

**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

CIGAR-PAC

ADDRESS (number and street)

1100 G Street

SUITE 1050

Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00121350

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y Y Y

through

M M /

D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Craig, Williamson, P, ,

Type or Print Name of Treasurer

Signature of Treasurer

Craig, Williamson, P, ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

CIGAR-PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 01 / 01 / 2017

To:

 M M / D D / Y Y Y Y Y  
 06 / 30 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y 2017</span>		<span style="border: 1px solid black; padding: 2px;">24821.47</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">24821.47</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">9550.00</span>	<span style="border: 1px solid black; padding: 2px;">9550.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">34371.47</span>	<span style="border: 1px solid black; padding: 2px;">34371.47</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">11100.00</span>	<span style="border: 1px solid black; padding: 2px;">11100.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">23271.47</span>	<span style="border: 1px solid black; padding: 2px;">23271.47</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



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. 05/2016)

Page 3

Write or Type Committee Name

**CIGAR-PAC**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
01	/	01	/	2017

To:

M M	/	D D	/	Y Y Y Y Y Y
06	/	30	/	2017

**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).....

2500.00

2500.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

2500.00

2500.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

5000.00

5000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

7500.00

7500.00

## 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).....

2050.00

2050.00

## 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)) .....

9550.00

9550.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

9550.00

9550.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2050.00	2050.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2050.00	2050.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9050.00	9050.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	11100.00	11100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11100.00	11100.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	7500.00	7500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7500.00	7500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2050.00	2050.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	2050.00	2050.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **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 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

**CIGAR-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gold, Michael, , ,**

Mailing Address 1524 W. Voltz Road

City  
Northbrook

State  
IL

Zip Code  
60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Arango Cigar Co.

Occupation (for Individual)

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2017

Transaction ID : SA11AI.4100

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Individual Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

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

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

2500.00

2500.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 16

(check only one)

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

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NAME OF COMMITTEE (In Full)

CIGAR-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SWISHER INTERNATIONAL INC PAC FUND**

Mailing Address 459 EAST 16TH STREET

City  
JACKSONVILLEState  
FLZip Code  
32206FEC ID number of contributing  
federal political committee.

C

C00312785

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2017

Transaction ID : SA11C.4102

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
 PAC Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

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

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

5000.00

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

5000.00

# **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 16  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CIGAR-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Estades, Javier, , ,**

Mailing Address 5900 N. Andrews Ave.  
10th Floor

City

Fort Lauderdale

State

FL

Zip Code

33309

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Tabacalera USA

Occupation (for Individual)

CEO/President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**05 / 23 / 2017**

**Transaction ID : SA15.4159**

Amount of Each Receipt this Period

250.00

☐ Memo Item

In-kind - 2 boxes of cigars

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Estades, Javier, , ,**

Mailing Address 5900 N. Andrews Ave.  
10th Floor

City

Fort Lauderdale

State

FL

Zip Code

33309

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Tabacalera USA

Occupation (for Individual)

CEO/President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

**05 / 24 / 2017**

**Transaction ID : SA15.4165**

Amount of Each Receipt this Period

300.00

☐ Memo Item

In-kind - 3 boxes of cigars

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ghiloni, Peter, , ,**

Mailing Address 459 E 16th St

City

Jacksonville

State

FL

Zip Code

32206

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Swisher International Inc.

Occupation (for Individual)

CEO/President

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**04 / 27 / 2017**

**Transaction ID : SA15.4153**

Amount of Each Receipt this Period

500.00

☐ Memo Item

In-kind - 4 boxes of cigars

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1050.00



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

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

FOR LINE NUMBER: PAGE 9 OF 16  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CIGAR-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Perdomo, Nick, , ,**

Mailing Address 5150 NW 167th Street

City

Miami Lakes

State

FL

Zip Code

33014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Tabacalera Perdomo S.A.

Occupation (for Individual)

CEO/President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2017

Transaction ID : SA15.4162

Amount of Each Receipt this Period

500.00

☐ Memo Item

In-kind - 4 boxes of cigars

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Young, Jim, , ,**

Mailing Address 3001 Gateway Centre Parkway

City

Pinellas Park

State

FL

Zip Code

33782

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Davidoff of Geneva USA, Inc.

