

**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 ST NW

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
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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 Craig P Williamson

Signature of Treasurer

Craig P Williamson

[Electronically Filed]

Date

M M M /

D D D /

Y Y 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 2 U.S.C. §437g.

Office
Use
Only**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

CIGAR-PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 01 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y 06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		5395.05
(b) Cash on Hand at Beginning of Reporting Period.....	5395.05	
(c) Total Receipts (from Line 19)	5300.00	5300.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	10695.05	10695.05
7. Total Disbursements (from Line 31)	7050.00	7050.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3645.05	3645.05
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

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	/	2015

To:

M M	/	D D	/	Y Y Y Y Y Y
06	/	30	/	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).....

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).....

0.00

0.00

(d) Total Contributions (add Lines

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

Totals to Line 33, page 5) ▶

2500.00

2500.00

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).....

2800.00

2800.00

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))..... ▶

5300.00

5300.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

5300.00

5300.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7050.00	7050.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7050.00	7050.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7050.00	7050.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2500.00	2500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2500.00	2500.00
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).....	2800.00	2800.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	-2800.00	-2800.00

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 19

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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 (Last, First, Middle Initial)

A. Alix Franzblau

Mailing Address 644 Hudson Avenue

City
TampaState
FLZip Code
33606-3927FEC ID number of contributing
federal political committee.

C

Name of Employer

Thompson & Co of Tampa, Inc.

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	04	/	2015

Transaction ID : SA11AI.4102

Amount of Each Receipt this Period

2500.00

Check

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

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

2500.00

2500.00

FOR LINE NUMBER:
(check only one)

	11a		11b		11c		12		
	13		14	X	15		16		17

CIGAR-PAC

A. CIGAR-PAC

300.00

Cigars

B. CIGAR-PAC

Age Group	Number of people
13-17	500.0
18-24	450.0
25-34	400.0
35-44	350.0
45-54	300.0
55-64	250.0
65-74	200.0
75-84	150.0
85+	100.0

Cigars

C. CIGAR-PAC

700.00

Cigars

[illegible]

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 19
(check only one)

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

CIGAR-PAC

Full Name (Last, First, Middle Initial)

A. CIGAR-PACMailing Address 1100 G ST NW
SUITE 1050

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing
federal political committee.

C C00121350

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2015

Transaction ID : SA15.4129

Amount of Each Receipt this Period

200.00

Cigars

Full Name (Last, First, Middle Initial)

B. CIGAR-PACMailing Address 1100 G ST NW
SUITE 1050

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing
federal political committee.

C C00121350

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2015

Transaction ID : SA15.4132

Amount of Each Receipt this Period

100.00

Cigars

Full Name (Last, First, Middle Initial)

C. CIGAR-PACMailing Address 1100 G ST NW
SUITE 1050

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing
federal political committee.

C C00121350

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2015

Transaction ID : SA15.4138

Amount of Each Receipt this Period

200.00

Cigars

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

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

500.00

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

PAGE 9 OF 19

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

CIGAR-PAC

Full Name (Last, First, Middle Initial)

A. CIGAR-PACMailing Address 1100 G ST NW
SUITE 1050

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing
federal political committee.**C** C00121350

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Transaction ID : SA15.4141

Amount of Each Receipt this Period

200.00

Cigars

Full Name (Last, First, Middle Initial)

B. CIGAR-PACMailing Address 1100 G ST NW
SUITE 1050

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing
federal political committee.**C** C00121350

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Transaction ID : SA15.4144

Amount of Each Receipt this Period

200.00

Cigars

Full Name (Last, First, Middle Initial)

C. CIGAR-PACMailing Address 1100 G ST NW
SUITE 1050

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing
federal political committee.**C** C00121350

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Transaction ID : SA15.4147

Amount of Each Receipt this Period

200.00

Cigars

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

600.00

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 10 OF 19

☐ 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 (Last, First, Middle Initial)

A. CIGAR-PAC

Mailing Address 1100 G ST NW
SUITE 1050

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00121350

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / **24** / **2015**

Transaction ID : SA15.4150

Amount of Each Receipt this Period

200.00

Cigars

Full Name (Last, First, Middle Initial)

B. CIGAR-PAC

Mailing Address 1100 G ST NW
SUITE 1050

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00121350

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

06 / **24** / **2015**

Transaction ID : SA15.4153

Amount of Each Receipt this Period

200.00

Cigars

Full Name (Last, First, Middle Initial)

C. CIGAR-PAC

Mailing Address 1100 G ST NW
SUITE 1050

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00121350

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

06 / **24** / **2015**

Transaction ID : SA15.4157

Amount of Each Receipt this Period

200.00

Cigars

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

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

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 19
(check only one)

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

CIGAR-PAC

Full Name (Last, First, Middle Initial)

A. CIGAR-PACMailing Address 1100 G ST NW
SUITE 1050City State Zip Code
WASHINGTON DC 20005FEC ID number of contributing
federal political committee.**C** C00121350

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

Transaction ID : SA15.4160

Amount of Each Receipt this Period

200.00

Cigars

Full Name (Last, First, Middle Initial)

B. CIGAR-PACMailing Address 1100 G ST NW
SUITE 1050City State Zip Code
WASHINGTON DC 20005FEC ID number of contributing
federal political committee.**C** C00121350

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

Transaction ID : SA15.4164

Amount of Each Receipt this Period

200.00

Cigars

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

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

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

400.00

2800.00

**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 13 OF 19

<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)

CIGAR-PAC

Full Name (Last, First, Middle Initial)

A. ANDY HARRIS FOR CONGRESS

Mailing Address PO BOX 604

City	State	Zip Code
BEL AIR	MD	21014

Purpose of Disbursement
In-kind contribution, 2 boxes of cigars

Candidate Name

ANDY HARRIS FOR CONGRESSOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Transaction ID : SB23.4151

