

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

ADDRESS (number and street) 1035 S SEMORAN BLVD
SUITE 1045A
WINTER PARK FL 32792
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00163212 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 M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2015 through 06 / 30 / 2015

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 W JOHNSON

Signature of Treasurer ROBERT W JOHNSON [Electronically Filed] Date 07 / 23 / 2015

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)

Page 2

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="2015"/>		<input type="text" value="98069.45"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="98069.45"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="73150.00"/>	<input type="text" value="73150.00"/>
(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="171219.45"/>	<input type="text" value="171219.45"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="36700.00"/>	<input type="text" value="36700.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="134519.45"/>	<input type="text" value="134519.45"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	71950.00	71950.00
(ii) Unitemized	1200.00	1200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	73150.00	73150.00
(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)	73150.00	73150.00
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.).....	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))..... ▶	73150.00	73150.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	73150.00	73150.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	200.00	200.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	200.00	200.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36500.00	36500.00
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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	36700.00	36700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36700.00	36700.00

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)	73150.00	73150.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	73150.00	73150.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	200.00	200.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	200.00	200.00

**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 6 OF 30
<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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial) A. LARA ARMSTRONG		Date of Receipt
Mailing Address 18470 GARY PLAYER		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code
MONTGOMERY	TX	77316
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.4224
Name of Employer	Occupation	Amount of Each Receipt this Period
TAS INC	CARNIVAL	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. KELLY BISHOP		Date of Receipt
Mailing Address 830 FM 2537		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code
SAN ANTONIO	TX	78221
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.4165
Name of Employer	Occupation	Amount of Each Receipt this Period
ODYSSEY	CONCESSION OWNER	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. NANCY BISHOP		Date of Receipt
Mailing Address 850 FM 2537		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code
SAN ANTONIO	TX	78221
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.4163
Name of Employer	Occupation	Amount of Each Receipt this Period
BISHOP AMUSEMENT RIDES	INDEPENDENT RIDE OWNER	<input type="text" value="2000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 30
<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. ROBERT J BLOMSNESS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4747 E ELLIOT RD 29-405
 City PHOENIX State AZ Zip Code 85044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PASSPORT I Occupation FOOD CONCESSION OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2015
Transaction ID : SA11AI.4161
 Amount of Each Receipt this Period
 1000.00

B. MELISSA L BOGUE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 CURIE CT
 City RANCHO MIRAGE State CA Zip Code 92270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BOGUEY CONCESSIONS Occupation CONCESSION OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2015
Transaction ID : SA11AI.4189
 Amount of Each Receipt this Period
 700.00

C. JEFF BRADY
 Full Name (Last, First, Middle Initial)
 Mailing Address 7390 N WINANS RD
 City ALMA State MI Zip Code 48801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PLAYWORLD UNLIMITED Occupation CARNIVAL OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2015
Transaction ID : SA11AI.4139
 Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional).....▶	2450.00
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 30
	<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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OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

A. MICHAEL J BRAJEVICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1871 MCBAIN AVE
 City SAN JOSE State CA Zip Code 95125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BUTLER AMUSEMENTS Occupation CARNIVAL OWNER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **5000.00**

Date of Receipt **02 / 11 / 2015**
Transaction ID : SA11AI.4103
 Amount of Each Receipt this Period **5000.00**

B. SAMUEL R BROOKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3414 E TERE ST
 City PHOENIX State AZ Zip Code 85044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RAY CAMMACK SHOWS Occupation RIDE SUPERVISOR
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 23 / 2015**
Transaction ID : SA11AI.4183
 Amount of Each Receipt this Period **250.00**

C. RONALD BURBACK
 Full Name (Last, First, Middle Initial)
 Mailing Address 1202 SE CHELSEA AVE
 City VANCOUVER State WA Zip Code 98664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FUNTASTIC SHOWS Occupation CARNIVAL OWNER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2000.00**

