

**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

The National Republican Trust PAC

ADDRESS (number and street) ▼

2100 M Street, NW, Suite 170-340

☐ Check if different than previously reported. (ACC)

Washington

DC

20037

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00455378

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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y 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 Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

08

01

2015

08

31

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 Scott Wheeler

Signature of Treasurer

Scott Wheeler

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

09

17

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.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The National Republican Trust PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
08 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
08 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		16671.80
(b) Cash on Hand at Beginning of Reporting Period.....	4108.40	
(c) Total Receipts (from Line 19) .....	13705.77	94832.93
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	17814.17	111504.73
7. Total Disbursements (from Line 31) .....	13796.40	107486.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	4017.77	4017.77
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	24630.80	

☒ 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

The National Republican Trust PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
08 01 2015

To:

M M / D D / Y Y Y Y Y  
08 31 2015
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1985.00

20757.00

(ii) Unitemized .....

8954.16

51473.18

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

10939.16

72230.18

(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) ..... ▶

10939.16

72230.18

## 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

20.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

2766.61

22582.75

## 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))..... ▶

13705.77

94832.93

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

13705.77

94832.93

**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 .....	6986.05	68284.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	6986.05	68284.73
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) .....	5500.00	5500.00
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	2500.00
(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	2500.00
29. Other Disbursements .....	1310.35	31202.23
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)) ..	13796.40	107486.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13796.40	107486.96

**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) .....	10939.16	72230.18
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10939.16	69730.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	6986.05	68284.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	20.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	6986.05	68264.73

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: F3XN

Transaction ID :

The Independent Expenditure entries on Schedule E reflect payments made for the \$5,500 Online Ad on 7/8/15. The communication was disseminated nationally among all states.

Form/Schedule:

Transaction ID:

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The National Republican Trust PAC**

Full Name (Last, First, Middle Initial)

**A. Philip S Allen**

Mailing Address 371 S Brent St

City State Zip Code  
Ventura CA 93003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 27 / 2015

Transaction ID : 50910.C227992

Amount of Each Receipt this Period

250.00

Receipt

Full Name (Last, First, Middle Initial)

**B. Dana Anderson**

Mailing Address 100 Fall Creek Road

City State Zip Code  
Lawrence KS 66049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Macerich

Real Estate Investment Trus

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 26 / 2015

Transaction ID : 50910.C227990

Amount of Each Receipt this Period

200.00

Receipt

Full Name (Last, First, Middle Initial)

**C. Dana Anderson**

Mailing Address 100 Fall Creek Road

City State Zip Code  
Lawrence KS 66049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Macerich

Real Estate Investment Trus

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

08 / 26 / 2015

Transaction ID : 50910.C227613

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

650.00

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

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

FOR LINE NUMBER: PAGE 8 OF 34  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The National Republican Trust PAC**

Full Name (Last, First, Middle Initial)

**A. Anthony J Arjil**

Mailing Address 880 Cumorah Court

City State Zip Code  
 Placerville CA 95667

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

08 / 11 / 2015

Transaction ID : 50910.C227903

Amount of Each Receipt this Period

35.00

Receipt

Full Name (Last, First, Middle Initial)

**B. Evelyn Catano**

Mailing Address 33600 Globe Dr

City State Zip Code  
 Springville CA 93265

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

State of California

Chief of Rehab Therapy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 04 / 2015

Transaction ID : 50910.C227808

Amount of Each Receipt this Period

25.00

Receipt

Full Name (Last, First, Middle Initial)

**C. Evelyn Catano**

Mailing Address 33600 Globe Dr

City State Zip Code  
 Springville CA 93265

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

State of California

Chief of Rehab Therapy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

08 / 25 / 2015

Transaction ID : 50910.C227809

Amount of Each Receipt this Period

25.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

85.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 34  
(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)

**The National Republican Trust PAC**

Full Name (Last, First, Middle Initial)

