

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		48842.68
(b) Cash on Hand at Beginning of Reporting Period.....	48842.68	
(c) Total Receipts (from Line 19)	57795.22	57795.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	106637.90	106637.90
7. Total Disbursements (from Line 31).....	809.63	809.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	105828.27	105828.27
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

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Report Covering the Period: From: 01 / 01 / 2023 To: 03 / 31 / 2023

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).....	56933.00	56933.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	56933.00	56933.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	56933.00	56933.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	862.22	862.22
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)).....▶	57795.22	57795.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	57795.22	57795.22

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	809.63	809.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	809.63	809.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	809.63	809.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	809.63	809.63

DETAILED SUMMARY PAGE
of Disbursements

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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)	56933.00	56933.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56933.00	56933.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	809.63	809.63
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	809.63	809.63

**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 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Anderson, Candice, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11323 Veronica Ave
 City Tampa, State FL Zip Code 33612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Candy Anderson & Co. Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1600.00**

Date of Receipt **02 / 16 / 2023**
Transaction ID : SA11AI.5426
 Amount of Each Receipt this Period **1600.00**
 Memo Item Contribution

B. Arnold, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1140 Oak Terrace
 City Traverse City State MI Zip Code 49686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arnold Amudements Occupation (for Individual) Concession Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1600.00**

Date of Receipt **02 / 17 / 2023**
Transaction ID : SA11AI.5446
 Amount of Each Receipt this Period **1600.00**
 Memo Item Contribution

C. Bartosik, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 128 Bayview Dr
 City Nokomis State FL Zip Code 34275
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Denny's Electronics Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 01 / 2023**
Transaction ID : SA11AI.5409
 Amount of Each Receipt this Period **1000.00**
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	4200.00
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 23
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Brown, Danny, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 550 Baseline Rd.
 Suite 102-353
 City Mesa State AZ Zip Code 85210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brown's Amusements Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **02 / 17 / 2023**
Transaction ID : SA11AI.5447
 Amount of Each Receipt this Period 2000.00
 Memo Item Contribution

B. Danton, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5132 New Savannah Cir.
 City Wesley Chapel State FL Zip Code 33545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carnival Exec Occupation (for Individual) Wade Shows
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 25 / 2023**
Transaction ID : SA11AI.5450
 Amount of Each Receipt this Period 5000.00
 Memo Item Contribution

C. Dean, E.J., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 460
 City Seabrook State NH Zip Code 03874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fiesta Shows Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt **02 / 16 / 2023**
Transaction ID : SA11AI.5432
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	8600.00
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 8 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Deggeller, Jamie, , ,		Date of Receipt MM / DD / YYYY 02 / 16 / 2023 Transaction ID : SA11AI.5427
Mailing Address 3381 SW Westover Ct		Amount of Each Receipt this Period 1600.00
City Palm City	State FL	Zip Code 34990
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) Cypress Enterpris	Occupation (for Individual) Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Doolan, Michael, , ,		Date of Receipt MM / DD / YYYY 02 / 16 / 2023 Transaction ID : SA11AI.5417
Mailing Address P.O. Box 699		Amount of Each Receipt this Period 1400.00
City Jensen Beach	State FL	Zip Code 34958
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) Big Fun, Inc.	Occupation (for Individual) Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Elliott, Debbie, , ,		Date of Receipt MM / DD / YYYY 02 / 16 / 2023 Transaction ID : SA11AI.5433
Mailing Address PO Box 23		Amount of Each Receipt this Period 1600.00
City Mason	State MI	Zip Code 48854
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) Elliott's Amusements	Occupation (for Individual) Carnival Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1600.00	

SUBTOTAL of Receipts This Page (optional).....▶	4600.00
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 9 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. EVANS, ERIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 126
 City PLATTSBURG State MO Zip Code 64477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EVANS UNITED SHOWS Occupation (for Individual) CARNIVAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 02 / 16 / 2023
Transaction ID : SA11AI.5435
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

B. FEATHERSTON, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 515 FOWLER ST
 City FARIBAULT State MN Zip Code 55021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GOLD STAR AMUSEMENTS Occupation (for Individual) CARNIVAL OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 02 / 17 / 2023
Transaction ID : SA11AI.5443
 Amount of Each Receipt this Period 1500.00
 Memo Item Contribution

C. GAYLIN, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7920 GILMORE AVE
 City BALTIMORE State MD Zip Code 21237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ROSEDALE ATTRACTIONS Occupation (for Individual) CARNIVAL OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 02 / 17 / 2023
Transaction ID : SA11AI.5437
 Amount of Each Receipt this Period 800.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 3900.00
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 23
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Guthrie, Phillip, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 168 Wedgefield Dr.
 City McDonough State GA Zip Code 30252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Peachtree Rides Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 02 / 10 / 2023
Transaction ID : SA11AI.5411
 Amount of Each Receipt this Period 1600.00
 Memo Item