Date of Receipt **05 / 29 / 2015**
Transaction ID : SA11AI.4232
 Amount of Each Receipt this Period **2000.00**

SUBTOTAL of Receipts This Page (optional)..... **7250.00**
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 30
	<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	<input type="checkbox"/> 17

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

A. BETTY C BURLINGAME
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 128
 City State Zip Code
 GALENA KS 66739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PRIDE AMUSEMENTS CARNIVAL OWNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : SA11AI.4198
 Amount of Each Receipt this Period
 1500.00

B. KELLEY J BUTLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 9630 BRUCEVILLE RD
 City State Zip Code
 ELK GROVE CA 95757
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BUTLER AMUSEMENTS OFFICE MANAGER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2015
Transaction ID : SA11AI.4177
 Amount of Each Receipt this Period
 850.00

C. DEBORAH CHARLESTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 25811 N 101ST AVE
 City State Zip Code
 PEORIA AZ 85383
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RAY CAMMACK SHOWS CONCESSION OWNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2015
Transaction ID : SA11AI.4191
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	2600.00
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 30
<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. BRYAN A CREASON
 Full Name (Last, First, Middle Initial)
 Mailing Address 641 S KENWOOD LN
 City CHANDLER State AZ Zip Code 85226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RAY CAMMACK SHOWS Occupation AMUSEMENTS WORKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2015
Transaction ID : SA11AI.4181
 Amount of Each Receipt this Period
 250.00

B. EUGENE J DEAN III
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 PALIS DRIVE
 City SALISBURY State MA Zip Code 01952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DEAN & FLYNN INC Occupation CARNIVAL OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2015
Transaction ID : SA11AI.4105
 Amount of Each Receipt this Period
 1000.00

C. WILLIAM S DILLARD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 298
 City EDINBURG State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2015
Transaction ID : SA11AI.4236
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 30
	<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. DOUGLAS W DILLS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1830 IRONWOOD CT
 City VENICE State FL Zip Code 34293
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PEACE RIVER CONCESSIONS Occupation CONCESSION OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2015
Transaction ID : SA11AI.4216
 Amount of Each Receipt this Period
 500.00

B. CHARLES DUGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5019 SOLITUDE CT
 City ALTA LOMA State CA Zip Code 91737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation FOOD CONCESSION OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2015
Transaction ID : SA11AI.4226
 Amount of Each Receipt this Period
 1000.00

C. ERIN EVANS
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 126
 City PLATTSBURG State MO Zip Code 64477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EVANS UNITED SHOWS Occupation CARNIVAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2015
Transaction ID : SA11AI.4228
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 30
<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. MICHAEL FEATHERSTON
Full Name (Last, First, Middle Initial)

Mailing Address 515 FOWLER ST

City FARIBAULT State MN Zip Code 55021

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

Name of Employer GOLD STAR AMUSEMENTS Occupation CARNIVAL OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 16 / 2015
Transaction ID : SA11AI.4135

Amount of Each Receipt this Period 500.00

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

Mailing Address 611 OAKWOOD DR

City ST CLOUD State MN Zip Code 56304

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

Name of Employer GOPHER STATE EXPOSITIONS Occupation CARNIVAL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 28 / 2015
Transaction ID : SA11AI.4222

Amount of Each Receipt this Period 800.00

C. ELIZABETH J GILLETTE
Full Name (Last, First, Middle Initial)

Mailing Address 291 PECKS RD

City PITTSFIELD State MA Zip Code 01201

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

Name of Employer GILLETTE SHOWS Occupation CARNIVAL OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 28 / 2015
Transaction ID : SA11AI.4212

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1800.00

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 30
	<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	<input type="checkbox"/> 17

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

A. JOHN HANSCHEN
Full Name (Last, First, Middle Initial)

Mailing Address 4508 CLIFFSTONE COVE

City AUSTIN State TX Zip Code 78735

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

Name of Employer THOMAS CARNIVAL Occupation CARNIVAL OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2015

