

# 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.   
**CMR Political Action Committee**

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 Robert F. Carlin

Signature of Treasurer Robert F. Carlin [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

**CMR Political Action Committee**

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

|  | COLUMN A<br>This Period               | COLUMN B<br>Calendar Year-to-Date      |
|--|---------------------------------------|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2014"/>  | <input type="text" value="61536.51"/> | <input type="text" value="61536.51"/>  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="51660.6"/>  |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="16500"/>    | <input type="text" value="321018.15"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="68160.6"/>  | <input type="text" value="382554.66"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="37526.97"/> | <input type="text" value="351921.03"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="30633.63"/> | <input type="text" value="30633.63"/>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0"/>        |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="0"/>        |  |

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

CMR Political Action Committee

Report Covering the Period: From: 08 / 01 / 2014 To: 08 / 31 / 2014

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 0                             | 44000                             |
| (ii) Unitemized .....   | 0                             | 300                               |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 0                             | 44300                             |
| (b) Political Party Committees .....  | 0                             | 0                                 |
| (c) Other Political Committees (such as PACs).....  | 16500                         | 263000                            |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 16500                         | 307300                            |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0                             | 13718.15                          |
| 13. All Loans Received .....  | 0                             | 0                                 |
| 14. Loan Repayments Received.....   | 0                             | 0                                 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0                             | 0                                 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0                             | 0                                 |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0                             | 0                                 |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 0                             | 0                                 |
| (b) Levin Funds (from Schedule H5) .....  | 0                             | 0                                 |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0                             | 0                                 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶                        | 16500                         | 321018.15                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 16500                         | 321018.15                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0                             | 0                                 |
| (ii) Non-Federal Share.....  | 0                             | 0                                 |
| (b) Other Federal Operating Expenditures .....   | 37526.97                      | 156921.03                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 37526.97                      | 156921.03                         |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0                             | 0                                 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0                             | 195000                            |
| 24. Independent Expenditures (use Schedule E) .....  | 0                             | 0                                 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0                             | 0                                 |
| 26. Loan Repayments Made.....  | 0                             | 0                                 |
| 27. Loans Made.....  | 0                             | 0                                 |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0                             | 0                                 |
| (b) Political Party Committees .....   | 0                             | 0                                 |
| (c) Other Political Committees (such as PACs).....   | 0                             | 0                                 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0                             | 0                                 |
| 29. Other Disbursements .....  | 0                             | 0                                 |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0                             | 0                                 |
| (ii) "Levin" Share.....  | 0                             | 0                                 |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0                             | 0                                 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0                             | 0                                 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 37526.97                      | 351921.03                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 37526.97                      | 351921.03                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 16500                         | 307300                            |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0                             | 0                                 |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 16500                         | 307300                            |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 37526.97                      | 156921.03                         |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0                             | 0                                 |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 37526.97                      | 156921.03                         |

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

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

NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. American Hospital Association PAC</b>  |   | Date of Receipt   |
| Mailing Address 325 7th Street NW<br>Suite 700  |   | <input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2014"/> |
| City Washington   | State DC  | Zip Code 20004-2801   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/> <input type="text" value="C00106146"/> | <b>Transaction ID : 839-1196-c</b>  |
| Name of Employer  | Occupation  | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="3500"/>         | <input type="text" value="2500"/>   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. General Electric Company Political Action Committee (GEPAC)</b>                |   | Date of Receipt   |
| Mailing Address 1299 Pennsylvania Avenue NW<br>Suite 900  |   | <input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> |
| City Washington   | State DC  | Zip Code 20004-2414   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/> <input type="text" value="C00024869"/> | <b>Transaction ID : 712-1195-c</b>  |
| Name of Employer  | Occupation  | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="5000"/>         | <input type="text" value="4000"/>   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. International Bottled Water Association Political Action Committee</b>         |   | Date of Receipt   |
| Mailing Address 1700 Diagonal Road<br>Suite 650   |   | <input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2014"/> |
| City Alexandria   | State VA  | Zip Code 22314-2864   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/> <input type="text" value="C00457226"/> | <b>Transaction ID : 971-1202-c</b>  |
| Name of Employer  | Occupation  | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="1000"/>         | <input type="text" value="1000"/>   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="7500.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text" value=""/>        |

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

|   |                              |   |   |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one)       | PAGE 7 OF 12  |
| <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)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Raytheon Company Political Action Committee**