Occupation (for Individual)

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2017

Transaction ID : SA15.4156

Amount of Each Receipt this Period

250.00

☐ Memo Item

In-kind - 2 boxes of cigars

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Young, Jim, , ,**

Mailing Address 3001 Gateway Centre Parkway

City

Pinellas Park

State

FL

Zip Code

33782

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Davidoff of Geneva USA, Inc.

Occupation (for Individual)

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2017

Transaction ID : SA15.4167

Amount of Each Receipt this Period

250.00

☐ Memo Item

In-kind - 2 boxes of cigars

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

1000.00

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

2050.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

**CIGAR-PAC**

Full Name (Last, First, Middle Initial)

**A. Estades, Javier, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2017

Mailing Address 5900 N. Andrews Ave.  
10th FloorCity  
Fort LauderdaleState  
FLZip Code  
33309Purpose of Disbursement  
In-kind - 2 boxes of cigars

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.4161**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Estades, Javier, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2017

Mailing Address 5900 N. Andrews Ave.  
10th FloorCity  
Fort LauderdaleState  
FLZip Code  
33309Purpose of Disbursement  
In-kind - 3 boxes of cigars

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.4166**

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ghiloni, Peter, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2017

Mailing Address 459 E 16th St

City  
JacksonvilleState  
FLZip Code  
32206Purpose of Disbursement  
In-kind - 4 boxes of cigars

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.4155**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1050.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

**CIGAR-PAC**

Full Name (Last, First, Middle Initial)

**A. Perdomo , Nick, , ,**

Mailing Address 5150 NW 167th Street

City  
Miami LakesState  
FLZip Code  
33014Purpose of Disbursement  
In-kind - 4 boxes of cigars

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2017

FEC Identification Number

**C****Transaction ID : SB21B.4164**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Young, Jim, , ,**

Mailing Address 3001 Gateway Centre Parkway

City  
Pinellas ParkState  
FLZip Code  
33782Purpose of Disbursement  
In-kind - 2 boxes of cigars

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2017

FEC Identification Number

**C****Transaction ID : SB21B.4158**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Young, Jim, , ,**

Mailing Address 3001 Gateway Centre Parkway

City  
Pinellas ParkState  
FLZip Code  
33782Purpose of Disbursement  
In-kind - 2 boxes of cigars

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2017

FEC Identification Number

**C****Transaction ID : SB21B.4168**

Amount of Each Disbursement this Period

250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

2050.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)

**CIGAR-PAC**

Full Name (Last, First, Middle Initial)

**A. AMODEI FOR NEVADA**

Mailing Address 503 N DIVISION ST

City  
CARSON CITYState  
NVZip Code  
89703Purpose of Disbursement  
In-kind contribution, 2 boxes of cigars

012

Category/  
Type

Candidate Name

**AMODEI, MARK EUGENE, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NV District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2017

FEC Identification Number

**C** C00496760**Transaction ID : SB23.4138**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMODEI FOR NEVADA**

Mailing Address 503 N DIVISION ST

City  
CARSON CITYState  
NVZip Code  
89703Purpose of Disbursement  
ContributionCategory/  
Type

Candidate Name

**AMODEI, MARK EUGENE, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NV District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2017

FEC Identification Number

**C** C00496760**Transaction ID : SB23.4123**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. COLE FOR CONGRESS**

Mailing Address P.O. BOX 722256

City  
NORMANState  
OKZip Code  
73070Purpose of Disbursement  
In-kind contribution, 4 boxes of cigars

012

Category/  
Type

Candidate Name

**COLE, TOM, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OK District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2017

FEC Identification Number

**C** C00379735**Transaction ID : SB23.4136**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1750.00

**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 PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)

**CIGAR-PAC**

Full Name (Last, First, Middle Initial)

**A. COLE FOR CONGRESS**

Mailing Address P.O. BOX 722256

City  
NORMANState  
OKZip Code  
73070Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**COLE, TOM, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OK

District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	5				2	3						2	0	1	7

