



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**CMR Political Action Committee**

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="2012"/>	<input type="text" value="57035.2"/>	<input type="text" value="57035.2"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="40126.44"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5000"/>	<input type="text" value="195315.18"/>
(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="45126.44"/>	<input type="text" value="252350.38"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="27770.17"/>	<input type="text" value="234994.11"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="17356.27"/>	<input type="text" value="17356.27"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	

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

**CMR Political Action Committee**

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).....	0	88000
(ii) Unitemized .....	0	150
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0	88150
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	5000	104500
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5000	192650
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received .....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	165.18
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	2500
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5) .....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	5000	195315.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5000	195315.18

**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	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	4070.17	66494.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4070.17	66494.11
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000	159800
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements .....	8700	8700
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	27770.17	234994.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27770.17	234994.11

**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) .....	5000	192650
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5000	192650
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	4070.17	66494.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	165.18
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4070.17	66328.93

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

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

FOR LINE NUMBER: PAGE 6 OF 16  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. American Dental Association Political Action Committee**

Mailing Address 1111 14th Street NW  
Suite 1100

City Washington State DC Zip Code 20005-5627

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : SA11C-619-658-c**

Amount of Each Receipt this Period  
5000

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 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 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 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)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. O'Donnell and Associates, Ltd.**

Mailing Address 3101 N Hampton Drive  
Apt. 1517

City Alexandria State VA Zip Code 22302-1534

Purpose of Disbursement  
Fundraising Consulting for Committee

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B-449-655-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. The Catalyst Group, LLC**

Mailing Address 600 Pennsylvania Avenue SE  
Suite 330

City Washington State DC Zip Code 20003-6300

Purpose of Disbursement  
Fundraising: Food & Beverage

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B-50-656-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Dawn Sugasa**

Mailing Address 1029 W First Avenue #201

City Spokane State WA Zip Code 99201

Purpose of Disbursement  
Fundraising Consulting for Committee

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B-108-654-e**

Amount of Each Disbursement this Period

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

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

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

Use separate schedule(s) for each category of the Detailed Summary 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)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bill Johnson For Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

Mailing Address PO Box 14496

**Transaction ID : SB23-333-659-e**

City Poland State OH Zip Code 44514-7496

Amount of Each Disbursement this Period

1000
------

Purpose of Disbursement  
Committee Contribution

011
Category/ Type

Candidate Name

**Bill Johnson**

Office Sought:  House  
 Senate  
 President  
State: OH District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Citizens For Turner**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

Mailing Address 120 W 2nd Street  
Suite 1510

**Transaction ID : SB23-625-667-e**

City Dayton State OH Zip Code 45402-1603

Amount of Each Disbursement this Period

1000
------

Purpose of Disbursement  
Committee Contribution

011
Category/ Type

Candidate Name

**Michael R Rep Turner**

Office Sought:  House  
 Senate  
 President  
State: OH District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Friends of Dave Joyce**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

Mailing Address 320 Kenarden Drive

**Transaction ID : SB23-594-668-e**

City Highland Heights State OH Zip Code 44143-3710

Amount of Each Disbursement this Period

1000
------

Purpose of Disbursement  
Committee Contribution

011
Category/ Type

Candidate Name

**David P Joyce**

Office Sought:  House  
 Senate  
 President  
State: OH District: 14

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

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

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

3000.00
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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 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)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Susan Brooks**

Mailing Address 9333 N Meridian Street  
Suite 230

City Indianapolis State IN Zip Code 46260-1882

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

**Susan Brooks**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IN District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2012

Transaction ID : **SB23-434-662-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Jim Renacci for Congress**

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281-8701

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

**James B Renacci**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 16

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2012

Transaction ID : **SB23-99-670-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. Koster For Congress - 2012**

Mailing Address PO Box 231

City Arlington State WA Zip Code 98223-0231

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

**John M Koster**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2012

Transaction ID : **SB23-430-681-e**

Amount of Each Disbursement this Period

2500

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

4500.00

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary 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)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Luke Messer For Congress**

Mailing Address 345 W Broadway Street

City Shelbyville State IN Zip Code 46176-1001

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

**Allen Lucas Messer**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IN District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2012

**Transaction ID : SB23-549-663-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Mary Bono Mack Committee**

Mailing Address PO Box 3370

City Palm Springs State CA Zip Code 92263-3370

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

**Mary Bono Mack**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 36

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2012

**Transaction ID : SB23-8-660-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. Sandy Adams For Congress**

Mailing Address PO Box 1566

City Orlando State FL Zip Code 32802-1566

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

**Sandy Adams**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2012

**Transaction ID : SB23-235-661-e**

Amount of Each Disbursement this Period

500

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

2500.00

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



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

Use separate schedule(s)  
for each category of the  
Detailed Summary 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)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tom Rice For Congress**

Mailing Address 1107 48th Avenue N  
Suite 210

City Myrtle Beach State SC Zip Code 29577-5443

Purpose of Disbursement  
Committee Contribution

011

Category/  
Type

Candidate Name

**Tom Rice**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: SC District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2012

Transaction ID : SB23-555-657-e

Amount of Each Disbursement this Period

1000
------

Full Name (Last, First, Middle Initial)

