amount of Each Disbursement this Period

[MEMO ITEM]

Subitemization of The Catalyst Group RW, LLC (04/07/14)

Full Name (Last, First, Middle Initial)

C. Amtrak

Mailing Address 60 Massachusetts Avenue NE
4th Floor West

City Washington State DC Zip Code 316

Purpose of Disbursement
Travel: Transportation

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : SB21B-822-24-V

Amount of Each Disbursement this Period

[MEMO ITEM]

Subitemization of The Catalyst Group RW, LLC (04/07/14)

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)
CMR Political Action Committee

Full Name (Last, First, Middle Initial)

A. Seattle Seahawks

Mailing Address 12 Seahawks Way

City Renton State WA Zip Code 98056-1572

Purpose of Disbursement
Fundraising: Entertainment

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
0	4		0	7		2	0	1	4

Transaction ID : SB21B-821-20-V

Amount of Each Disbursement this Period

5	1	0	0	0	0	0	0	0	0
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[MEMO ITEM]

Subitemization of The Catalyst Group RW, LLC (04/07/14)

Full Name (Last, First, Middle Initial)

B. Wolfgang's Steakhouse

Mailing Address 250 W 41st Street

City New York State NY Zip Code 10036-7203

Purpose of Disbursement
Fundraising: Food & Beverage

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
0	2		0	1		2	0	1	4

Transaction ID : SB21B-824-23-V

Amount of Each Disbursement this Period

7	6	1	.	7	2	0	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]

Subitemization of The Catalyst Group RW, LLC (04/07/14)

Full Name (Last, First, Middle Initial)

C. Walt Disney World Co.

Mailing Address PO Box 10000

City Lake Buena Vista State FL Zip Code 32830-1000

Purpose of Disbursement
Travel: Lodging

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
0	2		0	6		2	0	1	4

Transaction ID : SB21B-826-26-V

Amount of Each Disbursement this Period

3	5	2	7	.	5	1	0	0	0
---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]

Subitemization of The Catalyst Group RW, LLC (04/07/14)

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

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

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

0	0	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)
CMR Political Action Committee

Full Name (Last, First, Middle Initial)

A. Walt Disney World Co.

Mailing Address PO Box 10000

City Lake Buena Vista State FL Zip Code 32830-1000

Purpose of Disbursement
Fundraising: Catering & Entertainment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

003
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
03 / 07 / 2014

Transaction ID : SB21B-826-27-V

Amount of Each Disbursement this Period

1241.41

[MEMO ITEM]

Subitemization of The Catalyst Group RW, LLC (04/07/14)

Full Name (Last, First, Middle Initial)

B. Occasions Caterers

Mailing Address 655 Taylor Street NE

City Washington State DC Zip Code 20017-2063

Purpose of Disbursement
Fundraising: Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

003
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 13 / 2012

Transaction ID : SB21B-781-17-V

Amount of Each Disbursement this Period

3715

[MEMO ITEM]

Subitemization of The Catalyst Group RW, LLC (04/07/14)

Full Name (Last, First, Middle Initial)

C. National Football League

Mailing Address 1201 Pennsylvania Avenue NW

City Washington State DC Zip Code 20004-2401

Purpose of Disbursement
Fundraising: Entertainment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

003
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 26 / 2014

Transaction ID : SB21B-819-18-V

Amount of Each Disbursement this Period

4025

[MEMO ITEM]

Subitemization of The Catalyst Group RW, LLC (04/07/14)

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)
CMR Political Action Committee

Full Name (Last, First, Middle Initial)

A. Click and Park

Mailing Address 900 N Michigan Avenue
Suite 1600

City Chicago State IL Zip Code 60611-6539

Purpose of Disbursement
Travel: Parking

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

002
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B-820-19-V

Amount of Each Disbursement this Period

[MEMO ITEM]

Subitemization of The Catalyst Group RW, LLC (04/07/14)

Full Name (Last, First, Middle Initial)

B. The Strand Hotel

Mailing Address 33 W 37th Street

City New York State NY Zip Code 10018-6201

Purpose of Disbursement
Travel: Lodging

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

002
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B-825-25-V

Amount of Each Disbursement this Period

[MEMO ITEM]

Subitemization of The Catalyst Group RW, LLC (04/07/14)

Full Name (Last, First, Middle Initial)

C. The Catalyst Group RW, LLC

Mailing Address 600 Pennsylvania Avenue SE
Suite 330

City Washington State DC Zip Code 20003-6300

Purpose of Disbursement
Fundraising: Fundraising Expenses

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

003
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B-50-1017-e

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)
CMR Political Action Committee

Full Name (Last, First, Middle Initial)

A. The Catalyst Group RW, LLC

Mailing Address 600 Pennsylvania Avenue SE
Suite 330

City Washington State DC Zip Code 20003-6300

Purpose of Disbursement
Fundraising: Fundraising Consulting

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-50-1034-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. The Monocle

Mailing Address 107 D Street NE

City Washington State DC Zip Code 20002-5657

Purpose of Disbursement
Fundraising: Food & Beverage

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-368-1011-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Bill Duvall

Mailing Address PO Box 43

City Manassas State VA Zip Code 20108-0043

Purpose of Disbursement
Tickets for Fundraising Event

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-828-1018-e

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)
CMR Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dawn M Sugasa

Mailing Address 1029 W First Avenue #201

City Spokane State WA Zip Code 99201

Purpose of Disbursement
Fundraising: Fundraising Consulting

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-108-1020-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Dawn M Sugasa

Mailing Address 1029 W First Avenue #201

City Spokane State WA Zip Code 99201

Purpose of Disbursement
Fundraising: Fundraising Consulting

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-108-1026-e

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

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
CMR Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bilirakis For Congress

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688-0606

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Gus Michael Bilirakis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

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

Transaction ID : SB23-837-1033-e

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Charlie Dent For Congress

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105-0442

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Rep. Charles W Dent

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

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

Transaction ID : SB23-12-1006-e

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Friends Of Jason Chaffetz

Mailing Address 315 Westfield Circle

City Alpine State UT Zip Code 84004-1594

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Jason Chaffetz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: UT District: 03

Date of Disbursement

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

Transaction ID : SB23-520-1010-e

Amount of Each Disbursement this Period

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

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

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

7	5	0	0	0	0
---	---	---	---	---	---

2	5	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 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)
CMR Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Joe Heck

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136-0114

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Joe Heck

Category/
Type

Office Sought: House
 Senate
 President
State: NV District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2014

Transaction ID : SB23-180-1009-e

Amount of Each Disbursement this Period

2500

Full Name (Last, First, Middle Initial)

B. Lane for WV

Mailing Address PO Box 11791

City Charleston State WV Zip Code 25339-1791

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Charlotte R. Lane

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2014

Transaction ID : SB23-833-1029-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

C. People For Pearce

Mailing Address PO Box 2696

City Hobbs State NM Zip Code 88241-2696

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Stevan E Pearce

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2014

Transaction ID : SB23-817-1008-e

Amount of Each Disbursement this Period

2500

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

6000.00

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