Transaction ID : SA11AI.4107

Amount of Each Receipt this Period
 500.00

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

Mailing Address 4508 CLIFFSTONE COVE

City AUSTIN State TX Zip Code 78735

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

Name of Employer THOMAS CARNIVAL Occupation CARNIVAL OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2015

Transaction ID : SA11AI.4193

Amount of Each Receipt this Period
 500.00

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

Mailing Address 3337 W FLORIDA AVE

City HEMET State CA Zip Code 92545

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

Name of Employer VIC MARCUS CONCESSIONS Occupation GENERAL MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2015

Transaction ID : SA11AI.4149

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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 30
	<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. WAYNE E INNERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 56 OAK ST
 City YORK State PA Zip Code 17402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2015
Transaction ID : SA11AI.4141
 Amount of Each Receipt this Period
 1500.00

B. NATHAN JANOUSEK
 Full Name (Last, First, Middle Initial)
 Mailing Address 2350 WOELKE RD
 City SEGUIN State TX Zip Code 78155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FUN BIZ CONCESSIONS Occupation CONCESSION OWNER
 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
 03 / 23 / 2015
Transaction ID : SA11AI.4167
 Amount of Each Receipt this Period
 2000.00

C. MARY JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 629 N FORREST AVE
 City ARLINGTON HEIGHTS State IL Zip Code 60004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ARLINGTON'S BEST CONCESSIONS Occupation CONCESSION OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2015
Transaction ID : SA11AI.4137
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....	4000.00
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 15 OF 30
(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. ROBBIE D JUNDT
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 2601
 City WICKENBURG State AZ Zip Code 85358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RAY CAMMACK SHOWS Occupation CARNIVAL WORKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2015
Transaction ID : SA11AI.4169
 Amount of Each Receipt this Period
 500.00

B. RUSSELL A KISSEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 3748 SOUTH STATE LINE ST
 City OKEANA State OH Zip Code 45053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KISSEL ENTERTAINMENT Occupation CARNIVAL OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2015
Transaction ID : SA11AI.4230
 Amount of Each Receipt this Period
 1400.00

C. TAMMY J KISSEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 3748 SOUTH STATE LINE ST
 City OKEANA State OH Zip Code 45053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KISSEL ENTERTAINMENT Occupation CARNIVAL OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2015
Transaction ID : SA11AI.4231
 Amount of Each Receipt this Period
 1400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3300.00
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 30
	<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. CHARLENE K LEAVITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3519 E KERESAN DR
 City PHOENIX State AZ Zip Code 85044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RAY CAMMACK SHOWS Occupation CHIEF OPERATING OFFICER
 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
 03 / 23 / 2015
Transaction ID : SA11AI.4155
 Amount of Each Receipt this Period
 5000.00

B. GUY W LEAVITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3519 E KERESAN DR
 City PHOENIX State AZ Zip Code 85044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RAY CAMMACK SHOWS Occupation PRESIDENT
 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
 03 / 23 / 2015
Transaction ID : SA11AI.4153
 Amount of Each Receipt this Period
 5000.00

C. KIMBERLY LEAVITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 11634 S WARPAINT DR
 City PHOENIX State AZ Zip Code 85044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ODYSSEY FOODS Occupation FOOD CONCESSION OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2015
Transaction ID : SA11AI.4157
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	11000.00
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 30
	<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. VIVIAN LEAVITT
Full Name (Last, First, Middle Initial)

Mailing Address 15042 S 47TH ST

City PHOENIX State AZ Zip Code 85044

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

Name of Employer PARADISE MANAGEMENT Occupation FOOD CONCESSIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 19 / 2015

Transaction ID : SA11AI.4145

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1158 BEDFORD RD

City MASURY State OH Zip Code 44438

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

Name of Employer PREMIUM SHOWS AMERICA Occupation CARNIVAL RIDE OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 28 / 2015

