

# 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

Lank PAC

ADDRESS (number and street) PO Box 1639

Check if different than previously reported. (ACC) Bethany OK 73008

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

C C00492058

3. IS THIS REPORT NEW (N) OR AMENDED (A)  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 07 / 01 / 2015 through 12 / 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 Mrs. Terri L. Miller

Signature of Treasurer Mrs. Terri L. Miller [Electronically Filed] Date 08 / 17 / 2016

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

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Lank 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="77510.28"/>	<input type="text" value="77510.28"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="77014.51"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="106010.00"/>	<input type="text" value="145305.00"/>
(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="183024.51"/>	<input type="text" value="222815.28"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="60000.66"/>	<input type="text" value="99791.43"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="123023.85"/>	<input type="text" value="123023.85"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value=".00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value=".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)

Page 3

Write or Type Committee Name

**Lank PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y Y 12 / 31 / 2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	78300.00	106300.00
(ii) Unitemized .....	1710.00	2005.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	80010.00	108305.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs).....	26000.00	37000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	106010.00	145305.00
12. Transfers From Affiliated/Other Party Committees.....	.00	.00
13. All Loans Received .....	.00	.00
14. Loan Repayments Received.....	.00	.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	.00	.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	.00	.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	.00	.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	.00	.00
(b) Levin Funds (from Schedule H5) .....	.00	.00
(c) Total Transfers (add 18(a) and 18(b))..	.00	.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	106010.00	145305.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	106010.00	145305.00

**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 .....	.00	.00
(ii) Non-Federal Share.....	.00	.00
(b) Other Federal Operating Expenditures .....	7300.66	9591.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	7300.66	9591.43
22. Transfers to Affiliated/Other Party Committees.....	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50000.00	80000.00
24. Independent Expenditures (use Schedule E) .....	.00	.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	.00	.00
26. Loan Repayments Made.....	.00	.00
27. Loans Made.....	.00	.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	2700.00	2700.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs).....	.00	.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	2700.00	2700.00
29. Other Disbursements .....	.00	7500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	.00	.00
(ii) "Levin" Share.....	.00	.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	.00	.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	.00	.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	60000.66	99791.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60000.66	99791.43

**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) .....	106010.00	145305.00
34. Total Contribution Refunds (from Line 28(d)) .....	2700.00	2700.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	103310.00	142605.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	7300.66	9591.43
37. Offsets to Operating Expenditures (from Line 15, page 3).....	.00	.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	7300.66	9591.43

**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 40
	<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)  
**Lank PAC**

**A. Mr. Trevor L Ahlberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4725 Windsor Ridge Dr  
 City Irving State TX Zip Code 75038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cottonwood Financial Occupation CEO  
 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  
 07 / 31 / 2015  
**Transaction ID : SA11Ai-CN1242**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Mr. Sam Barrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 805 W Main  
 City Marietta State OK Zip Code 73448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Farm Bureau Occupation Insurance Agent  
 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  
 07 / 31 / 2015  
**Transaction ID : SA11Ai-CN1210**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Roger Beverage**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1908 Oak Valley Terr  
 City Edmond State OK Zip Code 73025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oklahoma Bankers Association Occupation President  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 11 / 2015  
**Transaction ID : SA11Ai-CN1254**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 This transaction has been approved.[54432P]7429390780

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<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: (check only one)	PAGE 7 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Lank PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Robert Bramlett**

Mailing Address 1900 Cloverleaf Pl

City Ardmore State OK Zip Code 73401

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

Name of Employer The Bramlett Agency Occupation Insurance

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2015

**Transaction ID : SA11Ai-CN1192**

Amount of Each Receipt this Period  
1000.00

Memo Item

This transaction has been approved. |00285C|7391844892

Full Name (Last, First, Middle Initial)  
**B. Mr. Bill K Brewster**

Mailing Address PO Box 368

City Marietta State OK Zip Code 73448

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

Name of Employer Capital Hill Group Occupation Chairman & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2015

**Transaction ID : SA11Ai-CN1207**

Amount of Each Receipt this Period  
2000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**c. Mr. Joe David Burrage**