Mailing Address 1100 Wilson Boulevard  
Suite 1500

City Arlington State VA Zip Code 22209-3900

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500

Date of Receipt  
08 / 12 / 2014  
**Transaction ID : 972-1203-c**

Amount of Each Receipt this Period  
2500

Full Name (Last, First, Middle Initial)  
**B. The Chubb Corporation Political Action Committee-CHUBBPAC**

Mailing Address 15 Mountainview Road

City Warren State NJ Zip Code 07059-6711

FEC ID number of contributing federal political committee. **C** C00229203

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000

Date of Receipt  
08 / 25 / 2014  
**Transaction ID : 973-1206-c**

Amount of Each Receipt this Period  
1000

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

Mailing Address 101 Constitution Avenue NW  
Suite 1000E

City Washington State DC Zip Code 20001-2171

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3500

Date of Receipt  
08 / 19 / 2014  
**Transaction ID : 742-1204-c**

Amount of Each Receipt this Period  
2500

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 6000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

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

FOR LINE NUMBER: PAGE 8 OF 12  
(check only one)

|                              |                              |   |                             |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Wal\*PAC, Wal-Mart Stores, Inc. PAC For Responsible Government**

Mailing Address 702 SW 8th Street

City Bentonville State AR Zip Code 72716-6209

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2014

**Transaction ID : 841-1205-c**

Amount of Each Receipt this Period  
3000

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

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3000.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 16500.00 |



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Berke Farah LLP**

Mailing Address 2101 L Street NW  
Suite 1000

City Washington State DC Zip Code 20037-1593

Purpose of Disbursement  
Legal Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B-963-1186-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Concentric Office, LLC**

Mailing Address 8136 Old Keene Mill Road  
Suite A300

City Springfield State VA Zip Code 22152-1853

Purpose of Disbursement  
Compliance Services

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B-37-1188-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Cosmos Club**

Mailing Address 2121 Massachusetts Avenue NW

City Washington State DC Zip Code 20008-3639

Purpose of Disbursement  
Facility Rental, Food & Beverage

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B-968-1197-e**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Media Town Marketing**

Mailing Address 664 Exceller Circle  
Newmarket

City Ontario State CA Zip Code 316

Purpose of Disbursement  
Fundraising: Online Fundraising

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 |
| 08    |   | 04    |   | 2014      |

Transaction ID : SB21B-516-1189-e

Amount of Each Disbursement this Period

|     |
|-----|
| 136 |
|-----|

**B. Party Rental Ltd.**

Mailing Address 275 North Street

City Teterboro State NJ Zip Code 07608-1201

Purpose of Disbursement  
Fundraising: Event Supplies

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 |
| 08    |   | 08    |   | 2014      |

Transaction ID : SB21B-966-1201-e

Amount of Each Disbursement this Period

|        |
|--------|
| 486.05 |
|--------|

**C. Polis Political Services, Inc.**

Mailing Address PO Box 11794

City Olympia State WA Zip Code 98508-1794

Purpose of Disbursement  
Fundraising: Fundraising 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 |
| 08    |   | 04    |   | 2014      |

Transaction ID : SB21B-708-1190-e

Amount of Each Disbursement this Period

|       |
|-------|
| 10000 |
|-------|

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

|          |
|----------|
| 10622.05 |
|----------|

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

|  |
|--|
|  |
|--|

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Praline Bakery & Bistro**

Mailing Address 4611 Sangamore Road  
Suite O

City Bethesda State MD Zip Code 20816-2572

Purpose of Disbursement  
Fundraising: Catering

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B-965-1192-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Praline Bakery & Bistro**

Mailing Address 4611 Sangamore Road  
Suite O

City Bethesda State MD Zip Code 20816-2572

Purpose of Disbursement  
Fundraising: Catering

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B-965-1198-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. The Catalyst Group RW, LLC**

Mailing Address 600 Pennsylvania Avenue SE  
Suite 330

City Washington State DC Zip Code 20003-6300

Purpose of Disbursement  
Fundraising: Fundraising Consulting

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B-50-1187-e**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dawn M Sugasa**

Mailing Address 1029 W First Avenue #201

City Spokane State WA Zip Code 99201

Purpose of Disbursement  
Fundraising: Fundraising Consulting

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B-108-1191-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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