**A. Judith Haber**

Mailing Address 23 Marina Drive

City	State	Zip Code
Catskill	NY	12414

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	27	/	2015

Transaction ID : 50910.C227994

Amount of Each Receipt this Period

500.00

Receipt

Full Name (Last, First, Middle Initial)

**B. James Harris**

Mailing Address 10323 South Gessner Rd

City	State	Zip Code
Houston	TX	77071

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Vet

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	07	/	2015

Transaction ID : 50910.C227843

Amount of Each Receipt this Period

25.00

Receipt

Full Name (Last, First, Middle Initial)

**C. James Harris**

Mailing Address 10323 South Gessner Rd

City	State	Zip Code
Houston	TX	77071

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Vet

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	18	/	2015

Transaction ID : 50910.C227844

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ►

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

575.00

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The National Republican Trust PAC**

Full Name (Last, First, Middle Initial)

**A. Joseph D Howe**

Mailing Address 20 Siesta Way

City State Zip Code  
 Sedona AZ 86336

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

08 / 04 / 2015

Transaction ID : 50910.C227793

Amount of Each Receipt this Period

25.00

Receipt

Full Name (Last, First, Middle Initial)

**B. Joseph D Howe**

Mailing Address 20 Siesta Way

City State Zip Code  
 Sedona AZ 86336

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

08 / 11 / 2015

Transaction ID : 50910.C227794

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

**C. Ronald D Jones**

Mailing Address 11161 Peppermill Lane

City State Zip Code  
 Fishers IN 46037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Motion Engineering Company, Inc

Founder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

08 / 01 / 2015

Transaction ID : 50910.C227840

Amount of Each Receipt this Period

25.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

100.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**The National Republican Trust PAC**

Full Name (Last, First, Middle Initial)

## **A. Cheryl Keithly**

Mailing Address 5702 W County 8 1/2 Street

City State Zip Code  
 Yuma AZ 85364

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Keithly Williams Seeds

Occupation

Vegetable Seed Dealership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 06 / 2015

Transaction ID : 50910.C227968

Amount of Each Receipt this Period

100.00

Receipt

Full Name (Last, First, Middle Initial)

## **B. Kathleen L Maselli**

Mailing Address 61 South Avenue

City State Zip Code  
 Smithtown NY 11787

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Smithtown School

Occupation

Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 01 / 2015

Transaction ID : 50910.C227911

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

## **C. Martin J Pierret**

Mailing Address 9592 Snake River Road

City State Zip Code  
 Pasco WA 99301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 03 / 2015

Transaction ID : 50910.C227777

Amount of Each Receipt this Period

25.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

175.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**The National Republican Trust PAC**

Full Name (Last, First, Middle Initial)

**A. Martin J Pierret**

Mailing Address 9592 Snake River Road

City State Zip Code  
 Pasco WA 99301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 16 / 2015

Transaction ID : 50910.C227778

Amount of Each Receipt this Period

25.00

Receipt

Full Name (Last, First, Middle Initial)

**B. Elaine K Portier**

Mailing Address 15770 SW Towhee Ln

City State Zip Code  
 Beaverton OR 97007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Homemaker

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

08 / 22 / 2015

Transaction ID : 50910.C227779

Amount of Each Receipt this Period

25.00

Receipt

Full Name (Last, First, Middle Initial)

**C. Elaine K Portier**

Mailing Address 15770 SW Towhee Ln

City State Zip Code  
 Beaverton OR 97007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Homemaker

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.00

Date of Receipt

08 / 24 / 2015

Transaction ID : 50910.C227780

Amount of Each Receipt this Period

25.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

75.00

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**The National Republican Trust PAC**

Full Name (Last, First, Middle Initial)

## **A. Faye Powell**

Mailing Address 1101 Suwannee Drive

City State Zip Code  
 Evansville IN 47725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 BeautiControl Cosmetics

Occupation  
 Natl Ex Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 26 / 2015