Mailing Address 160 W Chicken Fight Rd

City Atoka State OK Zip Code 74525

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

Name of Employer First Bank Occupation CEO/President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 07 / 2015

**Transaction ID : SA11Ai-CN1250**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<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 40
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Lank PAC**

**A. Mr. Colin Chapman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 820 Ridge Crest

City Ardmore	State OK	Zip Code 73401
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Self
--------------------------	--------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

**Transaction ID : SA11Ai-CN1238**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Mr. Fred Chapman Jr**  
Full Name (Last, First, Middle Initial)  
Mailing Address 711 Bixby St

City Ardmore	State OK	Zip Code 73401
-----------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

**Transaction ID : SA11Ai-CN1238**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Mr. Ian B Chapman**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1425

City Ardmore	State OK	Zip Code 73402
-----------------	-------------	-------------------

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

Name of Employer Self	Occupation Rancher
--------------------------	-----------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

**Transaction ID : SA11Ai-CN1237**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<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: (check only one)	PAGE 9 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Lank PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Scott Chapman**

Mailing Address **PO Box 1425**

City **Ardmore** State **OK** Zip Code **73402**

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

Name of Employer **Self** Occupation **Energy**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : SA11Ai-CN1236**

Amount of Each Receipt this Period **250.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Mr. William C Chapman**

Mailing Address **PO Box 1425**

City **Ardmore** State **OK** Zip Code **73402**

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

Name of Employer **Retired** Occupation **Farmer/Rancher**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : SA11Ai-CN1234**

Amount of Each Receipt this Period **1000.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Mrs. Elloine M. Clark**

Mailing Address **3716 Maplewood**

City **Dallas** State **TX** Zip Code **75205**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2700.00**

Date of Receipt **07 / 28 / 2015**

**Transaction ID : SA11Ai-CN1191**

Amount of Each Receipt this Period **2700.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **3950.00**

**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 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Lank PAC**

**A. Mrs. Elloine M. Clark**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3716 Maplewood  
 City Dallas State TX Zip Code 75205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For: 2016  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2015  
**Transaction ID : SA11Ai-CN1266**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**B. Mr. Tom C Coble**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 717 Franklin Dr  
 City Ardmore State OK Zip Code 73401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Elmbrook Management Co Occupation Administrator  
 Receipt For: 2016  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : SA11Ai-CN1229**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**C. Mrs. Margo Connell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 809 N County Line Rd  
 City Mustang State OK Zip Code 73064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For: 2016  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2015  
**Transaction ID : SA11Ai-CN1190**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 This transaction has been approved. |08717D|7386744944

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7750.00
<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 11 OF 40
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Lank PAC**

**A. Mrs. Ann M. Davis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1504 Turtlecreek

City Edmond	State OK	Zip Code 73013
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FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker	Occupation Homemaker
-------------------------------	-------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

**Transaction ID : SA11Ai-CN1265**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Mr. Joe Bob Drake**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1030 E Ellis Ave

City Davis	State OK	Zip Code 73030
---------------	-------------	-------------------

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

Name of Employer Drake Farms	Occupation Rancher
---------------------------------	-----------------------

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
07		31		2015

**Transaction ID : SA11Ai-CN1213**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Mrs. Evelyn Kay Dudley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 825 Prairie Dunes Way

City Edmond	State OK	Zip Code 73003
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2015

**Transaction ID : SA11Ai-CN1246**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<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: (check only one)	PAGE 12 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Lank PAC**

**A. Mr. Carl E Edwards Jr**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2925 Regency Ct  
City Oklahoma City State OK Zip Code 73120  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Price Edwards & Co. Occupation Commercial Real Estate  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 25 / 2015  
**Transaction ID : SA11Ai-CN1259**  
Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Mrs. Kathy A Franklin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1023 Oak Dr  
City Sulphur State OK Zip Code 73086  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Arbuckle Dental Occupation Business Manager  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 31 / 2015  
**Transaction ID : SA11Ai-CN1212**  
Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Ms. Josephine Freede**  
Full Name (Last, First, Middle Initial)  
Mailing Address 316 NW 39th St  
City Oklahoma City State OK Zip Code 73118  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Housewife Occupation Housewife  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 01 / 2015  
**Transaction ID : SA11Ai-CN1261**  
Amount of Each Receipt this Period 2500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3500.00  
**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 13 OF 40
	<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)  
**Lank PAC**

