

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

Treasure State PAC

ADDRESS (number and street) 3242 Cummins Way

Check if different than previously reported. (ACC) Missoula MT 59802

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00433680 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y 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

05 / 01 / 2015 through 05 / 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 Mick Mckeon

Signature of Treasurer Mick Mckeon [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y Y Y

06 / 20 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Treasure State 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"/>		54196.20
(b) Cash on Hand at Beginning of Reporting Period.....	62846.97	
(c) Total Receipts (from Line 19)	32032.84	203958.44
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	94879.81	258154.64
7. Total Disbursements (from Line 31).....	39587.67	202862.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	55292.14	55292.14
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Treasure State 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).....	1000.00	44000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1000.00	44000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	30000.00	158000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	31000.00	202000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	1032.84	1958.44
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))..... ▶	32032.84	203958.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	32032.84	203958.44

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	14587.67	95562.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	14587.67	95562.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	92000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1000.00
(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	1000.00
29. Other Disbursements	5000.00	14300.00
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)) ..	39587.67	202862.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39587.67	202862.50

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)	31000.00	202000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31000.00	201000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	14587.67	95562.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1032.84	1958.44
38. Net Operating Expenditures (subtract Line 37 from Line 36)	13554.83	93604.06

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

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

FOR LINE NUMBER: PAGE 6 OF 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Treasure State PAC

A. Sault Ste. Marie Tri of Chippewa Indians
 Full Name (Last, First, Middle Initial)
 Mailing Address 523 Ashmun St.
 Attn: Joseph Eitrem
 City Sault Sainte Marie State MI Zip Code 49783
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2015
Transaction ID : C10715564
 Amount of Each Receipt this Period
 1000.00

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

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

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

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

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

**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 7 OF 17
<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)
Treasure State PAC

Full Name (Last, First, Middle Initial)
A. Air Line Pilots Association PAC

Mailing Address 1625 Massachusetts Ave NW
FI 8

City Washington State DC Zip Code 20036-2212

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For: 2016
 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
05 / 20 / 2015

Transaction ID : C10715563

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. American Insurance Association PAC

Mailing Address 2101 L STREET, NW
SUITE 400

City WASHINGTON State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C** C00103143

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 05 / 2015

Transaction ID : C10710305

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. American Resort Development Association Resort Owners Coalition PAC

Mailing Address 1201 15th St NW
Ste 400

City Washington State DC Zip Code 20005-2899

FEC ID number of contributing federal political committee. **C** C00358663

Name of Employer Occupation

Receipt For: 2016
 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
05 / 31 / 2015

Transaction ID : C10725426

Amount of Each Receipt this Period
2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 17
<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)
Treasure State PAC

A. DEPOSITORY TRUST AND CLEARING CORPORATION PAC - DTCC PAC; THE

Full Name (Last, First, Middle Initial)
Mailing Address 1455 Pennsylvania Ave NW
Ste 725

City Washington State DC Zip Code 20004-1008

FEC ID number of contributing federal political committee. **C** C00497917

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
05 / 05 / 2015
Transaction ID : C10710306

Amount of Each Receipt this Period
2500.00

B. GRANT THORNTON LLP POLITICAL ACTION COMMITTEE LLC

Full Name (Last, First, Middle Initial)
Mailing Address 175 W Jackson Blvd
Ste 2000

City Chicago State IL Zip Code 60604-2615

FEC ID number of contributing federal political committee. **C** C00408260

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 29 / 2015
Transaction ID : C10726061

Amount of Each Receipt this Period
1000.00

c. Independent Community Bankers Political Action Com

Full Name (Last, First, Middle Initial)
Mailing Address 1615 L St NW
Ste 900

City Washington State DC Zip Code 20036-5623

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
05 / 05 / 2015
Transaction ID : C10710308

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).....▶	

**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 17
<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)
Treasure State PAC

A. KPMG PARTNERS/PRINCIPALS & EMPLOYEES PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 K STREET, NW
 City WASHINGTON State DC Zip Code 20006
 FEC ID number of contributing federal political committee. **C** C00280222
 Name of Employer Occupation
 Receipt For: 2016
 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
 05 / 05 / 2015
Transaction ID : C10710309
 Amount of Each Receipt this Period
 2500.00

B. MillerCoors LLC PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 M STREET NW SUITE 330
 City WASHINGTON State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C** C00457697
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2015
Transaction ID : C10710310
 Amount of Each Receipt this Period
 2000.00

c. Mortgage Bankers Association PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1717 RHODE ISLAND AVE NW SUITE 400
 City WASHINGTON State DC Zip Code 20036
 FEC ID number of contributing federal political committee. **C** C00004812
 Name of Employer Occupation
 Receipt For: 2016
 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
 05 / 05 / 2015
Transaction ID : C10710307
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	7000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 17
<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)
Treasure State PAC

Full Name (Last, First, Middle Initial)
A. REALOGY HOLDINGS CORPORATION PAC (REALOGY PAC)

