

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.
JEFF PAC

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

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIP CODE**
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day **POST-Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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

Signature of Treasurer **DAVID BAUER** [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

JEFF 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="134866.98"/>	<input type="text" value="134866.98"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="117045.96"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="38650.00"/>	<input type="text" value="178882.57"/>
(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="155695.96"/>	<input type="text" value="313749.55"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="36253.01"/>	<input type="text" value="194830.40"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="119442.95"/>	<input type="text" value="119442.95"/>
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)

Write or Type Committee Name

JEFF 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).....	16150.00	46650.00
(ii) Unitemized	0.00	153.38
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16150.00	46803.38
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	22500.00	109000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	38650.00	155803.38
12. Transfers From Affiliated/Other Party Committees.....	0.00	23079.19
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))..... ▶	38650.00	178882.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	38650.00	178882.57

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	1024.95
(b) Other Federal Operating Expenditures	22253.01	108588.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	22253.01	109613.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	83217.20
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	2000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	2000.00
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)) ..	36253.01	194830.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36253.01	193805.45

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)	38650.00	155803.38
34. Total Contribution Refunds (from Line 28(d))	0.00	2000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38650.00	153803.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	22253.01	108588.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	22253.01	108588.25

**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 18
<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)
JEFF PAC

A. . POARCH BAND OF CREEK INDIANS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5811 JACK SPRINGS RD.
 City ATMORE State AL Zip Code 36502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOVEREIGN NATION Occupation INDIAN TRIBE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2015
Transaction ID : INCA545
 Amount of Each Receipt this Period
 3150.00

B. . YOCHA DEHE WINTUN NATION
 Full Name (Last, First, Middle Initial)
 Mailing Address 18960 COUNTRY RD. 75A
 City Brooks State CA Zip Code 95606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INDIAN TRIBE Occupation SOVEREIGN NATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2015
Transaction ID : INCA544
 Amount of Each Receipt this Period
 2500.00

C. . BARONA BAND OF MISSION INDIANS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1095 BARONA RD.
 City LAKESIDE State CA Zip Code 92040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOVEREIGN NATION Occupation INDIAN TRIBE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2015
Transaction ID : INCA543
 Amount of Each Receipt this Period
 3000.00

SUBTOTAL of Receipts This Page (optional).....▶	8650.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
JEFF PAC

A. MORONGO BAND OF MISSION INDIAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 12700 PUMARRA DR.
 City BANNING State CA Zip Code 92220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOVEREIGN NATION Occupation INDIAN TRIBE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : INCA557
 Amount of Each Receipt this Period
 2500.00

B. MATCH-E-BE-NASH-SHE-WISH BAND
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. BOX 218
 City DORR State MI Zip Code 49323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOVEREIGN NATION Occupation INDIAN TRIBE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : INCA562
 Amount of Each Receipt this Period
 5000.00

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).....▶	7500.00
TOTAL This Period (last page this line number only).....▶	16150.00

**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 8 OF 18
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
JEFF PAC

Full Name (Last, First, Middle Initial)
A. OWNER OPERATOR INDEPENDENT DRIVERS ASSOC. PAC

Mailing Address P. O. BOX 1000

City State Zip Code
GRAIN VALLEY MO 64029

FEC ID number of contributing federal political committee. **C** C00236778

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 07 / 2015
Transaction ID : INCA541

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. SOUTHERN CO. EMPLOYEES PAC

Mailing Address 241 RALPH MCGILL BLVD. NE

City State Zip Code
ATLANTA GA 30308

FEC ID number of contributing federal political committee. **C** C00144774

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
12 / 07 / 2015
Transaction ID : INCA542

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. GENERAL ELECTRIC PAC

Mailing Address 1299 PENNSYLVANIA AVE. NW #900

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
12 / 11 / 2015
Transaction ID : INCA550

Amount of Each Receipt this Period
2500.00

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: (check only one)	PAGE 9 OF 18
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
JEFF PAC