**A. Mrs. Leigh Haydis Gaddis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1530 Arlington St  
 City State Zip Code  
 Ada OK 74820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Financial Advisor  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : SA11Ai-CN1244**  
 Amount of Each Receipt this Period  
 350.00  
 Memo Item

**B. Mr. Roger Gaddis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1530 Arlington St  
 City State Zip Code  
 Ada OK 74820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Financial Advisor  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : SA11Ai-CN1243**  
 Amount of Each Receipt this Period  
 350.00  
 Memo Item

**C. Mr. John D Gibbs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 807 Wood N Creek Rd  
 City State Zip Code  
 Ardmore OK 73401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Tri Power Resources President  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2015  
**Transaction ID : SA11Ai-CN1187**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<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: (check only one)	PAGE 14 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Lank PAC**

**A. Mr. Marlin Ike Ike Glass Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 E 6th St  
 City Newkirk State OK Zip Code 74647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Glass Trucking Occupation CEO  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 22 / 2015  
**Transaction ID : SA11Ai-CN1188**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Mr. James R. Hamby**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 405 N Crownpoint Dr  
 City Ada State OK Zip Code 74820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vision Bank Occupation Banker  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 20 / 2015  
**Transaction ID : SA11Ai-CN1181**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 This transaction has been approved.|72772P|7367200176

**C. Ms. Dorothy Harber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 366 Neva Ln  
 City Denison State TX Zip Code 75020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Self  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 31 / 2015  
**Transaction ID : SA11Ai-CN1220**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<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: (check only one)	PAGE 15 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Lank PAC**

**A. Mr. James M Harber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 186 Fossil Ridge Dr  
 City Denison State TX Zip Code 75020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Marina Owner/Operator  
 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  
 08 / 03 / 2015  
**Transaction ID : SA11Ai-CN1199**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
 This transaction has been approved. |29394C|7407364026

**B. Ms. Lacy Harber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 377 Neva Ln  
 City Denison State TX Zip Code 75020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Self  
 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  
 07 / 31 / 2015  
**Transaction ID : SA11Ai-CN1219**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Mr. Charles W Harrison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1815 N Hudson Ave  
 City Oklahoma City State OK Zip Code 73103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harrison Gypsum Co Occupation CEO  
 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  
 07 / 15 / 2015  
**Transaction ID : SA11Ai-CN1183**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<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: (check only one)	PAGE 16 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Lank PAC**

**A. Ms. Leslie Sue Healey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4991 Healey Rd  
 City State Zip Code  
 Davis OK 73030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Ranch/Oil & Gas  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : SA11Ai-CN1226**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Mr. Jay Loy Helm**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3134 E 67th St  
 City State Zip Code  
 Tulsa OK 74136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Residential Group President  
 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  
 10 / 13 / 2015  
**Transaction ID : SA11Ai-CN1264**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**C. Mrs. Virginia Higle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8688 SH 77S  
 City State Zip Code  
 Marietta OK 73448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Author  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : SA11Ai-CN1214**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5750.00
<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: (check only one)	PAGE 17 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Lank PAC**

**A. Mrs. Donna L Hughes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 118 Country Club Rd  
City Ardmore State OK Zip Code 73401  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015  
**Transaction ID : SA11Ai-CN1218**  
Amount of Each Receipt this Period  
250.00  
 Memo Item

**B. Mr. Robert V Hughes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 118 Country Club Rd  
City Ardmore State OK Zip Code 73401  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Dentist  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015  
**Transaction ID : SA11Ai-CN1217**  
Amount of Each Receipt this Period  
250.00  
 Memo Item

**C. Mr. John Charles Jeffrey**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 224851  
City Dallas State TX Zip Code 75222  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Burt Barr & Associates LLP Occupation Office Administration  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015  
**Transaction ID : SA11Ai-CN1239**  
Amount of Each Receipt this Period  
500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**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 18 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Lank PAC**

