

# 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.   
Ann PAC

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

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

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 Patrick McSwain

Signature of Treasurer Patrick McSwain [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Ann PAC

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="24167.32"/>	<input type="text" value="24167.32"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="53577.43"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="47500.00"/>	<input type="text" value="151500.00"/>
(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="101077.43"/>	<input type="text" value="175667.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="24345.38"/>	<input type="text" value="98935.27"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="76732.05"/>	<input type="text" value="76732.05"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Ann PAC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5000.00	38500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5000.00	38500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	42500.00	113000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	47500.00	151500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	47500.00	151500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	47500.00	151500.00

**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 .....	4345.38	56935.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4345.38	56935.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	42000.00
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)) ..	24345.38	98935.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24345.38	98935.27

**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) .....	47500.00	151500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	47500.00	151500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	4345.38	56935.27
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4345.38	56935.27

**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 18  
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Paul Singer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 West 81st Street  
City New York State NY Zip Code 10024-6048  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Elliott Management Occupation Principal  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 09 / 2015  
**Transaction ID : AB0CB5839952D476E9D6**  
Amount of Each Receipt this Period  
5000.00  
Operating Expense

**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

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> 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: (check only one)	PAGE 7 OF 18
<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)  
**Ann PAC**

Full Name (Last, First, Middle Initial)  
**A. UPSPAC**

Mailing Address 55 Glenlake PKWY NE

City Atlanta State GA Zip Code 30328-3474

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

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  
 12 / 10 / 2015

**Transaction ID : AFDFDB412D374328B88**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B. AICPA PAC-AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS**

Mailing Address Palladian Corporate Center 1  
220 Leigh Farm Road

City Durham State NC Zip Code 27707-8110

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : A66EAD433976D45A1A15**

Amount of Each Receipt this Period  
2500.00

Operating Expense

Full Name (Last, First, Middle Initial)  
**C. American Financial Services Association PAC**

Mailing Address 919 18th Street, NW

City Washington State DC Zip Code 20006-5503

FEC ID number of contributing federal political committee. **C** C00038604

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : AB9B80F134D304C17AB4**

Amount of Each Receipt this Period  
3000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10500.00
<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 8 OF 18
<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)  
**Ann PAC**

**A. PFIZER PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 235 East 42nd Street  
City New York State NY Zip Code 10017-5703  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 12 / 11 / 2015  
**Transaction ID : A3C3BFF9FFCC8441B81C**  
Amount of Each Receipt this Period 2500.00  
Operating Expense

**B. PricewaterhouseCoopers PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1301 K Street NW Suite 800 West  
City Washington State DC Zip Code 20005-3317  
FEC ID number of contributing federal political committee. **C** C00107235  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 11 / 2015  
**Transaction ID : AF25455A2C3F442ACA46**  
Amount of Each Receipt this Period 5000.00  
Operating Expense

**C. NATIONAL ASSOCIATION OF CONVENIENCE STORES POLITICAL ACTION COMMITTEE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1600 Duke Street  
City Alexandria State VA Zip Code 22314-3466  
FEC ID number of contributing federal political committee. **C** C00126763  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 15 / 2015  
**Transaction ID : A0DC803E984AF4C679C4**  
Amount of Each Receipt this Period 5000.00

<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 9 OF 18
<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)  
**Ann PAC**

**A. Oppenheimer Funds PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address Two World Financial Center

City New York State NY Zip Code 10281-1001

FEC ID number of contributing federal political committee. **C** C00367920

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
12 / 15 / 2015  
**Transaction ID : A02F3B037B66F4E2CAE8**

Amount of Each Receipt this Period  
2500.00

**B. Sprint Corporation PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 12502 Sunrise Valley Drive

City Reston State VA Zip Code 20191-3438

FEC ID number of contributing federal political committee. **C** C00089342

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
12 / 15 / 2015  
**Transaction ID : AB5F0342B6085451D9F6**

Amount of Each Receipt this Period  
1000.00

**C. Emerson Electric Company Responsible Government Fund**

Full Name (Last, First, Middle Initial)  
Mailing Address 8000 W. Florissant Ave.