Transaction ID : 50910.C227615

Amount of Each Receipt this Period

100.00

Receipt

Full Name (Last, First, Middle Initial)

## **B. Stanley Schmidt**

Mailing Address PO Box 137  
 605 SW Church St

City State Zip Code  
 Dallas OR 97338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Self

Occupation  
 State Farm Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

08 / 07 / 2015

Transaction ID : 50910.C227842

Amount of Each Receipt this Period

100.00

Receipt

Full Name (Last, First, Middle Initial)

## **C. Stanley Schmidt**

Mailing Address PO Box 137  
 605 SW Church St

City State Zip Code  
 Dallas OR 97338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Self

Occupation  
 State Farm Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

08 / 26 / 2015

Transaction ID : 50910.C227841

Amount of Each Receipt this Period

25.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

225.00

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

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

FOR LINE NUMBER: PAGE 14 OF 34  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The National Republican Trust PAC**

Full Name (Last, First, Middle Initial)

**A. Allen H Simon**

Mailing Address 1383 N Criss St

City State Zip Code  
 Chandler AZ 85226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 22 2015

**Transaction ID : 50910.C227978**

Amount of Each Receipt this Period

100.00

Receipt

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

100.00

1985.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 34  
(check only one)

<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)

**The National Republican Trust PAC**

Full Name (Last, First, Middle Initial)

**A. Sandee K Brittain**

Mailing Address 1435 River Park Dr Ste 510

City	State	Zip Code
Sacramento	CA	95815-4511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brittain commercial

Occupation

Property Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2015

**Transaction ID : 50910.C227993**

Amount of Each Receipt this Period

450.00

Other Receipt

Note:Non-Cont Account

Full Name (Last, First, Middle Initial)

**B. Allen H Simon**

Mailing Address 1383 N Criss St

City	State	Zip Code
Chandler	AZ	85226-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2015

**Transaction ID : 50910.C227979**

Amount of Each Receipt this Period

100.00

Other Receipt

Note:Non-Cont Account

Full Name (Last, First, Middle Initial)

**C. Carl E Swenlin**

Mailing Address PO Box 7340

City	State	Zip Code
Goleta	CA	93117-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Decision Point

Occupation

Internet Publisher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2015

**Transaction ID : 50910.C227610**

Amount of Each Receipt this Period

50.00

Other Receipt

Note:Non-Cont Account

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

600.00

600.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 34

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**The National Republican Trust PAC**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address 3 Dupont Circle, NW

City Washington      State DC      Zip Code 20036-

Purpose of Disbursement  
PAC Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2015
**Transaction ID : 50910.E4526**

Amount of Each Disbursement this Period

15.00

PAC BANK FEE

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 3 Dupont Circle, NW

City Washington      State DC      Zip Code 20036-

Purpose of Disbursement  
PAC Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 12 / 2015
**Transaction ID : 50910.E4532**

Amount of Each Disbursement this Period

35.00

PAC BANK FEE

Full Name (Last, First, Middle Initial)

**C. Capitol Media Group, LLC**

Mailing Address 344 Maple Ave West #375

City Vienna      State VA      Zip Code 22180-

Purpose of Disbursement  
PAC Management Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 03 / 2015
**Transaction ID : 50806.E4455**

Amount of Each Disbursement this Period

2000.00

PAC MANAGEMENT CONSULTING

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2050.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 34

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**The National Republican Trust PAC**

Full Name (Last, First, Middle Initial)

**A. Capitol Media Group, LLC**

Mailing Address 344 Maple Ave West #375

City Vienna                      State VA                      Zip Code 22180-

Purpose of Disbursement  
PAC Book/Video Purchase

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08                      07                      2015
**Transaction ID : 50915.E4594**

Amount of Each Disbursement this Period

290.00

PAC BOOK/VIDEO PURCHASE

Full Name (Last, First, Middle Initial)