Transaction ID : SA11AI.4210

Amount of Each Receipt this Period
500.00

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

Mailing Address 3413 E CHEROKEE ST

City PHOENIX State AZ Zip Code 85044

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

Name of Employer LOPEZ CONCESSIONS Occupation CONCESSION OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 23 / 2015

Transaction ID : SA11AI.4185

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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 18 OF 30
	<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. JODY LOPEZ
Full Name (Last, First, Middle Initial)

Mailing Address 3414 E CHEROKEE ST

City PHOENIX State AZ Zip Code 85044

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

Name of Employer LOPEZ CONCESSIONS Occupation CONCESSION OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2015

Transaction ID : SA11AI.4187

Amount of Each Receipt this Period
 500.00

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

Mailing Address 723 EL DORADO DR

City VENICE State FL Zip Code 34285

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

Name of Employer MCDONAGH'S AMUSEMENTS Occupation INDEPENDENT RIDE OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2015

Transaction ID : SA11AI.4109

Amount of Each Receipt this Period
 250.00

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

Mailing Address 4506 TWISTED TREE COVE

City AUSTIN State TX Zip Code 78735

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

Name of Employer SELF Occupation CONCESSIONAIRE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2015

Transaction ID : SA11AI.4171

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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 19 OF 30
	<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

Full Name (Last, First, Middle Initial) A. SEAN B MURPHY			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2015
Mailing Address 1681 MADRONE DR			Transaction ID : SA11AI.4175
City UKIAH	State CA	Zip Code 95482	Amount of Each Receipt this Period 2200.00
FEC ID number of contributing federal political committee. C			
Name of Employer BUTLER AMUSEMENTS	Occupation UNIT MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00		

Full Name (Last, First, Middle Initial) B. DEBBIE A MURRAY			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2015
Mailing Address 6336 KAITLYN CT			Transaction ID : SA11AI.4220
City CINCINNATI	State OH	Zip Code 45248	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer MURRAY BROS SHOWS	Occupation CARNIVAL OWNER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. PAUL H MURRAY			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2015
Mailing Address 6282 ASHBOURNE			Transaction ID : SA11AI.4218
City CINCINNATI	State OH	Zip Code 45233	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer MURRAY BROS SHOWS	Occupation CARNIVAL OWNER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional).....▶	3200.00
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 20 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. MICHAEL OUSEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 211 CLAREMONT
 City SAN MARCOS State TX Zip Code 78666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MAD HATTER Occupation FOOD CONCESSIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 03 / 19 / 2015
Transaction ID : SA11AI.4151
 Amount of Each Receipt this Period
 2500.00

B. JOY PICKETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 12671 S HONAH LEE CT
 City PHOENIX State AZ Zip Code 85044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RAY CAMMACK SHOWS Occupation CARNIVAL WORKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 03 / 23 / 2015
Transaction ID : SA11AI.4159
 Amount of Each Receipt this Period
 1000.00

C. DEBORAH POWERS
 Full Name (Last, First, Middle Initial)
 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 POWERS GREAT AMERICAN MIDWAYS Occupation CARNIVAL OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 02 / 11 / 2015
Transaction ID : SA11AI.4111
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
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 21 OF 30
	<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	<input type="checkbox"/> 17

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

A. RICHARD H REITHOFFER
 Full Name (Last, First, Middle Initial)
 Mailing Address 9022 WIGGINS RD
 City GIBSONTON State FL Zip Code 33534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer REITHOFFER SHOWS Occupation CARNIVAL OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **06 / 04 / 2015**
Transaction ID : SA11AI.4234
 Amount of Each Receipt this Period **2000.00**

B. BARBARA A RING
 Full Name (Last, First, Middle Initial)
 Mailing Address 13002 COUNTY ROAD 102
 City ELBERT State CO Zip Code 80106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WRIGHT'S AMUSEMENTS Occupation CARNIVAL OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **04 / 17 / 2015**
Transaction ID : SA11AI.4200
 Amount of Each Receipt this Period **2000.00**