Mailing Address 175 PARK AVENUE

City MADISON State NJ Zip Code 07940

FEC ID number of contributing federal political committee. **C** C00424218

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : C10714399

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. SANOFI US SERVICES INC. EMPLOYEES' POLITICAL ACTION COMMITTEE

Mailing Address 55 Corporate Dr

City Bridgewater State NJ Zip Code 08807-1265

FEC ID number of contributing federal political committee. **C** C00144345

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2015
Transaction ID : C10715565

Amount of Each Receipt this Period
 5000.00

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).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	30000.00

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

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

FOR LINE NUMBER: PAGE 11 OF 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Treasure State PAC

A. MONTANANS FOR TESTER
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1135
 City Helena State MT Zip Code 59624-1135
 FEC ID number of contributing federal political committee. **C** C00412304
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1032.84

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2015
Transaction ID : C10714398
 Amount of Each Receipt this Period
 1032.84
 Reimb-Airfare/Lodging

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	1032.84
TOTAL This Period (last page this line number only).....▶	1032.84

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA15

Transaction ID : C10714398

Holiday Inn Helena-\$399.24 Delta Airlines-\$633.60

Form/Schedule:

Transaction ID:

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)
Treasure State PAC

Full Name (Last, First, Middle Initial)

A. Campaign Compliance, Inc.

Mailing Address 3242 Cummins Way

City Missoula State MT Zip Code 59802-3222

Purpose of Disbursement
Accounting fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2015

Transaction ID : D760478

Amount of Each Disbursement this Period

3000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Chraca Friedman Group

Mailing Address 303 Massachusetts Avenue, NE
Ste 207

City Washington State DC Zip Code 20002

Purpose of Disbursement
PAC Fundraising consultant

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 27 / 2015

Transaction ID : D761726

Amount of Each Disbursement this Period

10000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. MasterCard

Mailing Address PO Box 31021

City Tampa State FL Zip Code 33631-3021

Purpose of Disbursement
Credit card payment(vendors that aggregate over \$200 listed below)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2015

Transaction ID : D760476

Amount of Each Disbursement this Period

6.50

Category/
Type

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

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

13006.50

**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)
Treasure State PAC

Full Name (Last, First, Middle Initial)

A. MasterCard

Mailing Address PO Box 31021

City Tampa State FL Zip Code 33631-3021

Purpose of Disbursement
Credit card payment(vendors that aggregate over \$200 listed below)

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : D760477

Amount of Each Disbursement this Period

1	5	7	9	.	7	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Cava Mezze

Mailing Address 527 8th St SE

City Washington State DC Zip Code 20003-2835

Purpose of Disbursement
PAC Catering/meals

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : D760484

Amount of Each Disbursement this Period

1	5	4	1	.	5	7
---	---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Campaign Compliance, Inc.

Mailing Address 3242 Cummins Way

City Missoula State MT Zip Code 59802-3222

Purpose of Disbursement
Reimbursement(Vendors that aggregate over \$200 listed below)

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	1	5		

Transaction ID : D760479

Amount of Each Disbursement this Period

1	.	4	7
---	---	---	---

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

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

1	5	8	1	.	1	7
---	---	---	---	---	---	---

1	4	5	8	.	7	6
---	---	---	---	---	---	---

**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)
Treasure State PAC

Full Name (Last, First, Middle Initial)

A. CATHERINE CORTEZ MASTO FOR SENATE

Mailing Address 8020 SOUTH RAINBOW BLVD #100-112

City LAS VEGAS State NV Zip Code 89139

Purpose of Disbursement
Contribution

Candidate Name

CATHERINE CORTEZ MASTO

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 26 / 2015

Transaction ID : D760482

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. CATHERINE CORTEZ MASTO FOR SENATE

Mailing Address 8020 SOUTH RAINBOW BLVD #100-112

City LAS VEGAS State NV Zip Code 89139

Purpose of Disbursement
Contribution

Candidate Name

CATHERINE CORTEZ MASTO

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 26 / 2015

Transaction ID : D760483

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. RUSS FOR WISCONSIN

Mailing Address PO BOX 620061

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement
Contribution

Candidate Name

RUSSELL DANA FEINGOLD

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2015

Transaction ID : D760485

Amount of Each Disbursement this Period

5000.00

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

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

15000.00

**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)
Treasure State PAC

A. RUSS FOR WISCONSIN

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 620061

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement Contribution

Candidate Name
RUSSELL DANA FEINGOLD

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement: 05 / 13 / 2015

Transaction ID : D760486

Amount of Each Disbursement this Period: 5000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

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)..... ▶ 5000.00

TOTAL This Period (last page this line number only)..... ▶ 20000.00

**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 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)
Treasure State PAC

Full Name (Last, First, Middle Initial)

A. Montana Conservation Voters

Mailing Address PO Box 474

City Livingston State MT Zip Code 59047

Purpose of Disbursement
Nonfederal contribution

Candidate Name

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
05 / 27 / 2015

Transaction ID : D760473

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

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

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

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)..... ▶

5000.00

5000.00