Image# 14952392954 PAGE 1 / 10

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

					Office Use Only
NAME OF TO COMMITTEE (in full)	YPE OR PRINT ▼	Example: over the	If typing, type lines.	12FE4M5	
CMR Political Action Co	mmittee				ı
ADDRESS (number and street)	PO Box 2485				
Check if different					
than previously reported. (ACC)	Springfield			VA L	22152-0485
2. FEC IDENTIFICATION NUM	MBER ▼	CITY 🛦		STATE A	ZIP CODE ▲
C C00469429		3. IS THIS REPORT	× NEW OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5) Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6)		20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15	.	Apr 20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
Quarterly Report (Q1) July 15 Quarterly Report (Q2)	(c) 12-Day		ry (12P)	X General (12G) Runoff (12R)
October 15	Report for t	he: Conv	ention (12C)	Special (1	12S)
Quarterly Report (Q3) January 31 Year-End Report (YE)	_	Election on	M / D D /	Y W Y W Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day		ral (30G)	Runoff (3	OR) Special (30S)
Termination Report (TER)	Report for the		M / D D /	Y Y Y Y Y	in the State of
5. Covering Period 10		014 thr	ough 10	/ D D /	2014
I certify that I have examined this	Report and to the be	est of my knowledge	e and belief it is t	rue, correct and	complete.
Type or Print Name of Treasurer	Robert F. Carlin				
Signature of Treasurer Robert	F. Carlin	[Elect	ronically Filed]	Date 10	/ D D / Y Y Y Y Y Y 2014
NOTE: Submission of false, erroneo	us, or incomplete infor	mation may subject	the person signing	this Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

CMR Political Action Committee

Report Covering the Period: From: 10 01 2014 To: 10 15 2014

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		61536.51
	(b) Cash on Hand at Beginning of Reporting Period	75334.92	
	(c) Total Receipts (from Line 19)	13338.47	429522.7
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	88673.39	491059.21
7.	Total Disbursements (from Line 31)	8050	410435.82
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	80623.39	80623.39
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	1000	66500
(i) Itemized (use Schedule A)	1000	00300
(**) 11 - 11 1		300
(ii) Unitemized	0	300
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	1000	66800
Lines II(a)(i) and (ii)	, 1000	
(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
. Transfers From Affiliated/Other		
Party Committees	0	13718.15
All Loans Received	0	0
. Loan Repayments Received	0	
. Offsets To Operating Expenditures	,	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0	0
Refunds of Contributions Made		
to Federal Candidates and Other	0	0
Political Committees	0	0
Other Federal Receipts (Dividends, Interest, etc.)		0
Transfers from Non-Federal and Levin Funds	0	
(a) Non-Federal Account		
(from Schedule H3)	0	0
(110111 001100010 110)		
(b) Levin Funds (from Schedule H5)	0	0
(b) Levill Fullus (IIOIII Schedule Fis)		
(c) Total Transfers (add 18(a) and 18(b))	0	0
(o) rotal transfers (and rotal and rotal).		
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	13338.47	429522.7
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	13338.47	429522.7

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B
Operating Expenditures:	iotal IIIIS Feriod	Calendar Year-to-Date
(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
Transfers to Affiliated/Other Party	30	107303.02
Committees	0	0
Contributions to Federal Candidates/Committees		
and Other Political Committees	8000	252500
Independent Expenditures		
(use Schedule E) Coordinated Party Expenditures	0	0
(2 U.S.C. §441a(d)) (use Schedule F)	0	
(use Schedule F)	, , , , ,	0
Loan Repayments Made	0	n
Loan Hopaymonio Made		
Loans Made	0	0
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees	0	0
(such as PACs)	0	
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0	0
Other Disbursements	0	0
		, , , , , , , , , , , , , , , , , , , ,
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0	0
(1) 1 606141 011416		
(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
Total Diphuraamenta (add Lines 01/a) 00		
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8050	440405.00
20, 27, 20, 20, 21, 20(u), 23 dilu 30(b))	8030	410435.82
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	8050	410435.82

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	13338.47	415804.55
4. Total Contribution Refunds (from Line 28(d))	0	0
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13338.47	415804.55
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	50	157935.82
7. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
8. 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	_	: PAGE	6 OF	10
(check only	y one)			
X 11a	11b	11c	12	
13	14	15	16	17