C. DENNIS D ROWLAND
 Full Name (Last, First, Middle Initial)
 Mailing Address 1543 BARTOW RD
 City LAKELAND State FL Zip Code 33801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BARRETT'S EAST COAST FOODS Occupation FOOD CONCESSION OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 28 / 2015**
Transaction ID : SA11AI.4214
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **4500.00**
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 22 OF 30
	<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. JIM ROYAL
Full Name (Last, First, Middle Initial)

Mailing Address 2581 E 2070 ROAD

City HUGO State OK Zip Code 74743

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

Name of Employer KELLY MILLER CIRCUS Occupation MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2015
Transaction ID : SA11AI.4208

Amount of Each Receipt this Period
 500.00

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

Mailing Address 215 WEST STREET

City GENEVA State IL Zip Code 60134

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

Name of Employer WINDY CITY AMUSEMENTS Occupation CARNIVAL OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2015
Transaction ID : SA11AI.4196

Amount of Each Receipt this Period
 500.00

C. ANDREW F SCHOENDIENST
Full Name (Last, First, Middle Initial)

Mailing Address 40 GRAND BAY CIRCLE

City JUNO BEACH State FL Zip Code 33408

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

Name of Employer LUEHRS IDEAL RIDES Occupation CARNIVAL OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2015
Transaction ID : SA11AI.4194

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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 23 OF 30
	<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. GARY A SHEPARD
Full Name (Last, First, Middle Initial)

Mailing Address 53821 FAIRFIELD RD

City BARABOO State WI Zip Code 53913

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

Name of Employer G&G CONCESSIONS Occupation CONCESSION OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2015

Transaction ID : SA11AI.4206

Amount of Each Receipt this Period
 500.00

B. MARY CHRISTINE SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 10451 GULF BLVD

City TREASURE ISLAND State FL Zip Code 33706

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

Name of Employer ALLIED SPECIALTY INSURANCE Occupation PRESIDENT

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
 02 / 11 / 2015

Transaction ID : SA11AI.4101

Amount of Each Receipt this Period
 5000.00

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

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 HITCH-HIKER MFG Occupation OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2015

Transaction ID : SA11AI.4133

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6000.00

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 24 OF 30
	<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. GINA L TUTTLE
Full Name (Last, First, Middle Initial)

Mailing Address 9630 BRUCEVILLE RD

City ELK GROVE State CA Zip Code 95757

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

Name of Employer BUTLER AMUSEMENTS Occupation OFFICE MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2015

Transaction ID : SA11AI.4179

Amount of Each Receipt this Period
 850.00

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

Mailing Address PO BOX 310641

City NEW BRAUNFELS State TX Zip Code 78131

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

Name of Employer SJ ENTERTAINMENT Occupation RIDE OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2015

Transaction ID : SA11AI.4147

Amount of Each Receipt this Period
 1000.00

C. KURT N VOMBERG
Full Name (Last, First, Middle Initial)

Mailing Address 11106 S SANDUSKY AVE

City TULSA State OK Zip Code 74137

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

Name of Employer BUTLER AMUSEMENTS Occupation UNIT MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2015

Transaction ID : SA11AI.4173

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2850.00
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 25 OF 30
(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. MICHAEL WOOD
Full Name (Last, First, Middle Initial)
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 WOOD ENTERTAINMENT CO Occupation RIDE OWNER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 16 / 2015
Transaction ID : SA11AI.4131
Amount of Each Receipt this Period
1000.00

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	71950.00

**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 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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial)

A. ROY BLUNT

Mailing Address PO BOX 10178

City COLUMBIA State MO Zip Code 65205

Purpose of Disbursement

Candidate Name

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

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2015

Transaction ID : SB23.4240

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. JOHN BOEHNER FOR SPEAKER

Mailing Address 320 FIRST ST., SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