**B. Capitol Media Group, LLC**

Mailing Address 344 Maple Ave West #375

City Vienna                      State VA                      Zip Code 22180-

Purpose of Disbursement  
PAC Management Consulting

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08                      07                      2015
**Transaction ID : 50807.E4509**

Amount of Each Disbursement this Period

310.00

PAC MANAGEMENT CONSULTING

Full Name (Last, First, Middle Initial)

**C. Capitol Media Group, LLC**

Mailing Address 344 Maple Ave West #375

City Vienna                      State VA                      Zip Code 22180-

Purpose of Disbursement  
PAC Management Consulting

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08                      26                      2015
**Transaction ID : 50910.E4521**

Amount of Each Disbursement this Period

200.00

PAC MANAGEMENT CONSULTING

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

800.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 34

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**The National Republican Trust PAC**

Full Name (Last, First, Middle Initial)

**A. Constant Contact**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	8				1	6						2	0	1	5

Mailing Address 1601 Trapelo Road, Suite 329

City	State	Zip Code
Waltham	MA	02451-

**Transaction ID : 50910.E4537**Purpose of Disbursement  
PAC Email Service

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

295.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

PAC EMAIL SERVICE

State: District:

Full Name (Last, First, Middle Initial)

**B. Delta Airlines**

Date of Disbursement

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

Mailing Address 1030 Delta Blvd

City	State	Zip Code
Atlanta	GA	30320-

**Transaction ID : 50910.E4533**Purpose of Disbursement  
PAC Travel

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

255.60

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

PAC TRAVEL

State: District:

Full Name (Last, First, Middle Initial)

**C. Koch & Hoos, LLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	8				0	3						2	0	1	5

Mailing Address P.O. Box 1154

City	State	Zip Code
Alexandria	VA	22313-

**Transaction ID : 50806.E4454**Purpose of Disbursement  
PAC Accounting Consulting

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1092.25

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

PAC ACCOUNTING CONSULTING

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1642.85

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

The National Republican Trust PAC

### A. Koch & Hoos, LLC

Mailing Address P.O. Box 1154

City	State	Zip Code
Alexandria	VA	22313-

Purpose of Disbursement	PAC Accounting Consulting
-------------------------	---------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement



Transaction ID : 50910.E4522

Amount of Each Disbursement this Period

PAC ACCOUNTING CONSULTING

Full Name (Last, First, Middle Initial)

## B. Maelstrom Technologies Solutions

Mailing Address 200 S. Executive Drive, Suite 101

City	State	Zip Code
Brookfield	WI	53005-

Purpose of Disbursement	PAC Credit Card Processing
-------------------------	----------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : 50910.E4590

Amount of Each Disbursement this Period

623.87

## PAC CREDIT CARD PROCESSING

### C. Mailchimp

Full Name (Last, First, Middle Initial)

Mailing Address 512 Means St  
Suite 404

City	State	Zip Code
Atlanta	GA	30318-

Purpose of Disbursement
PAC Email Service

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M / D D / Y Y Y Y  
08 07 2015

Transaction ID : 50910.E4527

Amount of Each Disbursement this Period

240.00

PAC EMAIL SERVICE

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

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

1663.87



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 34

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**The National Republican Trust PAC**

Full Name (Last, First, Middle Initial)

**A. United States Postal Service**

Mailing Address 475 LEnfant Plaza SW

City Washington      State DC      Zip Code 20260-

Purpose of Disbursement  
PAC Postage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 21 / 2015
**Transaction ID : 50910.E4540**

Amount of Each Disbursement this Period

60.60

PAC POSTAGE

Full Name (Last, First, Middle Initial)

**B. Virgin Mobile USA**

Mailing Address 10 Independence Blvd.

City Warren      State NJ      Zip Code 07059-

Purpose of Disbursement  
PAC Phone Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2015
**Transaction ID : 50910.E4536**

Amount of Each Disbursement this Period

61.60

PAC PHONE EXPENSE

Full Name (Last, First, Middle Initial)

**C. Virgin Mobile USA**

Mailing Address 10 Independence Blvd.