B. HANSCHEN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4508 CLIFFSTONE COVE
 City AUSTIN State TX Zip Code 78735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THOMAS CARNIVAL Occupation (for Individual) CARNIVAL OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 02 / 20 / 2023
Transaction ID : SA11AI.5449
 Amount of Each Receipt this Period 1600.00
 Memo Item
 Contribution

C. Houghton, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 736 Street Road
 City Cochranville State PA Zip Code 19330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Houghton Enterprises Occupation (for Individual) Carnival Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt 02 / 17 / 2023
Transaction ID : SA11AI.5440
 Amount of Each Receipt this Period 3200.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	6400.00
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 11 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Ianni, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11705 Boyette Rd
 Suite 474
 City Riverview State FL Zip Code 33589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Red Carpet Amusements, Inc. Occupation (for Individual) Carnival Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 02 / 02 / 2023
Transaction ID : SA11AI.5410
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

B. JANOUSEK, NATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1659 State Highway 46 W
 City New Braunfels State TX Zip Code 78132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FUN BIZ CONCESSIONS Occupation (for Individual) CONCESSION OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 02 / 17 / 2023
Transaction ID : SA11AI.5444
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

C. Lombard, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 67
 City Chandler State FM Zip Code 32111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Owner Occupation (for Individual) T&T/KAOS Concessions
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 02 / 17 / 2023
Transaction ID : SA11AI.5438
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 4800.00
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 12 OF 23
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Miller, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 95 McNabs Rd.
 Keilor
 City Melbourne State Zip Code 03036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Showmen Australia Occupation (for Individual) Show Employee
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 375.00

Date of Receipt 02 / 16 / 2023
Transaction ID : SA11AI.5420
 Amount of Each Receipt this Period 375.00
 Memo Item
 Contribution - Refunded

B. Negus, Dale, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15062 SE 103rd Street Rd
 City Ocklawaha State FL Zip Code 32179
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fairplay Games Occupation (for Individual) President
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1600.00

Date of Receipt 02 / 17 / 2023
Transaction ID : SA11AI.5445
 Amount of Each Receipt this Period 1600.00
 Memo Item
 Contribution

C. Oakes, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 718 SE Adams Ct.
 City Port St. Lucie State FL Zip Code 34984
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colemand Bros. Shows Occupation (for Individual) Carnival Owner
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1650.00

Date of Receipt 02 / 15 / 2023
Transaction ID : SA11AI.5415
 Amount of Each Receipt this Period 1650.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional)..... 3625.00
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 13 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Poole, Audrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 407
 City Du Quoin State IL Zip Code 62832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fare Foods Corp Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 02 / 16 / 2023
Transaction ID : SA11AI.5430
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

B. POWERS, DEBORAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4216 EDWARD HYDE PL
 City WILMINGTON State NC Zip Code 28405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) POWERS GREAT AMERICAN MIDWAYS Occupation (for Individual) CARNIVAL OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 02 / 15 / 2023
Transaction ID : SA11AI.5414
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

C. Prange, Erica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Requested
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 16 / 2023
Transaction ID : SA11AI.5423
 Amount of Each Receipt this Period 400.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	3600.00
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 14 OF 23
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Pugh, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9024 Wiggins Rd
 City Gibsonton State FL Zip Code 33534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gulfstream Occupation (for Individual) Concessionaire
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 02 / 17 / 2023
Transaction ID : SA11AI.5442
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

B. REITHOFFER, RICHARD, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9022 WIGGINS RD
 City GIBSONTON State FL Zip Code 33534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) REITHOFFER SHOWS Occupation (for Individual) CARNIVAL OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 16 / 2023
Transaction ID : SA11AI.5428
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

C. REITHOFFER, RICHARD, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9022 WIGGINS RD
 City GIBSONTON State FL Zip Code 33534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) REITHOFFER SHOWS Occupation (for Individual) CARNIVAL OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 02 / 16 / 2023
Transaction ID : SA11AI.5429
 Amount of Each Receipt this Period 1600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4200.00
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 15 OF 23
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Russell, Jay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 296
 City Hughes Springs State TX Zip Code 75656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Russell Foods Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 02 / 16 / 2023
Transaction ID : SA11AI.5425
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

B. SANDLOFER, BENNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 2659
 City RIVERVIEW State FL Zip Code 33568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wade Shows Occupation (for Individual) FOOD CONCESSIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2308.00

Date of Receipt 02 / 25 / 2023
Transaction ID : SA11AI.5452
 Amount of Each Receipt this Period 2308.00
 Memo Item Contribution

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

Date of Receipt 02 / 17 / 2023
Transaction ID : SA11AI.5434
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	5508.00
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 16 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt 01 / 18 / 2023
Transaction ID : SA11AI.5406
 Amount of Each Receipt this Period 400.00
 Memo Item Contribution