FEC Identification Number

**C** C00379735**Transaction ID : SB23.4119**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. COLE FOR CONGRESS**

Mailing Address P.O. BOX 722256

City  
NORMANState  
OKZip Code  
73070Purpose of Disbursement  
In-kind contribution, 2 boxes of cigars

012

Category/  
Type

Candidate Name

**COLE FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OK

District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	5				2	3						2	0	1	7

FEC Identification Number

**C** C00379735**Transaction ID : SB23.4137**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DAN NEWHOUSE FOR CONGRESS**

Mailing Address PO BOX 10949

City  
YAKIMAState  
WAZip Code  
98909Purpose of Disbursement  
Contribution

007

Category/  
Type

Candidate Name

**DAN NEWHOUSE FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA

District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	3				1	5						2	0	1	7

FEC Identification Number

**C****Transaction ID : SB23.4104**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3250.00

**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 PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)

**CIGAR-PAC**

Full Name (Last, First, Middle Initial)

**A. FRELINGHUYSEN FOR CONGRESS**

Mailing Address 19 CATTANO AVENUE

City  
MORRISTOWNState  
NJZip Code  
07960Purpose of Disbursement  
Contribution

Candidate Name

**FRELINGHUYSEN, RODNEY P., , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ

District: 11

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	3			2	0	1	7		

FEC Identification Number

**C** C00299404**Transaction ID : SB23.4116**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF MATT GAETZ**

Mailing Address 610 S. BOULEVARD

City  
TAMPAState  
FLZip Code  
33606Purpose of Disbursement  
Contribution

Candidate Name

**GAETZ, MATT, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	0			2	0	1	7		

FEC Identification Number

**C** C00612432**Transaction ID : SB23.4112**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF MATT GAETZ**

Mailing Address 610 S. BOULEVARD

City  
TAMPAState  
FLZip Code  
33606Purpose of Disbursement  
Contribution

Candidate Name

**GAETZ, MATT, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	0			2	0	1	7		

FEC Identification Number

**C** C00612432**Transaction ID : SB23.4146**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)

**CIGAR-PAC**

Full Name (Last, First, Middle Initial)

**A. JIM RENACCI FOR CONGRESS**

Mailing Address 150 SMOKERISE DRIVE

City  
WADSWORTHState  
OHZip Code  
44281Purpose of Disbursement  
In-kind contribution, 3 boxes of cigars

012

Category/  
Type

Candidate Name

**RENACCI, JAMES B., , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH

District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2017

FEC Identification Number

**C** C00466359**Transaction ID : SB23.4142**

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MOOLENAAR FOR CONGRESS**Mailing Address 5915 EASTMAN AVENUE  
SUITE 100City  
MIDLANDState  
MIZip Code  
48640Purpose of Disbursement  
ContributionCategory/  
Type

Candidate Name

**MOOLENAAR, JOHN MR., , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI

District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2017

FEC Identification Number

**C** C00561530**Transaction ID : SB23.4126**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MOOLENAAR FOR CONGRESS**Mailing Address 5915 EASTMAN AVENUE  
SUITE 100City  
MIDLANDState  
MIZip Code  
48640Purpose of Disbursement  
In-kind contribution, 2 boxes of cigars

012

Category/  
Type

Candidate Name

**MOOLENAAR, JOHN MR., , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI

District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2017

FEC Identification Number

**C** C00561530**Transaction ID : SB23.4145**

Amount of Each Disbursement this Period

250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1050.00

**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 PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)

**CIGAR-PAC**

Full Name (Last, First, Middle Initial)

**A. TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN**Mailing Address 1519 WASHINGTON STREET  
SUITE 200City  
LAREDOState  
TXZip Code  
78040Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**CUELLAR, HENRY, R, ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX

District: 28

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2017

FEC Identification Number

**C** C00371302**Transaction ID : SB23.4107**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. YOPAC**

Mailing Address 5631 ABERDEEN RD

City  
FAIRWAYState  
KSZip Code  
66205Purpose of Disbursement  
In-kind contribution, 5 boxes of cigarsCategory/  
Type

Candidate Name

**YODER, KEVIN, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: KS

District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2017

FEC Identification Number

**C** C00497305**Transaction ID : SB23.4139**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

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

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1000.00

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

9050.00