**A. Mr. J Calvin Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14024 Quail Pointe Dr  
City Oklahoma City State OK Zip Code 73134  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Best Efforts Occupation Best Efforts  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 31 / 2015  
**Transaction ID : SA11Ai-CN1241**  
Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Casey H Killblane**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4864 Healey Rd  
City Davis State OK Zip Code 73030  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Oil & Gas  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 31 / 2015  
**Transaction ID : SA11Ai-CN1225**  
Amount of Each Receipt this Period 250.00  
 Memo Item

**c. Mr. Billy George Lance**  
Full Name (Last, First, Middle Initial)  
Mailing Address 608 W Tulsa St  
City Sulphur State OK Zip Code 73086  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Chickasaw Nation Occupation Secretary Of Commerce  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 31 / 2015  
**Transaction ID : SA11Ai-CN1228**  
Amount of Each Receipt this Period 2500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3750.00  
**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 19 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Lank PAC**

**A. Mr. Dan Vincent Little**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 Brookside Dr  
 City Madill State OK Zip Code 73446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Little Law Firm Occupation Attorney  
 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  
 07 / 31 / 2015  
**Transaction ID : SA11Ai-CN1216**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Mr. Jud Little**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1509  
 City Ardmore State OK Zip Code 73402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Quintin Little Co Occupation President/CEO  
 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  
 07 / 31 / 2015  
**Transaction ID : SA11Ai-CN1196**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Mr. Frank C Love IV**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 24540  
 City Oklahoma City State OK Zip Code 73126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Loves Travel Stops Occupation CO/CEO  
 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  
 08 / 08 / 2015  
**Transaction ID : SA11Ai-CN1252**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<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: (check only one)	PAGE 20 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Lank PAC**

**A. Mr. Greg Love**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10601 N Pennsylvania Ave  
City Oklahoma City State OK Zip Code 73120  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Love's Travel Stops Occupation CO/CEO  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 08 / 2015  
**Transaction ID : SA11Ai-CN1253**  
Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Mr. Thomas E Love**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6824 NW Grand Blvd  
City Oklahoma City State OK Zip Code 73116  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Loves Travel Stops Occupation Executive Chairman  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 08 / 2015  
**Transaction ID : SA11Ai-CN1251**  
Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Mr. Edmund O Martin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1916 Worthington Ln  
City Edmond State OK Zip Code 73013  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ackerman McQueen Occupation Chairman  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 31 / 2015  
**Transaction ID : SA11Ai-CN1205**  
Amount of Each Receipt this Period 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00  
**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 21 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Lank PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Max L Mason**

Mailing Address 7916 S New Haven Ave

City State Zip Code  
Tulsa OK 74136

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

Name of Employer Occupation  
Raymond James Financial Advisor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2015

**Transaction ID : SA11Ai-CN1267**

Amount of Each Receipt this Period  
500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Mr. John Massey**

Mailing Address 3614 Berne Blvd

City State Zip Code  
Durant OK 74701

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

Name of Employer Occupation  
First United Bank Banker

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  
08 / 03 / 2015

**Transaction ID : SA11Ai-CN1247**

Amount of Each Receipt this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Mr. Neal A McCaleb**

Mailing Address 2905 Broken Bow Rd

City State Zip Code  
Edmond OK 73013

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

Name of Employer Occupation  
Self Civil Engineer

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  
07 / 31 / 2015

**Transaction ID : SA11Ai-CN1227**

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00

**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 22 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Lank PAC**

**A. Mr. Robert G McCampbell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6616 N Hillcrest Ave  
 City Oklahoma City State OK Zip Code 73116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fellers Snider Occupation Lawyer  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : SA11Ai-CN1184**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Mr. John G McGill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6281 N Waterplant Rd  
 City Marlow State OK Zip Code 73055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ECH Corporation Occupation Contractor  
 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  
 07 / 21 / 2015  
**Transaction ID : SA11Ai-CN1185**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Mr. Kermit McKinney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 E Chickasaw St  
 City Marietta State OK Zip Code 73448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Chaston Oil & Gas LLC Occupation Engineer  
 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  
 08 / 03 / 2015  
**Transaction ID : SA11Ai-CN1194**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 This transaction has been approved. |92764C|7406499291

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<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: (check only one)	PAGE 23 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Lank PAC**

