



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Ann 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="24167.32"/>	<input type="text" value="24167.32"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="55132.07"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2500.00"/>	<input type="text" value="90500.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="57632.07"/>	<input type="text" value="114667.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8392.92"/>	<input type="text" value="65428.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="49239.15"/>	<input type="text" value="49239.15"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

**Ann 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).....	0.00	33500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	33500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	57000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	2500.00	90500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	2500.00	90500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2500.00	90500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	8392.92	43428.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	8392.92	43428.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	22000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8392.92	65428.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8392.92	65428.17

**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) .....	2500.00	90500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2500.00	90500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	8392.92	43428.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	8392.92	43428.17

**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 11  
(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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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)  
**Ann PAC**

Full Name (Last, First, Middle Initial)  
**A. Association for Advanced Life Underwriting (AALU) PAC**

Mailing Address 11921 Freedom Drive, Suite 1100

City Reston	State VA	Zip Code 20190-5634
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FEC ID number of contributing federal political committee. **C** C00447565

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
10	/	09	/	2015

**Transaction ID : A493000E70EA5427092F**

Amount of Each Receipt this Period  
2500.00

Political Contribution

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2500.00

**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)  
**Ann PAC**

Full Name (Last, First, Middle Initial)

**A. Capital Enhancement, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Mailing Address 150 Long Rd  
Ste 50

**Transaction ID : BA1F5466B4DB046DF902**

City Chesterfield State MO Zip Code 63005-1239

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Administrative Consulting

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Aristotle International, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Mailing Address 205 Pennsylvania Ave SE

**Transaction ID : B60C470B2B01C47D38FE**

City Washington State DC Zip Code 20003-1164

Amount of Each Disbursement this Period

300.00
--------

Purpose of Disbursement  
Database Services

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Commerce Bank Credit Cards**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Mailing Address PO Box 808009

**Transaction ID : BDD38AD28C5FF47CB84E**

City Kansas City State MO Zip Code 64180-8009

Amount of Each Disbursement this Period

3927.92
---------

Purpose of Disbursement  
Credit Card Payment: See Below

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

4727.92
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**Ann PAC**

Full Name (Last, First, Middle Initial)

**A. 801 Chophouse**

Mailing Address 137 Carondelet Plaza

City State Zip Code  
Saint Louis MO 63105-3429

Purpose of Disbursement  
Political Meal

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : B94ADD314ABC64B7A816

Amount of Each Disbursement this Period

2781.80
---------

**[MEMO ITEM]**  
Political Meal

Full Name (Last, First, Middle Initial)

**B. Southwest Airlines**

Mailing Address 2702 Love Field Dr

City State Zip Code  
Dallas TX 75235-1908

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : B21D36EF0B68748C9AA8

Amount of Each Disbursement this Period

319.00
--------

**[MEMO ITEM]**  
Travel

Full Name (Last, First, Middle Initial)

**C. Southwest Airlines**

Mailing Address 2702 Love Field Dr

City State Zip Code  
Dallas TX 75235-1908

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : B98F6D64B2ADF4D82BED

Amount of Each Disbursement this Period

234.00
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**[MEMO ITEM]**  
Travel

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**Ann PAC**

Full Name (Last, First, Middle Initial)

**A. Delta Airlines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 24 / 2015

Transaction ID : B1E33D369A5984DB98DE

Amount of Each Disbursement this Period

9.00

[MEMO ITEM]  
Travel

Full Name (Last, First, Middle Initial)

**B. Delta Airlines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : B4307EB15373543609F7

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]  
Travel

Full Name (Last, First, Middle Initial)

**C. Delta Airlines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : BC6A980123D174E798D1

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]  
Travel

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

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

0.00

**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)  
**Ann PAC**

Full Name (Last, First, Middle Initial) <b>A. Renaissance Battle House</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 26 N. Royal Street		<b>Transaction ID : B4B811115C43E4455A40</b>
City Mobile	State AL	
Purpose of Disbursement Lodging		Amount of Each Disbursement this Period 131.04
Candidate Name		<b>[MEMO ITEM]</b> Lodging
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Renaissance Battle House</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 26 N. Royal Street		<b>Transaction ID : B39C6E86494434B17B6D</b>
City Mobile	State AL	
Purpose of Disbursement Lodging		Amount of Each Disbursement this Period 119.70
Candidate Name		<b>[MEMO ITEM]</b> Lodging
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Aristotle International, Inc.</b>		Date of Disbursement MM / DD / YYYY 10 / 16 / 2015
Mailing Address 205 Pennsylvania Ave SE		<b>Transaction ID : B21DAA856CEE945E8ADE</b>
City Washington	State DC	
Purpose of Disbursement Database Services		Amount of Each Disbursement this Period 300.00
Candidate Name		<b>[MEMO ITEM]</b> Lodging
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	300.00
<b>TOTAL</b> 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)  
**Ann PAC**

Full Name (Last, First, Middle Initial)

**A. Capital Enhancement, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2015

Mailing Address 150 Long Rd  
Ste 50

**Transaction ID : BECE1E8E1064249349E5**

City Chesterfield State MO Zip Code 63005-1239

Amount of Each Disbursement this Period

1200.00
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Purpose of Disbursement  
Fundraising Fee

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Gula Graham Group**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2015

Mailing Address 499 S Capitol St SW  
Ste 420

**Transaction ID : B3657831C927E4698BFC**

City Washington State DC Zip Code 20003-4027

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Fundraising Fee

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Gula Graham Group**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2015

Mailing Address 499 S Capitol St SW  
Ste 420

**Transaction ID : B486A488C93A0423AA03**

City Washington State DC Zip Code 20003-4027

Amount of Each Disbursement this Period

165.00
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Purpose of Disbursement  
Fundraising Expense Reimbursement

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

3365.00
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**TOTAL** This Period (last page this line number only)..... ▶

8392.92
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