Full Name (Last, First, Middle Initial) A. NEW YORK LIFE INSURANCE PAC		Date of Receipt
Mailing Address 51 MADISON AVE. RM. 1109		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City State Zip Code NEW YORK NY 10010		Transaction ID : INCA556
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00158881"/>		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) B. TUESDAY GROUP PAC		Date of Receipt
Mailing Address P. O. BOX 11586		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City State Zip Code WASHINGTON DC 20008		Transaction ID : INCA553
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00433060"/>		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	

Full Name (Last, First, Middle Initial) C. UNITED TRANSPORTATION UNION PAC		Date of Receipt
Mailing Address 24950 COUNTRY CLUB BLVD. #340		<input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City State Zip Code NORTH OLMSTED OH 44070		Transaction ID : INCA559
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00001636"/>		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="10000.00"/>
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 10 OF 18
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
JEFF PAC

A. NAT'L RESTAURANT ASSOC. PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 2055 L ST. NW
 City WASHINGTON State DC Zip Code 20036
 FEC ID number of contributing federal political committee. **C** C00003764
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : INCA558
 Amount of Each Receipt this Period
 2500.00

B. BNSF RAILPAC
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. BOX 961039
 City FT. WORTH State TX Zip Code 76161
 FEC ID number of contributing federal political committee. **C** C00235739
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : INCA565
 Amount of Each Receipt this Period
 1000.00

C. INT'L UNION OF OPERATING ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 1125 SEVENTEENTH ST. NORTHWEST
 City WASHINGTON State DC Zip Code 20036
 FEC ID number of contributing federal political committee. **C** C00029504
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : INCA564
 Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....▶	8500.00
TOTAL This Period (last page this line number only).....▶	22500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JEFF PAC

Full Name (Last, First, Middle Initial)

A. 814 CONSULTING LLC

Mailing Address 5827 COLFAX AVE.

City ALEXANDRIA State VA Zip Code 22311

Purpose of Disbursement
TRAVEL EXP., FUNDRAISING EVENTS

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB536

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address P. O. BOX 7221

City PASADENA State CA Zip Code 91109

Purpose of Disbursement
SHIPPING

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB538

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. JASON LARRABEE

Mailing Address 3204 STEPHENSON PL. NW

City WASHINGTON State DC Zip Code 20015

Purpose of Disbursement
CAMPAIGN CONSULTING

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB547

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JEFF PAC

Full Name (Last, First, Middle Initial)

A. CHASE CARDMEMBER SERVICES

Mailing Address P. O. BOX 94014

City PALATINE State IL Zip Code 60094

Purpose of Disbursement CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 11 / 2015

Transaction ID : EXPB549

Amount of Each Disbursement this Period: 4540.85

Category/Type: 003

Full Name (Last, First, Middle Initial)

B. SEAVEY VINEYARD

Mailing Address 1310 CONN VALLEY RD.

City ST. HELENA State CA Zip Code 94574

Purpose of Disbursement WINE FOR FUNDRAISER

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 11 / 2015

Transaction ID : EDTB242EXPB549

Amount of Each Disbursement this Period: 817.45

Category/Type: 003

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. THE MERITAGE RESORT

Mailing Address 875 BORDEAUX WAY

City NAPA State CA Zip Code 94558

Purpose of Disbursement FUNDRAISING EVENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 11 / 2015

Transaction ID : EDTB243EXPB549

Amount of Each Disbursement this Period: 1896.71

Category/Type: 003

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4540.85

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JEFF PAC

Full Name (Last, First, Middle Initial)

A. UNITED AIRLINES

Mailing Address AVIATION DR.

City STERLING State VA Zip Code 20166

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EDTB244EXPB549

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address AVIATION DR.

City STERLING State VA Zip Code 20166

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EDTB245EXPB549

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. COMFORT SUITES

Mailing Address 4822 E. WASHINGTON AVE.