City Warren      State NJ      Zip Code 07059-

Purpose of Disbursement  
PAC Phone Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2015
**Transaction ID : 50910.E4541**

Amount of Each Disbursement this Period

39.20

PAC PHONE EXPENSE

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

161.40

6772.38



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The National Republican Trust PAC**

Full Name (Last, First, Middle Initial)

**A. Maelstrom Technologies Solutions**

Mailing Address 200 S. Executive Drive, Suite 101

City	State	Zip Code
Brookfield	WI	53005-

Purpose of Disbursement  
NON-CONT PAC CREDIT CARD PROCESSING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

**Transaction ID : 50910.E4589**

Amount of Each Disbursement this Period

44.60
-------

Full Name (Last, First, Middle Initial)

**B. Orbitz, LLC**

Mailing Address 200 S Wacker Dr Ste 1900

City	State	Zip Code
Chicago	IL	60606-5857

Purpose of Disbursement  
NON-CONT PAC TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2015

**Transaction ID : 50910.E4542**

Amount of Each Disbursement this Period

124.76
--------

Full Name (Last, First, Middle Initial)

**C. Parrot Video Services**

Mailing Address 33161 Camino Capistrano

City	State	Zip Code
San Juan Capistran	CA	92675-

Purpose of Disbursement  
NON-CONT PAC VIDEO PRODUCTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2015

**Transaction ID : 50910.E4554**

Amount of Each Disbursement this Period

250.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

419.36
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The National Republican Trust PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 2211 North First St

City	State	Zip Code
San Jose	CA	95131-

Purpose of Disbursement  
NON-CONT PAC CREDIT CARD PROCESSING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

**Transaction ID : 50910.E4588**

Amount of Each Disbursement this Period

72.67
-------

Full Name (Last, First, Middle Initial)

**B. St. Gregory Hotel & Suites**

Mailing Address 2033 M Street, NW

City	State	Zip Code
Washington	DC	20036-

Purpose of Disbursement  
NON-CONT PAC FOOD & BEVERAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2015

**Transaction ID : 50910.E4547**

Amount of Each Disbursement this Period

17.40
-------

Full Name (Last, First, Middle Initial)

**C. St. Gregory Hotel & Suites**

Mailing Address 2033 M Street, NW

City	State	Zip Code
Washington	DC	20036-

Purpose of Disbursement  
NON-CONT PAC LODGING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2015

**Transaction ID : 50910.E4549**

Amount of Each Disbursement this Period

171.75
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

261.82
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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

The National Republican Trust PAC

Category/  
Type

12.12

State:  District:

MM / DD / YYYY

Category/  
Type

12.17

State:  District:

Three 7-segment displays are shown. The first display shows '08' with segments M and M lit. The second display shows '08' with segments D and D lit. The third display shows '2015' with segments Y, Y, Y, and Y lit.

Category/  
Type

36.81

State:  District:

Country	Percentage
United States	61.10
Canada	58.10
Germany	57.10
France	56.10
Italy	55.10
Spain	54.10
Japan	53.10
South Korea	52.10
China	51.10
India	50.10
Brazil	49.10
Mexico	48.10
Russia	47.10
Australia	46.10
South Africa	45.10

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

The National Republican Trust PAC

Category/  
Type

9.08

Category/  
Type

25.00

A diagram of a rectangular frame with four vertical supports. The frame is represented by a rectangle with a thick border. Inside the rectangle, there are four vertical lines, one in each quadrant, representing supports. The top and bottom horizontal lines are thicker than the side vertical lines.

