

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**
ANNIEPAC

ADDRESS (number and street) **1 PARK ROW 5TH FL**
Check if different than previously reported. (ACC) **PROVIDENCE RI 02903**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00540062 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 09 / 01 / 2016 through 09 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Bruce, Hannah, , ,
Type or Print Name of Treasurer

Signature of Treasurer Bruce, Hannah, , , [Electronically Filed] Date 10 / 20 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

ANNIEPAC

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="2016"/> | <input type="text" value="4225.00"/> | <input type="text" value="4225.00"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="5753.34"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="5000.00"/> | <input type="text" value="20000.00"/> |
| (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="10753.34"/> | <input type="text" value="24225.00"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="8000.00"/> | <input type="text" value="21471.66"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="2753.34"/> | <input type="text" value="2753.34"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY 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

Write or Type Committee Name

ANNIEPAC

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)..... | 0.00 | 0.00 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 5000.00 | 20000.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 5000.00 | 20000.00 |
| 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)).....▶ | 5000.00 | 20000.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 5000.00 | 20000.00 |

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 | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 1721.66 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 1721.66 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 8000.00 | 19000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations)..... | 0.00 | 750.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(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)) .. | 8000.00 | 21471.66 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 8000.00 | 21471.66 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) | 5000.00 | 20000.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 5000.00 | 20000.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 1721.66 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 1721.66 |

**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 11 |
| <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)
ANNIEPAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS POLITICAL ACTION COMMITTEE

Mailing Address 900 SEVENTH ST

| | | |
|--------------------|-------------|-------------------|
| City Washington | State DC | Zip Code 20001 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00027342

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 07 | | 2016 |

Transaction ID : SA11C.4369

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

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

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

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

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 5000.00 |
| TOTAL 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 type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <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)
ANNIEPAC

A. ANGIE CRAIG FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 22116

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 26 | | 2016 |

City EAGAN State MN Zip Code 55122

FEC Identification Number

Purpose of Disbursement
Contributor

| | |
|---|-----------|
| C | C00575209 |
|---|-----------|

Candidate Name

CRAIG, ANGELA DAWN, , ,

Category/
Type

Transaction ID : SB23.4336

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

| |
|--------|
| 500.00 |
|--------|

State: MN District: 02

Memo Item

B. CAIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1523

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 16 | | 2016 |

City BANGOR State ME Zip Code 04402

FEC Identification Number

Purpose of Disbursement
Contribution

| | |
|---|-----------|
| C | C00546077 |
|---|-----------|

Candidate Name

CAIN, EMILY, , ,

Category/
Type

Transaction ID : SB23.4359

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

| |
|--------|
| 500.00 |
|--------|

State: ME District: 02

Memo Item

C. COLLEEN DEACON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 118 JULIAN PL
#208

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 16 | | 2016 |

City SYRACUSE State NY Zip Code 13210

FEC Identification Number

Purpose of Disbursement
Contribution

| | |
|---|-----------|
| C | C00588483 |
|---|-----------|

Candidate Name

DEACON, COLLEEN, , ,

Category/
Type

Transaction ID : SB23.4368

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

| |
|--------|
| 500.00 |
|--------|

State: NY District: 24

Memo Item

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

| |
|---------|
| 1500.00 |
|---------|

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"/> 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)
ANNIEPAC

A. FRIENDS OF ANNA THRONE-HOLST

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 6

City SOUTHAMPTON State NY Zip Code 11969

Purpose of Disbursement Contribution

Candidate Name
THRONE-HOLST, ANNA, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NY District: 01

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2016

FEC Identification Number

C C00578401

Transaction ID : SB23.4352

Amount of Each Disbursement this Period

500.00

Memo Item

B. KIM MYERS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1255

City VESTAL State NY Zip Code 13851

Purpose of Disbursement Contribution

Candidate Name
MYERS, KIM, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NY District: 22

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2016

FEC Identification Number

C C00610642

Transaction ID : SB23.4342

Amount of Each Disbursement this Period

500.00

Memo Item

C. LUANN BENNETT FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 446

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement Contribution

Candidate Name
BENNETT, LUANN, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: VA District: 10

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2016

FEC Identification Number

C C00595116

Transaction ID : SB23.4345

Amount of Each Disbursement this Period

500.00

Memo Item

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

1500.00

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"/> 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)
ANNIEPAC