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

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2015

Transaction ID : SB23.4260

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TOM COLE

Mailing Address PO BOX 722256

City NORMAN State OK Zip Code 73070

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: OK District: 04

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2015

Transaction ID : SB23.4242

Amount of Each Disbursement this Period

2500.00

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

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

8500.00

**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 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)

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial)

A. ANDER CRENSHAW FOR CONGRESS CAMPAIGN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	24	/	2015

Mailing Address 7235 BONNEVAL ROAD
SUITE 210

City JACKSONVILLE State FL Zip Code 32256

Transaction ID : SB23.4249

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

Office Sought: House
 Senate
 President
State: FL District: 04

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. ANDREW P HARRIS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	13	/	2015

Mailing Address PO BOX 604

City BEL AIR State MD Zip Code 21404

Transaction ID : SB23.4253

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

5000.00

Candidate Name

Office Sought: House
 Senate
 President
State: MD District: 01

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. HELP AMERICA'S LEADERS POLITICAL ACTION COMMITTEE (HALPAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	23	/	2015

Mailing Address 701 8TH STREET, NW
SUITE 500

City WASHINGTON State DC Zip Code 20001

Transaction ID : SB23.4266

Purpose of Disbursement
MEETING SPONSORSHIP

001
Category/ Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

8500.00

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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)

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial)

A. JOHN JOHN CARTER FOR CONGRESS

Mailing Address 1717 NORTH IH-35
SUITE 304

City ROUND ROCK State TX Zip Code 78664

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: TX District: 31

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 21 / 2015

Transaction ID : SB23.4255

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ZOE LOFGREN FOR CONGRESS

Mailing Address C/O CONTRIBUTION SOLUTIONS, LLC
123 E. SAN CARLOS ST., #531

City SAN JOSE State CA Zip Code 95112

Purpose of Disbursement

Candidate Name

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

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : SB23.4262

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. DANIEL MILTON NEWHOUSE

Mailing Address 2521 S EMERALD RD

City SUNNYSIDE State WA Zip Code 98944

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: WA District: 04

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2015

Transaction ID : SB23.4246

Amount of Each Disbursement this Period

500.00

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

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

6500.00

**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 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)

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial)

A. DANIEL MILTON NEWHOUSE

Mailing Address 2521 S EMERALD RD

City SUNNYSIDE State WA Zip Code 98944

Purpose of Disbursement
DEBT RETIREMENT 2014 GENERAL

Candidate Name

Office Sought: House
 Senate
 President
State: WA District: 04

Disbursement For:
 Primary General
 Other (specify) ▼

012
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2015

Transaction ID : SB23.4248

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. REPUBLICAN AGRICULTURE COMMISSIONERS COMMITTEE

Mailing Address PO BOX 66521

City WASHINGTON State DC Zip Code 20035

Purpose of Disbursement
MEETING SPONSORSHIP

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 28 / 2015

Transaction ID : SB23.4257

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. LAMAR SMITH

Mailing Address PO BOX 6155

City SAN ANTONIO State TX Zip Code 78209

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: TX District: 21

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 24 / 2015

Transaction ID : SB23.4251

Amount of Each Disbursement this Period

1000.00

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

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

6500.00

**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 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)
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial)

A. STEVE STEVE CHABOT FOR CONGRESS

Mailing Address 3030 HARRISON AVE.

City CINCINNATI State OH Zip Code 45211

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: OH District: 01

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2015

Transaction ID : SB23.4268

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. THOMAS THOM TILLIS COMMITTEE

Mailing Address PO BOX 2489

City CORNELIUS State NC Zip Code 28031

Purpose of Disbursement
2014 GENERAL ELECTION DEBT RETIREMENT

Candidate Name

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

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2015

Transaction ID : SB23.4264

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. JOHN R THUNE

Mailing Address 200 NORTH PHILLIPS AVE SUITE L101

City SIOUX FALLS State SD Zip Code 57104

Purpose of Disbursement

Candidate Name

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

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2015

Transaction ID : SB23.4244

Amount of Each Disbursement this Period

1500.00

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

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

6500.00

36500.00