NAME OF COMMITTEE (In Full) CMR Political Action Committe	e	
Full Name (Last, First, Middle Initial) A. Steven J Priest		Date of Receipt
Mailing Address 9307 Exton Lane		10 01 2014
City	State Zip Code	Transaction ID : 1007-1265-c
Brentwood	TN 37027	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000
Name of Employer	Occupation	
DaVita Healthcare Partners	SVP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000	
Full Name (Last, First, Middle Initial) 3. Auren Hoffman		Date of Receipt
Mailing Address 1844 Greenwich Street		10 14 _2014 _
City	State Zip Code	Transaction ID : 1011-1274-1-P
San Francisco	CA 94123-3508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000
Name of Employer	Occupation	
LiveRamp	Product	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000	[MEMO ITEM] Transfer Subitemization of The McMorris Rodge American Dream Project
Full Name (Last, First, Middle Initial) Marilyn Ware		Date of Receipt
Mailing Address 210 University Boulevard Suite 410		10 14 2014
City	State Zip Code	Transaction ID : 1010-1274-1-P
Denver	CO 80206-4618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000
Name of Employer	Occupation	
Retired	Retired	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	[MEMO ITEM] Transfer Subitemization of The McMorris Rodge American Dream Project
	45 45 45	1000.00
SUBTOTAL of Receipts This Page (optional)	>	1000.00
TOTAL This Period (last page this line number	only)	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 10 (check only one) 11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CMR Political Action Committee	e name and a		
Full Name (Last, First, Middle Initial) Lockheed Martin Corporation Employ Mailing Address 2121 Crystal Drive Suite 100 City Arlington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State VA C Coo	Zip Code 22202-3706 0303024	Date of Receipt 10 15 2014 Transaction ID: 713-1275-c Amount of Each Receipt this Period 5000
Full Name (Last, First, Middle Initial) The McMorris Rodgers American D Mailing Address PO Box 2485 City Springfield FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State VA C Coo	Zip Code 22152-0485 0543199	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 FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Other (specify)	State C Occupation Aggregate	Zip Code Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		·····	12338.47

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

12338.47

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Use separate schedule(s) for each category of the Detailed Summary Page	SCHEDULE B (FEC Form 3X)				PAGE 8 OF 10
Amount of Each Disbursement Full Name (Last, First, Middle Initial) State: Distinct: Full Name (Last, First, Middle Initial) Mailing Address City State: Distinct: Full Name (Last, First, Middle Initial) Mailing Address City State: Distinct: Full Name (Last, First, Middle Initial) Mailing Address City State: Distinct: Full Name (Last, First, Middle Initial) Mailing Address City State: Distinct: Full Name (Last, First, Middle Initial) Mailing Address City State: Distinct: Full Name (Last, First, Middle Initial) Mailing Address City State: Disbursement Candidate Name Category' Type Office Sought: House President Disbursement For: Senate Primary General Office Sought: House President State: Disbursement Candidate Name Category' Type Office Sought: House President State: Disbursement Candidate Name Category' Type Office Sought: House President State: Disbursement Candidate Name Category' Type Office Sought: House President Category' Ty	TEMIZED DISBURSEMENTS		(check only	heck only one)	
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. Complete Campaigns Mailing Address City State Disbursement For: Senate Primary General Primary General President State: Disbursement Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Primary General President State: Disbursement Amount of Each Disbursement this Period Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Amailing Address City State Disbursement Candidate Name Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement Amount of Each Disbursement this Period Category/ Type Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement Amount of Each Disbursement this Period Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement Amount of Each Disbursement Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Other (specify) Office Sought: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Other (specify) Office Sought: Full Name (Last, First, Middle Initial) Other (specify) Office Sought: Full Name (Last, First, Middle Initial) Other (specify) Other (specify) Office Sought: Other (specify) Office Sought: Other (specify) Other					
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) Complete Campaigns Mailing Address of 10 Gateway Center Way Suite K City State Zip Code San Diego CA 92102-4548 Purpose of Disbursement President State: District Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Office Sought: Flows Senate President Candidate Name Category' Office Sought: Flows Senate President State: District Full Name (Last, First, Middle Initial) Date of Disbursement Amount of Each Disbursement this Period Category' Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement Amount of Each Disbursement this Period Category' Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Office Soug	Any information conied from such Paparts and Statem	ents may not be sold or use			
CMR Political Action Committee Full Name (Last, First, Middle Initial) Complete Campaigns Mailing Address 610 Gateway Center Way Suite K City San Diago CA 92102-4548 Purpose of Disbursement Fundraising: Credit Card Merchant Fee Candidate Name Category Type Office Sought: House Disbursement For: Senate Primary General Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Category Type Date of Disbursement this Period Amount of Each Disbursement Category Type Amount of Each Disbursement this Period Category Type Office Sought: House Disbursement For: Senate President Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Category Type Office Sought: House Disbursement For: Senate President Category Type Office Sought: House Disbursement For: Senate President Candidate Name Category Type Office Sought: Amount of Each Disbursement this Period Amount of Each Disbursement Amount of Each Disbursement Amount of Each Disbursement Amount of Each Disbursement this Period Amount of Each Disbursement Amount of Each Disbursement Amount of Each Disbursement Amount of Each Disbursement this Period Category Type Office Sought: Amount of Each Disbursement this Period Office Sought: Amount of Each Disbursement this Period Category Type Office Sought: Amount of Each Disbursement this Period Office Sought: Amount o					
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Mailing Address 610 Gateway Center Way Suite K City State Zip Code San Diego CA 92102-4548 Propose of Disbursement Fundraising: Credit Card Merchant Fee Candidate Name Calegory/ Type Other (specify) Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Date of Disbursement Candidate Name Category/ Type Date of Disbursement this Period Amount of Each Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For:					
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Office Sought:			003	Amount of Each D	isbursement this Period
Office Sought:	Candidate Name				50
Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Other (specify) Office Sought: House Primary General Other (specify) Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement For: Senate Primary General Other (specify) Tuple Date of Disbursement This Period Category/ Type Disbursement For: Category/ Type Office Sought: House Disbursement For: General Other (specify) Office Sought: House Disbursement For: Ge	Office Sought:	ant Favi			30
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Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼	City	tate Zip Code			
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Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Office Sought: Other (specify) Other (specify) Amount of Each Disbursement this Period Other (specify) Other					
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Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼		onioi (opoony) 🔻			
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼					
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼	D.			Date of Disbursem	nent
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼	Marillan Adduses			M M / D D	/
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Primary General President Other (specify) Type Amount of Each Disbursement this Period Category/ Type	Mailing Address				
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼	City S	tate Zip Code			
Candidate Name Category/ Type Office Sought: House Senate Primary Other (specify) Other (specify) Figure 1 Other (specify) Other (specify)	Purpose of Disbursement				
Office Sought: House Senate President Disbursement For: Primary General Other (specify) Type				Amount of Each D	sbursement this Period
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼	Candidate Name		Category/ Type		
President Other (specify) ▼	Office Sought: House Disbursem	ent For:		-	
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SCHEDULE B (FEC Form 3X)	Lies concrete cohodule(s)				
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	•		
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30b	
Any information copied from such Reports and Statem	nents may not be sold or us				
or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)					
CMR Political Action Committee					
/ Full Name (Last, First, Middle Initial)					
A. Andy Barr For Congress, Inc.			Date of Disburseme	ent	
Andy Ban 1 of Congress, inc.			M M / D D	/ Y Y Y Y	
Mailing Address PO Box 2059			10 13	2014	
City	State Zip Code				
Lexington	KY 40588-2059		Transaction ID : S	В23-178-1272-е	
Purpose of Disbursement					
Committee Contribution		011	Amount of Each Dis	sbursement this Period	
Candidate Name		Category/		2500	
Garland "Andy" Barr Office Sought: House Disbursen	nent For: 2014	Туре		2000	
	Primary X General				
	Other (specify) ▼				
State: KY District: 06					
Full Name (Last, First, Middle Initial)					
B. Carlos Curbelo Congress			Date of Disburseme		
Mailing Address 8770 SW 72nd Street			10 09	2014	
# 355			10 00	2014	
,	State Zip Code		Transaction ID : S	B23-885-1270-e	
Miami Purpose of Disbursement	FL 33173-3512				
Committee Contribution		011	Amount of Each Dis	sbursement this Period	
Candidate Name		Category/			
Carlos Curbelo		Type	,	2500	
	nent For: 2014				
	Primary General				
State: FL District: 26	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C. Friends Of Nan Hayworth			Date of Disburseme	ent	
<u> </u>			M M / D D	/	
Mailing Address PO Box 511			10 13	2014	
City	State Zip Code				
Chester	NY 10918-0511		Transaction ID : S	6B23-245-1273-e	
Purpose of Disbursement Committee Contribution					
Candidate Name		011	Amount of Each Dis	sbursement this Period	
Nan Hayworth		Category/ Type		500	
	nent For: 2014	.,,,,			
Senate	Primary				
	Other (specify) ▼				
State: NY District: 18					
SUBTOTAL of Disbursements This Page (optional)				5500.00	
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TOTAL This Period (last page this line number only)			1		

