

**FEC  
FORM 3X**

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

RECEIVED  
FEDERAL CENTER  
2011 JUL 27 AM 11:12

Office Use Only

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

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC  
PAC

ADDRESS (number and street) 1035 S SEMORAN BLVD  
SUITE 1045A  
WINTER PARK FL 32792-5512

Check if different than previously reported. (ACC)

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

000163212

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:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on MM / DD / YYYYYY in the State of  

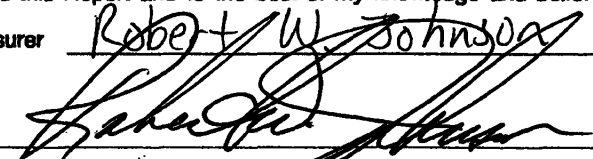
- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on MM / DD / YYYYYY in the State of  

5. Covering Period 01 / 01 / 2011 through 06 / 30 / 2011

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 Robert W. Johnson

Signature of Treasurer  Date 07 / 21 / 2011

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

11030640910

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Outdoor Amusement Business Association, Inc. PAC

Report Covering the Period: From: 01' 01' 2011 To: 06' 30' 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2011</u>		<u>138,789.45</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>138,789.45</u>	
(c) Total Receipts (from Line 19).....	<u>0</u>	<u>0</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>138,789.45</u>	<u>138,789.45</u>
7. Total Disbursements (from Line 31).....		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....		
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D).....		

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

11030640911



**DETAILED SUMMARY PAGE  
of Disbursements**

**II. Disbursements**

**COLUMN A  
Total This Period**

**COLUMN B  
Calendar Year-to-Date**

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

25000	25000
100000	100000
125000	125000
125000	125000

25000	25000
100000	100000
125000	125000
125000	125000

11030640913



**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 OF

<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 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)

Outdoor Amusement Business Association, Inc. PAC

Full Name (Last, First, Middle Initial)

**A.**

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

9 9

**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

Amount of Each Receipt this Period

9 9

**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

Amount of Each Receipt this Period

9 9

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

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

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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)				PAGE	OF
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
<input type="checkbox"/> 27	<input 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)  
*Outdoor Amusement Business Association, Inc. PAC*

A. *Graves For Congress*

Mailing Address: *c/o Meredith Advocacy Group*  
 City: *517 Second St. NE Washington DC* State: *DC* Zip Code: *20002*

Purpose of Disbursement: *campaign contribution* Category/Type: *011*

Candidate Name: *Samuel B. Graves, Jr.*

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼

State: *MO* District: *6*

Date of Disbursement: *05/09/2011*

Amount of Each Disbursement this Period: *1,000.00*

B. *McDermitt Davis*

Mailing Address: *605 E. Robinson St. Suite 635*  
 City: *Orlando FL* State: *FL* Zip Code: *32801*

Purpose of Disbursement: *tax filing* Category/Type: *001*

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: *06/07/2011*

Amount of Each Disbursement this Period: *250.00*

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: \_\_\_\_\_

Amount of Each Disbursement this Period: \_\_\_\_\_

SUBTOTAL of Disbursements This Page (optional) ..... ▶ *1,250.00*

TOTAL This Period (last page this line number only) ..... ▶ *1,250.00*

11030640916

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.

Hand Delivered

Date of Receipt

USPS First Class Mail

Postmarked

USPS Registered/Certified

Postmarked (R/C)

7/22/11

USPS Priority Mail

Postmarked

Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail

Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery

Received from House Records & Registration Office

Date of Receipt

Received from Senate Public Records Office

Date of Receipt

Received from Electronic Filing Office

Date of Receipt

Other (Specify):

Date of Receipt or Postmarked



PREPARER

7/27/11

DATE PREPARED

11030640917