City Saint Louis State MO Zip Code 63136-1414

FEC ID number of contributing federal political committee. **C** C00080515

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
12 / 17 / 2015  
**Transaction ID : A719F6DBD15A44ED0BBF**

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<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 10 OF 18
<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)  
**Ann PAC**

**A. Ernst & Young PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1101 New York Avenue, NW

City Washington	State DC	Zip Code 20005-4269
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FEC ID number of contributing federal political committee. **C** C00227744

Name of Employer Occupation

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
12	/	17	/	2015

**Transaction ID : A8BE132F0C04F4E88B22**

Amount of Each Receipt this Period  
5000.00

**B. PFIZER PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 235 East 42nd Street

City New York	State NY	Zip Code 10017-5703
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FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2015

**Transaction ID : A0D9F978C9DBA4C45941**

Amount of Each Receipt this Period  
1000.00

**C. New York Life Insurance Company PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 51 Madison Avenue  
Room 1109

City New York	State NY	Zip Code 10010-1603
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

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
12	/	18	/	2015

**Transaction ID : A9488D495043E4442BAC**

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	11000.00
<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 18  
(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)  
**Ann PAC**

**A. The Home Depot Inc. PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1155 F Street NW  
Suite 400  
City Washington State DC Zip Code 20004-1346  
FEC ID number of contributing federal political committee. **C** C00284885  
Name of Employer Occupation  
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  
12 / 18 / 2015  
**Transaction ID : A6C505F3DBB8741E4B9F**  
Amount of Each Receipt this Period  
2500.00

**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

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	42500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Capital Enhancement, Inc.**

Mailing Address 150 Long Rd  
Ste 50

City Chesterfield State MO Zip Code 63005-1239

Purpose of Disbursement  
Administrative Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2015

Transaction ID : BCC45268CAFC84AB185A

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Commerce Bank Credit Cards**

Mailing Address PO Box 808009

City Kansas City State MO Zip Code 64180-8009

Purpose of Disbursement  
Credit Card Payment: See Below

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 07 / 2015

Transaction ID : B5631A9103B0B404C893

Amount of Each Disbursement this Period

3245.38

Full Name (Last, First, Middle Initial)

**C. The Broadmoor Lodging**

Mailing Address 1 Lake Avenue

City Colorado Springs State CO Zip Code 80906-4269

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 11 / 2015

Transaction ID : BCEC2B97CF9AA4AD48C.

Amount of Each Disbursement this Period

725.81

**[MEMO ITEM]**  
Lodging

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

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

3745.38

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. The Broadmoor Lodging**

Mailing Address 1 Lake Avenue

City Colorado Springs State CO Zip Code 80906-4269

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 11 / 2015

Transaction ID : B45674BC42E964B4094C

Amount of Each Disbursement this Period

712.51

[MEMO ITEM]  
Lodging

Full Name (Last, First, Middle Initial)

**B. The Broadmoor Lodging**

Mailing Address 1 Lake Avenue

City Colorado Springs State CO Zip Code 80906-4269

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 12 / 2015

Transaction ID : B92918F98C0564FF5AD1

Amount of Each Disbursement this Period

59.46

[MEMO ITEM]  
Lodging

Full Name (Last, First, Middle Initial)

**C. Southwest Airlines**

Mailing Address 2702 Love Field Dr

City Dallas State TX Zip Code 75235-1908

Purpose of Disbursement  
Travel-Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2015

Transaction ID : B3276E2E3890B4F9884A

Amount of Each Disbursement this Period

251.00

[MEMO ITEM]  
Travel-Airfare

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Southwest Airlines**

Mailing Address 2702 Love Field Dr

City State Zip Code  
Dallas TX 75235-1908

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : **BD5F350ED125D4F9D866**

Amount of Each Disbursement this Period

11.20
-------

**[MEMO ITEM]**  
Travel

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address 4333 Amon Carter Boulevard

City State Zip Code  
Fort Worth TX 76155-2605

Purpose of Disbursement  
Travel-Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2015

Transaction ID : **B0A7D2CFF182C4F38917**

Amount of Each Disbursement this Period

300.10
--------

**[MEMO ITEM]**  
Travel-Airfare

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address 4333 Amon Carter Boulevard