B. Swenson, C, Fazackerly, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Requested
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 16 / 2023
Transaction ID : SA11AI.5418
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

C. Thomas, Tracy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 510 Chablis Way
 City Wilmington State NC Zip Code 28411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Thomas Powers Midways Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 02 / 15 / 2023
Transaction ID : SA11AI.5413
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	2300.00
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 17 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Waknitz, Rochelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18140 Zane Street
 City Elk River State MN Zip Code 55330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midwest Rides Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 01 / 30 / 2023
Transaction ID : SA11AI.5407
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

B. Waknitz, Rochelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18140 Zane Street
 City Elk River State MN Zip Code 55330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midwest Rides Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 02 / 16 / 2023
Transaction ID : SA11AI.5422
 Amount of Each Receipt this Period 400.00
 Memo Item Contribution

C. WOOD, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 OSIANA DR
 City SAN ANTONIO State TX Zip Code 78248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WOOD ENTERTAINMENT CO Occupation (for Individual) RIDE OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 01 / 11 / 2023
Transaction ID : SA11AI.5405
 Amount of Each Receipt this Period 1600.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	3600.00
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 18 OF 23
(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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZAITSHIK, FRANK, , ,

Mailing Address 18312 TURNING POINT DR

City LUTZ	State FL	Zip Code 33549
--------------	-------------	-------------------

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

Name of Employer (for Individual) WADE SHOWS	Occupation (for Individual) CARNIVAL OWNER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2023

Transaction ID : SA11AI.5436

Amount of Each Receipt this Period
1600.00

Memo Item Contribution

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	56933.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 23
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

A. Wells Fargo Advisors

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

Mailing Address 7900 Xerxes Ave S
10th FL

City Bloomington State MN Zip Code 55431

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

03 / 31 / 2023

Transaction ID : SA17.5462

Amount of Each Receipt this Period

218.45

Memo Item
Dividend Income

B. Wells Fargo Advisors

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

Mailing Address 7900 Xerxes Ave S
10th FL

City Bloomington State MN Zip Code 55431

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

03 / 31 / 2023

Transaction ID : SA17.5463

Amount of Each Receipt this Period

0.23

Memo Item
Interest Income

C. Wells Fargo Advisors

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

Mailing Address 7900 Xerxes Ave S
10th FL

City Bloomington State MN Zip Code 55431

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

03 / 31 / 2023

Transaction ID : SA17.5468

Amount of Each Receipt this Period

- 14.76

Memo Item
Unrealized Loss

SUBTOTAL of Receipts This Page (optional).....	203.92
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 20 OF 23
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

A. Wells Fargo Advisors
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7900 Xerxes Ave S
10th FL

City Bloomington State MN Zip Code 55431

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
862.22

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2023

Transaction ID : SA17.5470

Amount of Each Receipt this Period
658.30

Memo Item
Unrealized Gains

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	658.30
TOTAL This Period (last page this line number only).....	862.22

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

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NAME OF COMMITTEE (In Full)

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial)

A. AuthorizeNet

Mailing Address P.O. Box 947

City
American Fork

State
UT

Zip Code
84003

Purpose of Disbursement
Merchant Service Fee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C []

Transaction ID : SB21B.5459

Amount of Each Disbursement this Period

[] 697.41

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

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

[] 697.41

[] 697.41

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. TED BUDD FOR SENATE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 97127

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement
Lost Check

Candidate Name
BUDD, THEODORE P, , ,

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

State: NC District: 00

Date of Disbursement: 03 / 31 / 2023

FEC Identification Number: C00614776
Transaction ID : SB23.5472
Amount of Each Disbursement this Period: - 5000.00

Memo Item

B. THOM TILLIS COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 97396

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement
Contribution

Candidate Name
TILLIS, THOM R, , ,

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify)

State: NC District: 00

Date of Disbursement: 02 / 09 / 2023

FEC Identification Number: C00545772
Transaction ID : SB23.5455
Amount of Each Disbursement this Period: 5000.00

Memo Item

C. THOM TILLIS COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 97396

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement
Lost Check

Candidate Name
TILLIS, THOM R, , ,

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼

State: NC District: 00

Date of Disbursement: 02 / 09 / 2023

FEC Identification Number: C00545772
Transaction ID : SB23.5471
Amount of Each Disbursement this Period: - 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ - 5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial)

A. ZOE 2024

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2023

Mailing Address C/O CONTRIBUTION SOLUTIONS, LLC
1346 THE ALAMEDA #7-380

City SAN JOSE State CA Zip Code 95126

Purpose of Disbursement
Contribution

FEC Identification Number

Transaction ID : SB23.5453

Amount of Each Disbursement this Period

Candidate Name

LOFGREN, ZOE, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: CA District: 19

Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Memo Item

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

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