SCHEDULE B (FEC Form 3X)		FOR LINE I				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	heck only one)			
	, ,	27	28a 28b	28c 29 30		
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NAME OF COMMITTEE (In Full)						
CMR Political Action Committee						
Full Name (Last, First, Middle Initial)			5 . (5)			
A. Johnson For Congress			Date of Disburs	ement		
Mailing Address PO Box 14496			10	13 2014		
,	State Zip Code		Transaction II	D : SB23-333-1271-e		
Poland Purpose of Disbursement	OH 44514-7496					
Committee Contribution		011	Amount of Each	Disbursement this Period		
Candidate Name Bill Johnson		Category/ Type		2500		
	nent For: 2014	Турс				
	Primary General					
State: OH District: 06	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
В.			Date of Disburs	ement		
Mailing Address			M = M / D	D / Y ! Y ! Y ! Y		
-						
City	State Zip Code					
Purpose of Disbursement			Amount of Each	Disbursement this Period		
Candidate Name		Category/	7 anount of Each	1 Biobardement this 1 chea		
		Type		7		
Office Sought: House Disbursen Senate	nent For: Primary General					
	Other (specify)					
State: District:						
Full Name (Last, First, Middle Initial) C.			Date of Disburs	ement		
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Mailing Address						
City	State Zip Code					
Purpose of Disbursement						
			Amount of Each	Disbursement this Period		
Candidate Name		Category/ Type				
Office Sought: House Disbursen	nent For:					
	Primary General					
State: District:	Other (specify) ▼					
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