**A. Jennifer Meyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6919 Avondale Ct  
 City Oklahoma City State OK Zip Code 73116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Loves Travel Stops Occupation VP Of Communications  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 11 / 2015  
**Transaction ID : SA11Ai-CN1255**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 This transaction has been approved. |124180|7429399228

**B. Ms. Belinda Morris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1865  
 City Lone Grove State OK Zip Code 73443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ruth Young Travel Service Occupation Travel Agent  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 31 / 2015  
**Transaction ID : SA11Ai-CN1235**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. The Cherokee Nation**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 948  
 City Tahlequah State OK Zip Code 74465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Indian Tribe Occupation Indian Tribe  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 12 / 21 / 2015  
**Transaction ID : SA11Ai-CN1271**  
 Amount of Each Receipt this Period 2600.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3850.00
<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: (check only one)	PAGE 24 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Lank PAC**

Full Name (Last, First, Middle Initial)  
**A. The Chickasaw Nation**

Mailing Address **PO Box 1548**

City **Ada** State **OK** Zip Code **74821**

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

Name of Employer **Indian Tribe** Occupation **Indian Tribe**

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  
**09 / 18 / 2015**

**Transaction ID : SA11Ai-CN1262**

Amount of Each Receipt this Period  
**2500.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. The Osage Nation**

Mailing Address **Office of the Chiefs  
PO Box 779**

City **Pawhuska** State **OK** Zip Code **74056**

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

Name of Employer **Indian Tribe** Occupation **Indian Tribe**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : SA11Ai-CN1263**

Amount of Each Receipt this Period  
**800.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Choctaw Nation Of Oklahoma**

Mailing Address **PO Box 1550**

City **Durant** State **OK** Zip Code **74702**

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

Name of Employer **Indian Tribe** Occupation **Indian Tribe**

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  
**07 / 30 / 2015**

**Transaction ID : SA11Ai-CN1195**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>4300.00</b>
<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: (check only one)	PAGE 25 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Lank PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Greg A Piatt**

Mailing Address 701 Blue Sage Rd

City Ardmore State OK Zip Code 73401

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

Name of Employer Occupation  
GAP Consulting Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : SA11Ai-CN1224**

Amount of Each Receipt this Period  
500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Mr. Gary L Porter**

Mailing Address PO Box 128

City Ardmore State OK Zip Code 73402

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

Name of Employer Occupation  
LTC Mgt Co SNF Nursing Home

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
08 / 03 / 2015  
**Transaction ID : SA11Ai-CN1200**

Amount of Each Receipt this Period  
1000.00

Memo Item

This transaction has been approved. |101752|7407373893

Full Name (Last, First, Middle Initial)  
**C. Mr. Brad Reeser**

Mailing Address 10 E Campbell

City Edmond State OK Zip Code 73034

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

Name of Employer Occupation  
Keller Williams Real Estate

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : SA11Ai-CN1232**

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00

**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 26 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Lank PAC**

**A. Mr. Dustin P Rowe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 502 E 9th St  
 City Tishomingo State OK Zip Code 73460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Attorney  
 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  
 07 / 21 / 2015  
**Transaction ID : SA11Ai-CN1186**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Mr. Frank L Simpson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 720 Deer Creek Rd  
 City Ardmore State OK Zip Code 73401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OK Senate Occupation State Senator  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : SA11Ai-CN1198**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 This transaction has been approved. |117158|7407355245

**C. Mr. James Sorrells**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1903 S Arkansas Ave  
 City Russellville State AR Zip Code 72801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer XTO Energy Inc Occupation President  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : SA11Ai-CN1209**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<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: (check only one)	PAGE 27 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Lank PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Kenneth Walker**

Mailing Address 2820 Ridgeway St

City Ardmore State OK Zip Code 73401

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

Name of Employer Blue River Healthcare Occupation Nursing Home Owner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
08 / 17 / 2015  
**Transaction ID : SA11Ai-CN1257**

Amount of Each Receipt this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Mr. Llewellyn O Ward III**

Mailing Address 900 Brookside Dr

City Enid State OK Zip Code 73703

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

Name of Employer Ward Petroleum Occupation Oil & Gas Producer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
07 / 15 / 2015  
**Transaction ID : SA11Ai-CN1182**