City State Zip Code  
Fort Worth TX 76155-2605

Purpose of Disbursement  
Travel-Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2015

Transaction ID : **B0BF18529BF974711BD5**

Amount of Each Disbursement this Period

387.09
--------

**[MEMO ITEM]**  
Travel-Airfare

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address 4333 Amon Carter Boulevar

City Fort Worth State TX Zip Code 76155-2605

Purpose of Disbursement  
Travel-Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2015

Transaction ID : B6190DD06F3A74B569B1

Amount of Each Disbursement this Period

397.09

[MEMO ITEM]  
Travel-Airfare

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address 4333 Amon Carter Boulevar

City Fort Worth State TX Zip Code 76155-2605

Purpose of Disbursement  
Travel-Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2015

Transaction ID : B46230789D5FB4B62991

Amount of Each Disbursement this Period

374.10

[MEMO ITEM]  
Travel-Airfare

Full Name (Last, First, Middle Initial)

**C. Bacco Catering**

Mailing Address 236 W. 26th St. 2W

City New York State NY Zip Code 10001-6892

Purpose of Disbursement  
Political Meal

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2015

Transaction ID : B9FFA3B5D967642FFBDC

Amount of Each Disbursement this Period

600.00

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

600.00

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

4345.38

**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)  
**Ann PAC**

Full Name (Last, First, Middle Initial) <b>A. Moolenaar for Congress</b>		Date of Disbursement MM / DD / YYYY 12 / 08 / 2015
Mailing Address 5915 Eastman Avenue Suite 100		<b>Transaction ID : B550249442E964A64BC7</b>
City Midland	State MI	
Purpose of Disbursement Contribution to Primary 2016		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>John Moolenaar</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2019	
State: MI	District: 04	

Full Name (Last, First, Middle Initial) <b>B. CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC.</b>		Date of Disbursement MM / DD / YYYY 12 / 10 / 2015
Mailing Address P.O. BOX 11091		<b>Transaction ID : B5AACF8C424774BAB905</b>
City CHATTANOOGA	State TN	
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 2000.00
Candidate Name <b>Chuck J. Fleischmann</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input 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: TN	District: 03	

Full Name (Last, First, Middle Initial) <b>C. Cresent Hardy for Congress</b>		Date of Disbursement MM / DD / YYYY 12 / 22 / 2015
Mailing Address PO BOX 753941		<b>Transaction ID : BF6AEA2FB85EC4CC797L</b>
City Las Vegas	State NV	
Purpose of Disbursement Political Contribution: Primary 2016		Amount of Each Disbursement this Period 2000.00
Candidate Name <b>Cresent L. Hardy</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input 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: NV	District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6500.00
<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)  
**Ann PAC**

Full Name (Last, First, Middle Initial)

**A. Jeb 2016, Inc.**

Mailing Address PO Box 440669

City Miami State FL Zip Code 33144-0669

Purpose of Disbursement  
Political Contribution: Primary 2016

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 22 / 2015

Transaction ID : BE7FFC6E5FBC34A91AF7

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Poliquin for Congress**

Mailing Address PO Box 50

City Oakland State ME Zip Code 04963-0050

Purpose of Disbursement  
Political Contribution: Primary 2016

Candidate Name

**Bruce L. Poliquin**

Office Sought:  House  Senate  President  
State: ME District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 22 / 2015

Transaction ID : BF6B6D112730044DEA24

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. National Republican Congressional Committee (NRCC)**

Mailing Address 320 FIRST STREET SE

City Washington State DC Zip Code 20003-1838

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Other2015

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 29 / 2015

Transaction ID : BF2594B8FDE0B4879A94

Amount of Each Disbursement this Period

5000.00

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

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

11000.00

**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 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)  
**Ann PAC**

Full Name (Last, First, Middle Initial) <b>A. Mike Bost for Congress</b>		Date of Disbursement MM / DD / YYYY 12 / 31 / 2015
Mailing Address PO Box 1212		<b>Transaction ID : B6C4EEE007443467D9B2</b>
City Murphysboro	State IL	
Purpose of Disbursement Political Contribution: Primary 2016		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>Michael J. Bost</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input 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: IL	District: 12	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		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 type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		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 type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	20000.00