City MADISON State WI Zip Code 53704

Purpose of Disbursement
LODGING

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EDTB246EXPB549

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JEFF PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address BOX 0001

City LOS ANGELES State CA Zip Code 90096

Purpose of Disbursement
CREDIT CARD PAYMENT

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 14 / 2015

Transaction ID : EXPB551

Amount of Each Disbursement this Period

3784.36

Full Name (Last, First, Middle Initial)

B. PEBBLE BEACH RESORTS

Mailing Address 1700 17 MILE DR.

City PEBBLE BEACH State CA Zip Code 93953

Purpose of Disbursement
LODGING

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 14 / 2015

Transaction ID : EDTB249EXPB551

Amount of Each Disbursement this Period

2320.51

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CHASE CARD SERVICES

Mailing Address P. O. BOX 15153

City WILMINGTON State DE Zip Code 19886

Purpose of Disbursement
CREDIT CARD PAYMENT

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 14 / 2015

Transaction ID : EXPB552

Amount of Each Disbursement this Period

270.56

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

4054.92

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JEFF PAC

Full Name (Last, First, Middle Initial)

A. AMTRAK

Mailing Address WWW.AMTRAK.COM

City State Zip Code
NA NA 00000

Purpose of Disbursement
RAILFARE

002
Category/
Type

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
12 / 14 / 2015

Transaction ID : EDTB248EXPB552

Amount of Each Disbursement this Period

252.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DAVID BAUER

Mailing Address 2150 RIVER PLAZA DR. #150

City State Zip Code
SACRAMENTO CA 95833

Purpose of Disbursement
ACCOUNTING SVC.

001
Category/
Type

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
12 / 22 / 2015

Transaction ID : EXPB561

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address P. O. BOX 7221

City State Zip Code
PASADENA CA 91109

Purpose of Disbursement
SHIPPING

001
Category/
Type

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
12 / 22 / 2015

Transaction ID : EXPB560

Amount of Each Disbursement this Period

59.20

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

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

359.20

22249.51

**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)
JEFF PAC

Full Name (Last, First, Middle Initial)

A. LOBIONDO FOR CONGRESS

Mailing Address P. O. BOX 550

City VINELAND State NJ Zip Code 08362

Purpose of Disbursement

011

Category/
Type

Candidate Name

FRANK LOBIONDO

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2015

Transaction ID : EXPB539

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MOOLENAAR FOR CONGRESS

Mailing Address 5915 EASTMAN AVE. #100

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement
DEBT RETIREMENT

011

Category/
Type

Candidate Name

JOHN MOOLENAAR

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2015

Transaction ID : EXPB540

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DAVID JOLLY

Mailing Address P. O. BOX 1158

City INDIAN ROCKS BEACH State FL Zip Code 33785

Purpose of Disbursement

011

Category/
Type

Candidate Name

DAVID JOLLY

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2015

Transaction ID : EXPB546

Amount of Each Disbursement this Period

5000.00

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

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

7000.00

**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)
JEFF PAC

Full Name (Last, First, Middle Initial)

A. HOOZIERS FOR ROKITA, INC.

Mailing Address 5802 OAK AVE.

City INDIANAPOLIS State IN Zip Code 46219

Purpose of Disbursement

011

Candidate Name
TODD ROKITA

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : EXPB554

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. JEB 2016, INC.

Mailing Address 9250 W. FLAGLER ST. #502

City MIAMI State FL Zip Code 33174

Purpose of Disbursement

011

Candidate Name
JOHN BUSH

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : EXPB555

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

7000.00

14000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
JEFF PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <p style="text-align: center; font-weight: bold; font-size: 1.2em;">814 CONSULTING LLC</p>	Nature of Debt (Purpose): TRAVEL EXP., FUNDRAISING EVENTS
Mailing Address 5827 COLFAX AVE.	
City State Zip Code ALEXANDRIA VA 22311	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; text-align: right;">11013.05</div>	Transaction ID : PAYD535	
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; text-align: right;">11013.05</div>	Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; height: 20px;"></div>		
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	Payment This Period <div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; height: 20px;"></div>		
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	Payment This Period <div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

1) SUBTOTALS This Period This Page (optional)..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
2) TOTALS This Period (last page this line number only)..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>