Amount of Each Receipt this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Mrs. Myra B. Ward**

Mailing Address 900 Brookside Dr

City Enid State OK Zip Code 73703

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

Name of Employer Self Occupation Oil & Gas

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
07 / 01 / 2015  
**Transaction ID : SA11Ai-CN1180**

Amount of Each Receipt this Period  
5000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 11000.00

**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:	PAGE 28 OF 40
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Lank PAC**

**A. Mr. Glen Winters**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15910 S Cr 209

City Altus	State OK	Zip Code 73521
---------------	-------------	-------------------

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

Name of Employer Farm Bureau	Occupation Insurance Agent
---------------------------------	-------------------------------

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  
07 / 31 / 2015

**Transaction ID : SA11Ai-CN1211**

Amount of Each Receipt this Period  
1000.00

Memo Item

**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

Memo Item

**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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	78300.00

**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 29 OF 40
<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)  
**Lank PAC**

Full Name (Last, First, Middle Initial)  
**A. Ace Cash Express Inc. PAC**

Mailing Address 1231 Greenway Drive Suite #600

City	State	Zip Code
Irving	TX	75038

FEC ID number of contributing federal political committee. **C** C00392290

Name of Employer	Occupation
None	Political Action Committee

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  
 07 / 31 / 2015  
**Transaction ID : SA11C-CN1240**

Amount of Each Receipt this Period  
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. American Health Care Association PAC**

Mailing Address 1201 L Street NW

City	State	Zip Code
Washington	DC	20005

FEC ID number of contributing federal political committee. **C** C00006080

Name of Employer	Occupation
None	Political Action Committee

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  
 07 / 31 / 2015  
**Transaction ID : SA11C-CN1231**

Amount of Each Receipt this Period  
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**c. Cox Enterprises PAC (COXPAC)**

Mailing Address 975 F St NW Suite 300

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing federal political committee. **C** C00477653

Name of Employer	Occupation
None	Political Action Committee

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  
 08 / 25 / 2015  
**Transaction ID : SA11C-CN1258**

Amount of Each Receipt this Period  
 5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7000.00
<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: (check only one)	PAGE 30 OF 40
<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)  
**Lank PAC**

**A. Ernst & Young PAC**

Full Name (Last, First, Middle Initial)  
Ernst & Young PAC

Mailing Address 1101 New York Ave NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00227744

Name of Employer Occupation  
None Political Action Committee

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11C-CN1273**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. Federal Express PAC**

Full Name (Last, First, Middle Initial)  
Federal Express PAC

Mailing Address 942 S Shady Grove Rd 1st Floor

City Memphis State TN Zip Code 38120

FEC ID number of contributing federal political committee. **C** C00068692

Name of Employer Occupation  
None Political Action Committee

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11C-CN1272**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C. Honeywell International PAC**

Full Name (Last, First, Middle Initial)  
Honeywell International PAC

Mailing Address 101 Constitution Ave. NW  
Ste 500 W

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation  
None Political Action Committee

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
12 / 11 / 2015  
**Transaction ID : SA11C-CN1269**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12500.00
<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: (check only one)	PAGE 31 OF 40
<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)  
**Lank PAC**

**A. Koch Industries Inc PAC (KOCHPAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 14th Street NW Suite 800  
 City Washington State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C** C00236489  
 Name of Employer Political Action Committee Occupation PAC  
 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  
 12 / 17 / 2015  
**Transaction ID : SA11C-CN1270**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**B. United Parcel Service PAC (UPSPAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 Glenlake Pkwy NE  
 City Atlanta State GA Zip Code 30328  
 FEC ID number of contributing federal political committee. **C** C00064766  
 Name of Employer None Occupation Political Action Committee  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2015  
**Transaction ID : SA11C-CN1249**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

**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 M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	26000.00

**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)  
**Lank PAC**

Full Name (Last, First, Middle Initial)

**A. Advocate Merchant Solutions Inc.**

Mailing Address 8477 Fishers Center Drive

City Fishers State IN Zip Code 46038

Purpose of Disbursement  
Credit Card Fees for June

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21b-EX160**

Amount of Each Disbursement this Period

Memo Item  
Credit Card Fees for June

Full Name (Last, First, Middle Initial)