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. CARTER FOR CONGRESS

Mailing Address c/o Alex Lawhon,317 15th St.,NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
In-kind contribution, 3 boxes of cigars

Candidate Name

CARTER FOR CONGRESSOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: RI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Transaction ID : SB23.4123

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. COLE FOR CONGRESS

Mailing Address P.O. BOX 722256

City	State	Zip Code
NORMAN	OK	73070

Purpose of Disbursement
Fundraiser

Candidate Name

COLE FOR CONGRESSOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2015

Transaction ID : SB23.4183

Amount of Each Disbursement this Period

500.00

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

900.00

--

**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 14 OF 19

<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)

CIGAR-PAC

Full Name (Last, First, Middle Initial)

A. COLE FOR CONGRESS

Mailing Address P.O. BOX 722256

City	State	Zip Code
NORMAN	OK	73070

Purpose of Disbursement
In-kind contribution, 2 boxes of cigars

Candidate Name

COLE FOR CONGRESSOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2015

Transaction ID : SB23.4148

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. DUNCAN D. HUNTER FOR CONGRESS

Mailing Address P.O. BOX 1545

City	State	Zip Code
EL CAJON	CA	92022

Purpose of Disbursement
Fundraiser event

Candidate Name

DUNCAN D. HUNTER FOR CONGRESSOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 50

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	14	/	2015

Transaction ID : SB23.4175

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. ELECT BLAKE FARENTHOLD COMMITTEE

Mailing Address c/oLoren Hoekstra, 217 Third St.SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
In-kind contribution, 3 boxes of cigars

Candidate Name

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

State: TX District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	19	/	2015

Transaction ID : SB23.4121

Amount of Each Disbursement this Period

300.00

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

1000.00

--

**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 15 OF 19

<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)

CIGAR-PAC

Full Name (Last, First, Middle Initial)

A. Friends of David Jolly

Mailing Address P.O. Box 1158

City	State	Zip Code
Indian Rocks Beach	FL	33785

Purpose of Disbursement
Fundraiser

Candidate Name

Friends of David JollyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2015

Transaction ID : SB23.4181

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Friends of David Jolly

Mailing Address P.O. Box 1158

City	State	Zip Code
Indian Rocks Beach	FL	33785

Purpose of Disbursement
In-kind contribution, 2 boxes of cigars

Candidate Name

Friends of David JollyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2015

Transaction ID : SB23.4127

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Friends of David Joyce

Mailing Address 217 3rd St, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
In-kind contribution, 1 box of cigars

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2015

Transaction ID : SB23.4133

Amount of Each Disbursement this Period

100.00

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

800.00

--

**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 16 OF 19

<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)

CIGAR-PAC

Full Name (Last, First, Middle Initial)

A. GEORGE HOLDING FOR CONGRESS INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		13		2015

Mailing Address PO BOX 97187

City	State	Zip Code
RALEIGH	NC	27624

Transaction ID : SB23.4171Purpose of Disbursement
For 2016 General Election

Amount of Each Disbursement this Period

Candidate Name

GEORGE HOLDING FOR CONGRESS INC.Category/
Type

1000.00

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

State: NC District: 13

Full Name (Last, First, Middle Initial)

B. GEORGE HOLDING FOR CONGRESS INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Mailing Address PO BOX 97187

City	State	Zip Code
RALEIGH	NC	27624

Transaction ID : SB23.4167Purpose of Disbursement
In-kind contribution, 1 box of cigars

Amount of Each Disbursement this Period

Candidate Name

TOM ROONEY FOR CONGRESSCategory/
Type

200.00

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

State: FL District: 17

Full Name (Last, First, Middle Initial)

C. JIM RENACCI FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Mailing Address 150 SMOKERISE DRIVE

City	State	Zip Code
WADSWORTH	OH	44281

Transaction ID : SB23.4158Purpose of Disbursement
In-kind contribution, 2 boxes of cigars

Amount of Each Disbursement this Period

Candidate Name

JIM RENACCI FOR CONGRESSCategory/
Type

200.00

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

State: OH District: 16

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

1400.00

**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 17 OF 19

<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)

CIGAR-PAC

Full Name (Last, First, Middle Initial)

A. JOHN CARTER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Mailing Address 1717 NORTH IH-35
SUITE 304

City ROUND ROCK State TX Zip Code 78664

Purpose of Disbursement
In-kind contribution, 2 boxes of cigars

Candidate Name

CARTER FOR CONGRESSOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: RI District: 01

Transaction ID : SB23.4161

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. KATKO FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Mailing Address 5407 ANVIL DRIVE

City CAMILLUS State NY Zip Code 13031

Purpose of Disbursement
In-kind contribution, 2 boxes of cigars

Candidate Name

KATKO FOR CONGRESSOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 24

Transaction ID : SB23.4154

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. TOM REED FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Mailing Address c/o Amanda Cernik
PO Box 10847

City Rochester State NY Zip Code 14610

Purpose of Disbursement

Candidate Name

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

State: NY District: 23

Transaction ID : SB23.4142

Amount of Each Disbursement this Period

200.00

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

600.00

--

**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 19 OF 19

<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)

CIGAR-PAC

Full Name (Last, First, Middle Initial)

A. YODER FOR CONGRESS, INC

Mailing Address PO BOX 26742

City	State	Zip Code
OVERLAND PARK	KS	66225

Purpose of Disbursement
Fundraiser for Congressman Kevin Yoder

Candidate Name

YODER FOR CONGRESS, INCOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2015

Transaction ID : SB23.4169

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

500.00

7050.00