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. MAGGIE FOR NH | | Date of Disbursement MM / DD / YYYY 09 / 26 / 2016 |
| Mailing Address PO BOX 298 | | FEC Identification Number C 000588772 Transaction ID : SB23.4346 |
| City CONCORD | State NH | Zip Code 03302 |
| Purpose of Disbursement Contribution | | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name HASSAN, MARGARET WOOD, , , | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NH | District: 00 | <input type="checkbox"/> Memo Item |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. MONICA VERNON FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 09 / 29 / 2016 |
| Mailing Address PO BOX 1635 | | FEC Identification Number C 000571562 Transaction ID : SB23.4333 |
| City CEDAR RAPIDS | State IA | Zip Code 52406 |
| Purpose of Disbursement Contribution | | Amount of Each Disbursement this Period 500.00 |
| Candidate Name VERNON, MONICA W, , , | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: IA | District: 01 | <input type="checkbox"/> Memo Item |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. NOLAN FOR CONGRESS VOLUNTEER COMMITTEE | | Date of Disbursement MM / DD / YYYY 09 / 20 / 2016 |
| Mailing Address PO BOX 1041 | | FEC Identification Number C 000499053 Transaction ID : SB23.4358 |
| City BRAINERD | State MN | Zip Code 56401 |
| Purpose of Disbursement Contribution | | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name NOLAN, RICHARD M., , , | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: MN | District: 08 | <input type="checkbox"/> Memo Item |

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"/> 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)
ANNIEPAC

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. ROSEN FOR NEVADA | | Date of Disbursement MM / DD / YYYY 09 / 26 / 2016 |
| Mailing Address 1000 N GREEN VALLEY PKWY #440-177 | | FEC Identification Number C00606939 Transaction ID : SB23.4349 |
| City HENDERSON | State NV | Zip Code 89074 |
| Purpose of Disbursement Contribution | | Amount of Each Disbursement this Period 500.00 |
| Candidate Name ROSEN, JACKY, , , | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NV | District: 03 | <input type="checkbox"/> Memo Item |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. SANTARSIERO FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 09 / 16 / 2016 |
| Mailing Address P.O. BOX 249 | | FEC Identification Number C00571455 Transaction ID : SB23.4362 |
| City NEWTON | State PA | Zip Code 18940 |
| Purpose of Disbursement Contribution | | Amount of Each Disbursement this Period 500.00 |
| Candidate Name SANTARSIERO, STEVEN J, , , | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: PA | District: 08 | <input type="checkbox"/> Memo Item |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. STEPHANIE MURPHY FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 09 / 26 / 2016 |
| Mailing Address PO BOX 205 | | FEC Identification Number C00620443 Transaction ID : SB23.4355 |
| City WINTER PARK | State FL | Zip Code 32790 |
| Purpose of Disbursement Contribution | | Amount of Each Disbursement this Period 500.00 |
| Candidate Name MURPHY, STEPHANIE, , , | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: FL | District: 07 | <input type="checkbox"/> Memo Item |

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

1500.00

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"/> 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)
ANNIEPAC

Full Name (Last, First, Middle Initial)
A. TERRI BONOFF FOR CONGRESS

Mailing Address PO BOX 249

City WAYZATA State MN Zip Code 55391

Purpose of Disbursement Contribution

Candidate Name
BONOFF, TERRI, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: MN District: 03

Date of Disbursement: 09 / 26 / 2016

FEC Identification Number: **C** C00614982
Transaction ID : SB23.4339
Amount of Each Disbursement this Period: 500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. ZEPHYR TEACHOUT FOR CONGRESS

Mailing Address PO BOX 491

City ROSENDALE State NY Zip Code 12472

Purpose of Disbursement Contribution

Candidate Name
TEACHOUT, ZEPHYR, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: NY District: 19

Date of Disbursement: 09 / 16 / 2016

FEC Identification Number: **C** C00608174
Transaction ID : SB23.4365
Amount of Each Disbursement this Period: 500.00

Memo Item

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement: / /

FEC Identification Number: **C**

Amount of Each Disbursement this Period:

Memo Item

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 1000.00 |
| TOTAL This Period (last page this line number only).....▶ | 8000.00 |