**B. Advocate Merchant Solutions Inc.**

Mailing Address 8477 Fishers Center Drive

City Fishers State IN Zip Code 46038

Purpose of Disbursement  
Credit Card Fees for July

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21b-EX167**

Amount of Each Disbursement this Period

Memo Item  
Credit Card Fees for July

Full Name (Last, First, Middle Initial)

**C. Advocate Merchant Solutions Inc.**

Mailing Address 8477 Fishers Center Drive

City Fishers State IN Zip Code 46038

Purpose of Disbursement  
Credit Card Fees for August

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21b-EX169**

Amount of Each Disbursement this Period

Memo Item  
Credit Card Fees for August

**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)  
**Lank PAC**

Full Name (Last, First, Middle Initial)

**A. Advocate Merchant Solutions Inc.**

Mailing Address 8477 Fishers Center Drive

City Fishers State IN Zip Code 46038

Purpose of Disbursement  
Credit Card Fee for September

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21b-EX180**

Amount of Each Disbursement this Period

Memo Item  
Credit Card Fee for September

Full Name (Last, First, Middle Initial)

**B. Advocate Merchant Solutions Inc.**

Mailing Address 8477 Fishers Center Drive

City Fishers State IN Zip Code 46038

Purpose of Disbursement  
Credit Card Fees for October

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21b-EX182**

Amount of Each Disbursement this Period

Memo Item  
Credit Card Fees for October

Full Name (Last, First, Middle Initial)

**C. Advocate Merchant Solutions Inc.**

Mailing Address 8477 Fishers Center Drive

City Fishers State IN Zip Code 46038

Purpose of Disbursement  
Credit Card Fees for November

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21b-EX188**

Amount of Each Disbursement this Period

Memo Item  
Credit Card Fees for November

**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)

**Lank PAC**

Full Name (Last, First, Middle Initial)

**A. GoDaddy.com**

Mailing Address 14455 N Hayden Rd Suite 219

City State Zip Code  
Scottsdale AZ 85260

Purpose of Disbursement  
Purchase domain names

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 10 / 2015

Transaction ID : SB21b-EX161

Amount of Each Disbursement this Period

636.83

Memo Item  
Purchase domain names

Full Name (Last, First, Middle Initial)

**B. Sooner Mailing Service Inc.**

Mailing Address 1216 NW 3rd St

City State Zip Code  
Oklahoma City OK 73106

Purpose of Disbursement  
Mailing Service

007

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 20 / 2015

Transaction ID : SB21b-EX162

Amount of Each Disbursement this Period

493.23

Memo Item  
Mailing Service

Full Name (Last, First, Middle Initial)

**C. CampaignHQ**

Mailing Address PO Box 257

City State Zip Code  
Brooklyn IA 52211

Purpose of Disbursement  
Gather RSVP to event

007

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2015

Transaction ID : SB21b-EX163

Amount of Each Disbursement this Period

250.00

Memo Item  
Gather RSVP to event

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

1380.06

**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)  
**Lank PAC**

Full Name (Last, First, Middle Initial)

**A. BGCO**

Mailing Address 3800 N May Avenue

City Oklahoma City State OK Zip Code 73112

Purpose of Disbursement  
Printing Services

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21b-EX166**

Amount of Each Disbursement this Period

Memo Item  
Printing Services

Full Name (Last, First, Middle Initial)

**B. Tower Aviation Management LLC**

Mailing Address 6012 Aviation Drive Suite 216

City Pflugerville State TX Zip Code 78660

Purpose of Disbursement  
Travel expenses

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21b-EX172**

Amount of Each Disbursement this Period

Memo Item  
Travel expenses

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

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 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)  
**Lank PAC**

Full Name (Last, First, Middle Initial) <b>A. Lisa Murkowski For US Senate</b>		Date of Disbursement MM / DD / YYYY 12 / 18 / 2015
Mailing Address PO Box 100847		<b>Transaction ID : SB23-EX186</b>
City Anchorage State AK Zip Code 99510	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Contribution	Category/Type 011	<input type="checkbox"/> Memo Item Contribution
Candidate Name <b>Lisa Murkowski</b>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District:		