**B. Wenstrup For Congress**

Mailing Address 512 Missouri Avenue

City Cincinnati State OH Zip Code 45226-1121

Purpose of Disbursement  
Committee Contribution

011

Category/  
Type

Candidate Name

**Brad Wenstrup**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2012

Transaction ID : SB23-623-666-e

Amount of Each Disbursement this Period

1000
------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

2000.00
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**TOTAL** This Period (last page this line number only)..... ▶

15000.00
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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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Commissioner Jim Johnson**

Mailing Address 985 Reser Road

City Walla Walla State WA Zip Code 99362-9070

Purpose of Disbursement  
NON FEDERAL Committee Contribution

011

Candidate Name  
**Jim Johnson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2012			

Transaction ID : **SB29-643-682-e**

Amount of Each Disbursement this Period

500
-----

(For State/Local Candidate Support)

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Jeff Holy**

Mailing Address PO Box 40285

City Spokane State WA Zip Code 99220-0904

Purpose of Disbursement  
NON FEDERAL Committee Contribution

011

Candidate Name  
**Jeff Holy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2012			

Transaction ID : **SB29-628-671-e**

Amount of Each Disbursement this Period

900
-----

(For State/Local Candidate Support)

Full Name (Last, First, Middle Initial)

**C. Committee To Elect Joel Kretz**

Mailing Address 1014 Toroda Creek Road

City Wauconda State WA Zip Code 98859-9711

Purpose of Disbursement  
NON FEDERAL Committee Contribution

011

Candidate Name  
**Joel Kretz**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2012			

Transaction ID : **SB29-204-673-e**

Amount of Each Disbursement this Period

900
-----

(For State/Local Candidate Support)

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

2300.00
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**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)

<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Committee To Elect Kevin Parker**

Mailing Address PO Box 198

City State Zip Code  
Spokane WA 99210-0198

Purpose of Disbursement  
NON FEDERAL Committee Contribution

011

Candidate Name  
**Kevin Parker**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2012			

Transaction ID : **SB29-203-674-e**

Amount of Each Disbursement this Period

900
-----

(For State/Local Candidate Support)

Full Name (Last, First, Middle Initial)

**B. Committee To Re-Elect Maureen Walsh**

Mailing Address PO Box 461

City State Zip Code  
Walla Walla WA 99362-0013

Purpose of Disbursement  
NON FEDERAL Committee Contribution

011

Candidate Name  
**Maureen Walsh**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2012			

Transaction ID : **SB29-209-675-e**

Amount of Each Disbursement this Period

500
-----

(For State/Local Candidate Support)

Full Name (Last, First, Middle Initial)

**C. Committee to Re-Elect Terry Nealey**

Mailing Address PO Box 7

City State Zip Code  
Dayton WA 99328-0007

Purpose of Disbursement  
NON FEDERAL Committee Contribution

011

Candidate Name  
**Terry Nealy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2012			

Transaction ID : **SB29-634-677-e**

Amount of Each Disbursement this Period

500
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(For State/Local Candidate Support)

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

1900.00
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**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)

<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dawn McCravey for State Senate**

Mailing Address PO Box 271

City Bothell State WA Zip Code 98041-0271

Purpose of Disbursement  
NON FEDERAL Committee Contribution

011

Candidate Name  
**Dawn McCravey**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2012			

Transaction ID : **SB29-639-679-e**

Amount of Each Disbursement this Period

900
-----

(For State/Local Candidate Support)

Full Name (Last, First, Middle Initial)

**B. Friends For Susan Fagan**

Mailing Address PO Box 1471

City Pullman State WA Zip Code 99163-1441

Purpose of Disbursement  
NON FEDERAL Committee Contribution

011

Candidate Name  
**Susan Fagan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2012			

Transaction ID : **SB29-206-676-e**

Amount of Each Disbursement this Period

900
-----

(For State/Local Candidate Support)

Full Name (Last, First, Middle Initial)

**C. Friends of Barbara Bailey**

Mailing Address PO Box 374

City Oak Harbor State WA Zip Code 98277-0374

Purpose of Disbursement  
NON FEDERAL Committee Contribution

011

Candidate Name  
**Barbara Bailey**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2012			

Transaction ID : **SB29-641-680-e**

Amount of Each Disbursement this Period

900
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(For State/Local Candidate Support)

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

2700.00
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**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)

<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mike Hewitt for Senate**

Mailing Address 2815 Saint Andrews Loop  
Suite C

City Pasco State WA Zip Code 99301-3480

Purpose of Disbursement  
NON FEDERAL Committee Contribution

Category/  
Type

Candidate Name  
**Mike Hewitt**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29-636-678-e**

Amount of Each Disbursement this Period

(For State/Local Candidate Support)

Full Name (Last, First, Middle Initial)

**B. People For Joe Schmick**

Mailing Address PO Box 620

City Colfax State WA Zip Code 99111-0620

Purpose of Disbursement  
NON FEDERAL Committee Contribution

Category/  
Type

Candidate Name  
**Joe Schmick**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29-207-672-e**

Amount of Each Disbursement this Period

(For State/Local Candidate Support)

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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