

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2016 JAN 15 AM 10:05
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

MID CONTINENT POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

1101 K STREET NW

Check if different than previously reported. (ACC)

SUITE 425

WASHINGTON

DC 20005

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

C0011427

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

4. TYPE OF REPORT (Choose One)

(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)		
(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	

(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)

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 ALBERT MODIANO

Signature of Treasurer 

Date 1/17/2016

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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FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MID CONTINENT POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

07 01 2015

To:

12 31 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		247,019.71
(b) Cash on Hand at Beginning of Reporting Period.....	242,935.59	
(c) Total Receipts (from Line 19).....	000	000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	242,935.59	247,019.71
7. Total Disbursements (from Line 31).....	30,873.9	7,171.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	239,848.20	239,848.20
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	000	

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

MID CONTINENT POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

07 01 2015

To:

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).....		
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶		
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	0 0 0	0 0 0
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0 0 0	0 0 0

NON-FEDERAL RECEIPTS

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

NON-PROFIT CORPORATION

**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)

PAGE 1 OF 2

<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

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)

MID CONTINENT POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BRADY FOR CONGRESS

Date of Disbursement

09 09 2015

Mailing Address

104 HUME AVE

City

ALEXANDRIA

State

VA

Zip Code

22301

Purpose of Disbursement

FUNDRAISER

Candidate Name

BRADY, KEVIN

Category/
Type

Amount of Each Disbursement this Period

1,000.00

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: TX

District: 8

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHRIS STEWART INC

Date of Disbursement

09 24 2015

Mailing Address 9/6 DISTRICT CITY CONSULTING

1217 DELAFIELD PL NW

City

WASHINGTON

State

DC

Zip Code

20011

Purpose of Disbursement

FUNDRAISER

Candidate Name

STEWART, CHRIS

Category/
Type

Amount of Each Disbursement this Period

500.00

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: UT

District: 2

Full Name (Last, First, Middle Initial)

C. RYAN FOR CONGRESS

Date of Disbursement

10 08 2015

Mailing Address

1006 PENDELTON ST

City

ALEXANDRIA

State

VA

Zip Code

22314

Purpose of Disbursement

FUNDRAISER

Candidate Name

RYAN, PAUL

Category/
Type

Amount of Each Disbursement this Period

1,000.00

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: WI

District: 1

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

2,500.00

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

2016-01-15 09:00 AM

**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)		PAGE 2 OF 2	
<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)
MID CONTINENT POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) ROB BISHOP FOR CONGRESS		Date of Disbursement 07 01 2015 VOID DATE
Mailing Address 617 E CUSTIS AVE		
City ALEXANDRIA	State VA	Zip Code 22305
Purpose of Disbursement * VOID CHECK FOR FUNDRAISER NOT ABLE TO ATTEND		Amount of Each Disbursement this Period - 500.00 *
Candidate Name BISHOP, ROB (ORIGINAL CHECK 5/22/2015)		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: UT	District: 1	

B. Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

C. Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	- 500.00
TOTAL This Period (last page this line number only).....▶	2000.00

NONREC'D 10/15/15

**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)						PAGE 3 OF 3				
	<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 checked="" type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
MID CONTINENT POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) AT&T MOBILITY		Date of Disbursement 11 10 2015
Mailing Address P O BOX 536216		Amount of Each Disbursement this Period 9396
City ATLANTA	State GA	
Purpose of Disbursement TELEPHONE SVC		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) TELEPHONE SVC <input type="checkbox"/> General	
State: District:		

B. Full Name (Last, First, Middle Initial) AT&T MOBILITY		Date of Disbursement 12 08 2015
Mailing Address P O BOX 536216		Amount of Each Disbursement this Period 9396
City ATLANTA	State GA	
Purpose of Disbursement TELEPHONE SVC		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) TELEPHONE SVC <input type="checkbox"/> General	
State: District:		

C. Full Name (Last, First, Middle Initial) US OIL & GAS ASSOCIATION		Date of Disbursement 12 30 2015
Mailing Address 1101 K STREET NW #425		Amount of Each Disbursement this Period 47725
City WASHINGTON	State DC	
Purpose of Disbursement FACILITY & STAFF USE REIMBURSEMENT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) FACILITY & STAFF USE REIMB. <input type="checkbox"/> General	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	66517
TOTAL This Period (last page this line number only).....	108739

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER

1/15/16
 DATE PREPARED

NOV 10 11 40 AM '15