Full Name (Last, First, Middle Initial) <b>B. Lisa Murkowski For US Senate</b>		Date of Disbursement MM / DD / YYYY 12 / 18 / 2015
Mailing Address PO Box 100847		<b>Transaction ID : SB23-EX187</b>
City Anchorage State AK Zip Code 99510	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Contribution	Category/Type 011	<input type="checkbox"/> Memo Item Contribution
Candidate Name <b>Lisa Murkowski</b>	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District:		

Full Name (Last, First, Middle Initial) <b>C. Georgians For Isakson</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address PO Box 250116		<b>Transaction ID : SB23-EX177</b>
City Atlanta State GA Zip Code 30325	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Contribution	Category/Type 011	<input type="checkbox"/> Memo Item Contribution
Candidate Name <b>Mr. Johnny H Isakson</b>	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	12500.00
<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 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)

**Lank PAC**

Full Name (Last, First, Middle Initial)

**A. The Richard Burr Committee**

Mailing Address PO Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Richard Burr**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2015

**Transaction ID : SB23-EX179**

Amount of Each Disbursement this Period

5000.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Portman For Senate Committee**

Mailing Address 9856 Archer Ln

City Dublin State OH Zip Code 43017

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Rob Portman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2015

**Transaction ID : SB23-EX173**

Amount of Each Disbursement this Period

5000.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Mike Crapo For US Senate**

Mailing Address PO Box 1948

City Boise State ID Zip Code 83701

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Michael D Crapo**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: ID District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2015

**Transaction ID : SB23-EX175**

Amount of Each Disbursement this Period

5000.00

Memo Item  
Contribution

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

15000.00

**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 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)  
**Lank PAC**

Full Name (Last, First, Middle Initial) <b>A. Grassley Committee Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address PO Box 1000		Transaction ID : <b>SB23-EX174</b>  Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Memo Item Contribution
City Des Moines	State IA	
Zip Code 50304	Category/ Type 011	
Purpose of Disbursement Contribution		
Candidate Name <b>Charles E Grassley</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: IA District:	

Full Name (Last, First, Middle Initial) <b>B. Friends Of Pat Toomey</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 228 S Washington St Ste 115		Transaction ID : <b>SB23-EX176</b>  Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Memo Item Contribution
City Alexandria	State VA	
Zip Code 22314	Category/ Type 011	
Purpose of Disbursement Contribution		
Candidate Name <b>Patrick Joseph Toomey</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: PA District:	

Full Name (Last, First, Middle Initial) <b>C. Friends Of Roy Blunt</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address PO Box 10178		Transaction ID : <b>SB23-EX178</b>  Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Memo Item Contribution
City Columbia	State MO	
Zip Code 65205	Category/ Type 011	
Purpose of Disbursement Contribution		
Candidate Name <b>Roy Blunt</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: MO District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15000.00
<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 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)  
**Lank PAC**

Full Name (Last, First, Middle Initial)

**A. Moran For Kansas**

Mailing Address PO Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name  
**Jerry Moran**

Office Sought:  House  
 Senate  
 President  
State: KS District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : **SB23-EX184**

Amount of Each Disbursement this Period

2500.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Ron Johnson For Senate**

Mailing Address 219 E Washington Ave  
Suite 101

City Oshkosh State WI Zip Code 54901

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name  
**Mr. Ronald Harold Johnson**

Office Sought:  House  
 Senate  
 President  
State: WI District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : **SB23-EX185**

Amount of Each Disbursement this Period

5000.00

Memo Item  
Contribution

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

Memo Item

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

7500.00

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

50000.00

**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 checked="" 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)  
**Lank PAC**

Full Name (Last, First, Middle Initial)

**A. Mrs. Elloine M. Clark**

Mailing Address 3716 Maplewood

City State Zip Code  
Dallas TX 75205

Purpose of Disbursement  
Contribution Ref to Individual

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB28a-CR2**

Amount of Each Disbursement this Period

2700.00
---------

Memo Item  
reassign to FFJL 2016 General

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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Memo Item

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

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

2700.00
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2700.00
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