Category/  
Type

34.08

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

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

1234.36

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 27 OF 34

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**The National Republican Trust PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Koch & Hoos, LLC**

Nature of Debt (Purpose):

PAC Accounting Consulting

Mailing Address P.O. Box 1154

City State

Zip Code

Alexandria

VA

22313-

Outstanding Balance Beginning This Period

6513.15

Transaction ID : LS50914.E4591

Amount Incurred This Period

2839.45

Payment This Period

2092.25

Outstanding Balance at Close of This Period

7260.35

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Capitol Media Group, LLC**

Nature of Debt (Purpose):

O P00003392 7/8 Online Ad

Mailing Address 344 Maple Ave West #375

City State

Zip Code

Vienna

VA

22180-

Outstanding Balance Beginning This Period

5500.00

Transaction ID : LS50818.E4512

Amount Incurred This Period

0.00

Payment This Period

5500.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Capitol Media Group, LLC**

Nature of Debt (Purpose):

PAC Book/Video Purchase

Mailing Address 344 Maple Ave West #375

City

State

Zip Code

Vienna

VA

22180-

Outstanding Balance Beginning This Period

290.00

Transaction ID : LS50915.E4594

Amount Incurred This Period

0.00

Payment This Period

290.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

7260.35

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 28 OF 34

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**The National Republican Trust PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Spectrum Communications**Nature of Debt (Purpose):  
PAC Telephone Expense

Mailing Address 125 N Executive Dr, Ste. 300

City State

Zip Code

Brookfield

WI

53005-

Outstanding Balance Beginning This Period

750.15

Transaction ID : LS31122.E3455

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

750.15

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**CRC Public Relations**Nature of Debt (Purpose):  
PAC Press Releases

Mailing Address 2760 Eisenhower Ave, 4th Floor

City State

Zip Code

Alexandria

VA

22314-

Outstanding Balance Beginning This Period

1461.50

Transaction ID : LS00518.E1539

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1461.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**PR Newswire**Nature of Debt (Purpose):  
PAC Press Releases

Mailing Address G.P.O. Box 5897

City

State

Zip Code

New York

NY

10087-5897

Outstanding Balance Beginning This Period

1722.50

Transaction ID : LS11114.E2385

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1722.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

3934.15

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 29 OF 34

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**The National Republican Trust PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Diener Consultants, Inc.**

Nature of Debt (Purpose):

PAC Email Communication- In Dispute

Mailing Address 1002 Lititz Pike # 237

City State

Zip Code

Lititz

PA

17543-9328

Outstanding Balance Beginning This Period

8000.00

Transaction ID : LS10419.E2174

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**DB Capitol Strategies PLLC**

Nature of Debt (Purpose):

PAC Legal Fees

Mailing Address 717 King St, Ste 300

City State

Zip Code

Alexandria

VA

22314-

Outstanding Balance Beginning This Period

2000.00

Transaction ID : LS31016.E3418

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Political Insider, LLC**

Nature of Debt (Purpose):

IE Email Communication

Mailing Address P.O. Box 25574

City

State

Zip Code

Alexandria

VA

22313-5574

Outstanding Balance Beginning This Period

520.00

Transaction ID : LS20523.E2645

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

520.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

10520.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 30 OF 34

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**The National Republican Trust PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Diener Consultants, Inc.**Nature of Debt (Purpose):  
IE Email Communication

Mailing Address 10940 S Parker Rd, Ste. 763

City	State	Zip Code
Parker	CO	80134-7440

Outstanding Balance Beginning This Period

719.50

Transaction ID : LS20618.E2681

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

719.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**LexisNexis**Nature of Debt (Purpose):  
PAC Subscription

Mailing Address P.O. Box 7247-7090

City	State	Zip Code
Philadelphia	PA	19170-

Outstanding Balance Beginning This Period

1356.80

Transaction ID : LS30807.E3300

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1356.80

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Active Engagement**Nature of Debt (Purpose):  
PAC Email Communication

