

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 CMR Political Action Committee

ADDRESS (number and street) PO Box 2485 Check if different than previously reported. (ACC) Springfield VA 22152-0485

2. FEC IDENTIFICATION NUMBER C C00469429 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [ ] 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), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), 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 / D D / 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 / D D / Y Y Y Y Y Y in the State of

5. Covering Period 10 / 01 / 2014 through 10 / 15 / 2014

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 F. Carlin

Signature of Treasurer Robert F. Carlin [Electronically Filed] Date 10 / 23 / 2014

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

**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="2014"/>	<input type="text" value="61536.51"/>	<input type="text" value="61536.51"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="75334.92"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="13338.47"/>	<input type="text" value="429522.7"/>
(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="88673.39"/>	<input type="text" value="491059.21"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8050"/>	<input type="text" value="410435.82"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="80623.39"/>	<input type="text" value="80623.39"/>
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

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).....	1000	66500
(ii) Unitemized .....	0	300
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1000	66800
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	12338.47	349004.55
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	13338.47	415804.55
12. Transfers From Affiliated/Other Party Committees.....	0	13718.15
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	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
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))..... ▶	13338.47	429522.7
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13338.47	429522.7

**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 .....	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	50	157935.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	50	157935.82
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000	252500
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 .....	0	0
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)) ..	8050	410435.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8050	410435.82

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	13338.47	415804.55
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13338.47	415804.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	50	157935.82
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	50	157935.82

**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 6 OF 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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**

**A. Steven J Priest**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9307 Exton Lane  
 City Brentwood State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DaVita Healthcare Partners Occupation SVP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000**

Date of Receipt  
 10 / 01 / 2014  
**Transaction ID : 1007-1265-c**  
 Amount of Each Receipt this Period  
**1000**

**B. Auren Hoffman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1844 Greenwich Street  
 City San Francisco State CA Zip Code 94123-3508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LiveRamp Occupation Product  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000**

Date of Receipt  
 10 / 14 / 2014  
**Transaction ID : 1011-1274-1-P**  
 Amount of Each Receipt this Period  
**5000**  
**[MEMO ITEM]**  
 Transfer Subitemization of The McMorris Rodgers American Dream Project

**C. Marilyn Ware**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 210 University Boulevard Suite 410  
 City Denver State CO Zip Code 80206-4618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **10000**

Date of Receipt  
 10 / 14 / 2014  
**Transaction ID : 1010-1274-1-P**  
 Amount of Each Receipt this Period  
**10000**  
**[MEMO ITEM]**  
 Transfer Subitemization of The McMorris Rodgers American Dream Project

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>1000.00</b>

**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 10
<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)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Lockheed Martin Corporation Employees' Political Action Committee**

Mailing Address 2121 Crystal Drive  
Suite 100

City Arlington State VA Zip Code 22202-3706

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000

Date of Receipt  
10 / 15 / 2014  
**Transaction ID : 713-1275-c**

Amount of Each Receipt this Period  
5000

Full Name (Last, First, Middle Initial)  
**B. The McMorris Rodgers American Dream Project**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152-0485

FEC ID number of contributing federal political committee. **C** C00543199

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10004.55

Date of Receipt  
10 / 15 / 2014  
**Transaction ID : 829-1274-c**

Amount of Each Receipt this Period  
7338.47

Transfer of Net JFC Funds

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12338.47
<b>TOTAL</b> This Period (last page this line number only).....▶	12338.47

**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. Complete Campaigns**

Mailing Address 610 Gateway Center Way  
Suite K

City San Diego State CA Zip Code 92102-4548

Purpose of Disbursement  
Fundraising: Credit Card Merchant Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B-125-1269-e

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

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  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

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. Andy Barr For Congress, Inc.**

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588-2059

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

**Garland "Andy" Barr**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		13		2014

**Transaction ID : SB23-178-1272-e**

Amount of Each Disbursement this Period

2500
------

Full Name (Last, First, Middle Initial)

**B. Carlos Curbelo Congress**

Mailing Address 8770 SW 72nd Street  
# 355

City Miami State FL Zip Code 33173-3512

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

**Carlos Curbelo**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		09		2014

**Transaction ID : SB23-885-1270-e**

Amount of Each Disbursement this Period

2500
------

Full Name (Last, First, Middle Initial)

**C. Friends Of Nan Hayworth**

Mailing Address PO Box 511

City Chester State NY Zip Code 10918-0511

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

**Nan Hayworth**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		13		2014

**Transaction ID : SB23-245-1273-e**

Amount of Each Disbursement this Period

500
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5500.00
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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 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. Johnson For Congress**

Mailing Address PO Box 14496

City Poland State OH Zip Code 44514-7496

Purpose of Disbursement  
Committee Contribution

011

Category/  
Type

Candidate Name  
**Bill Johnson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2014

Transaction ID : SB23-333-1271-e

Amount of Each Disbursement this Period

2500

Full Name (Last, First, Middle Initial)

**B.**

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

Amount of Each Disbursement this Period

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

Amount of Each Disbursement this Period

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

2500.00

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

8000.00