Mailing Address 44084 Riverside Pkwy, Suite 350

City	State	Zip Code
Leesburg	VA	20176-

Outstanding Balance Beginning This Period

840.00

Transaction ID : LS50506.E4380

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

840.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

2916.30

2) **TOTALS** This Period (last page this line number only)..... ►

24630.80

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

24630.80

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 31 OF 34  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The National Republican Trust PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00455378	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Capitol Media Group, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 08 / 2015</b>	
Mailing Address <b>344 Maple Ave West #375</b>		Amount <b>1000.00</b>	
City <b>Vienna</b>	State <b>VA</b>	Zip Code <b>22180-</b>	Transaction ID : <b>50818.E4514</b>
Purpose of Expenditure <b>O 7/8 Online Ad</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 13 / 2015</b>
Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>5500.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Capitol Media Group, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 08 / 2015</b>	
Mailing Address <b>344 Maple Ave West #375</b>		Amount <b>200.00</b>	
City <b>Vienna</b>	State <b>VA</b>	Zip Code <b>22180-</b>	Transaction ID : <b>50818.E4512</b>
Purpose of Expenditure <b>O 7/8 Online Ad</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 13 / 2015</b>
Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>5500.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>1200.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Scott Wheeler</i>		Date MM / DD / YYYY <b>09 / 17 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 32 OF 34  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The National Republican Trust PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00455378	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>Capitol Media Group, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 08 / 2015</b>		
Mailing Address <b>344 Maple Ave West #375</b>		Amount <b>800.00</b>		
City <b>Vienna</b>	State <b>VA</b>	Zip Code <b>22180-</b>	Transaction ID : <b>50818.E4513</b>	
Purpose of Expenditure <b>O 7/8 Online Ad</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 08 / 2015</b>	
Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		<b>5500.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Capitol Media Group, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 08 / 2015</b>		
Mailing Address <b>344 Maple Ave West #375</b>		Amount <b>300.00</b>		
City <b>Vienna</b>	State <b>VA</b>	Zip Code <b>22180-</b>	Transaction ID : <b>50910.E4517</b>	
Purpose of Expenditure <b>O 7/8 Online Ad</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 18 / 2015</b>	
Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		<b>5500.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>1100.00</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Scott Wheeler</i>		Date MM / DD / YYYY <b>09 / 17 / 2015</b>		
[Electronically Filed]				



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 33 OF 34  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The National Republican Trust PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00455378
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Capitol Media Group, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 08 / 2015</b>
Mailing Address <b>344 Maple Ave West #375</b>		Amount <b>1300.00</b>
City <b>Vienna</b>	State <b>VA</b>	Zip Code <b>22180-</b>
Purpose of Expenditure <b>O 7/8 Online Ad</b>	Category/Type	Transaction ID : <b>50910.E4520</b> Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 26 / 2015</b>
Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>5500.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Capitol Media Group, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 08 / 2015</b>
Mailing Address <b>344 Maple Ave West #375</b>		Amount <b>800.00</b>
City <b>Vienna</b>	State <b>VA</b>	Zip Code <b>22180-</b>
Purpose of Expenditure <b>O 7/8 Online Ad</b>	Category/Type	Transaction ID : <b>50910.E4518</b> Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 18 / 2015</b>
Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>5500.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>2100.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Scott Wheeler

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 17 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 34 OF 34  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>The National Republican Trust PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00455378		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee <b>Capitol Media Group, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 08 / 2015</b>			
Mailing Address <b>344 Maple Ave West #375</b>		Amount <b>1100.00</b>			
City <b>Vienna</b>	State <b>VA</b>	Zip Code <b>22180-</b>	Transaction ID : <b>50910.E4519</b>		
Purpose of Expenditure <b>O 7/8 Online Ad</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 26 / 2015</b>		
Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>5500.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY			
Mailing Address		Amount			
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>1100.00</b>			
(b) SUBTOTAL of Unitemized Independent Expenditures .....					
(c) TOTAL Independent Expenditures.....		<b>5500.00</b>			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Scott Wheeler</i>		[Electronically Filed]		Date MM / DD / YYYY <b>09 / 17 / 2015</b>	