

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**
Sarah PAC

ADDRESS (number and street) PO Box 7711
Arlington VA 22207-0711
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00458588 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 [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] through [MM] / [DD] / [YYYY]
11 / 29 / 2016 through 12 / 31 / 2016

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

Signature of Treasurer Crawford, Timothy, , , [Electronically Filed] Date 01 / 25 / 2017

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)

Page 2

Write or Type Committee Name

Sarah PAC

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="380963.17"/>	<input type="text" value="380963.17"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="99052.01"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1723.64"/>	<input type="text" value="469339.84"/>
(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="100775.65"/>	<input type="text" value="850303.01"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="100775.65"/>	<input type="text" value="850303.01"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Sarah PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
11 / 29 / 2016 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

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).....	400.00	157550.02
(ii) Unitemized	146.16	306342.15
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	546.16	463892.17
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	546.16	463892.17
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).....	1147.48	5417.67
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	30.00	30.00
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)).....▶	1723.64	469339.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1723.64	469339.84

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	100775.65	791303.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	100775.65	791303.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	54000.00
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	5000.00
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)) ..	100775.65	850303.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	100775.65	850303.01

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)	546.16	463892.17
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	546.16	463892.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	100775.65	791303.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1147.48	5417.67
38. Net Operating Expenditures (subtract Line 37 from Line 36)	99628.17	785885.34

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN

Transaction ID :

Sarah PAC did no advocacy. All memo vendors over \$200 aggregate are listed. Letters for request for additional information have been sent.

Form/Schedule:

Transaction ID:

**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 21
	<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)
Sarah PAC

A. Sloan, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9868 Don Carlos Ct
 City Elk Grove State CA Zip Code 95624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) state Occupation (for Individual) Tax Collector
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2016
Transaction ID : AB32D08AFEC5F4421AA5
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Kent, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 1492
 City Leander State TX Zip Code 78646-1492
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) n/a Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2016
Transaction ID : A2115C3C6B4C2434C997
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Kent, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 1492
 City Leander State TX Zip Code 78646-1492
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) n/a Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2016
Transaction ID : A96792BC111F94D96BCC
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 21
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Sarah PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Titone, Carlo, , ,

Mailing Address 5365 Don Miguel dr.

City Carlsbad	State CA	Zip Code 92010-3936
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N.Y.P.D.	Occupation (for Individual) Retired
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2016

Transaction ID : **AD5D33C499E2C457CAAB**

Amount of Each Receipt this Period
100.00

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 M	/	D D D	/	Y Y Y Y Y Y
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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 M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	400.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 21
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Sarah PAC

A. Postmaster, USPS

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

Mailing Address 2200 N Station N George Mason Dr

City Arlington	State VA	Zip Code 22207-0000
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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 ▼
1147.48

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2016

Transaction ID : A658FC8B69D634147BC6

Amount of Each Receipt this Period
1147.48

Memo Item
BRM Postage refund

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 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 Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1147.48
TOTAL This Period (last page this line number only).....▶	1147.48

**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"/> 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)
Sarah PAC

Full Name (Last, First, Middle Initial) A. Stripe		Date of Disbursement MM / DD / YYYY 11 / 30 / 2016	
Mailing Address 3180 18th St.		FEC Identification Number C [REDACTED] Transaction ID : BD84570584I Amount of Each Disbursement this Period 51.08	
City San Francisco	State CA	Zip Code 94110-2043	Category/ Type [REDACTED]
Purpose of Disbursement merchant fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State:	District:		

Full Name (Last, First, Middle Initial) B. Authorize Net		Date of Disbursement MM / DD / YYYY 12 / 01 / 2016	
Mailing Address PO Box 8999		FEC Identification Number C [REDACTED] Transaction ID : B7BD22B093I Amount of Each Disbursement this Period 362.10	
City San Francisco	State CA	Zip Code 94128-8999	Category/ Type [REDACTED]
Purpose of Disbursement merchant service, account closed		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State:	District:		

Full Name (Last, First, Middle Initial) C. L & B Color Printing		Date of Disbursement MM / DD / YYYY 12 / 07 / 2016	
Mailing Address 590 E Railroad Ave		FEC Identification Number C [REDACTED] Transaction ID : BD0A5C9F5I Amount of Each Disbursement this Period 854.00	
City Wasilla	State AK	Zip Code 99654-8157	Category/ Type [REDACTED]
Purpose of Disbursement printing		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State:	District:		

SUBTOTAL of Disbursements This Page (optional)..... ▶	1267.18
TOTAL This Period (last page this line number only)..... ▶	[REDACTED]

**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"/> 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)
Sarah PAC

Full Name (Last, First, Middle Initial) A. Postmaster, Wasilla		Date of Disbursement MM / DD / YYYY 12 / 07 / 2016	
Mailing Address MPO		FEC Identification Number C [] Transaction ID : B87E7CB5C0 Amount of Each Disbursement this Period [] 940.00	
City Wasilla	State AK	Zip Code 99654-0000	Category/ Type []
Purpose of Disbursement stamps		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) B. Postmaster, Wasilla		Date of Disbursement MM / DD / YYYY 12 / 07 / 2016	
Mailing Address MPO		FEC Identification Number C [] Transaction ID : BF202ECC08I Amount of Each Disbursement this Period [] 160.00	
City Wasilla	State AK	Zip Code 99654-0000	Category/ Type []
Purpose of Disbursement po box rental		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. Crawford, Timothy, , ,		Date of Disbursement MM / DD / YYYY 12 / 07 / 2016	
Mailing Address 645 South Lake Drive		FEC Identification Number C [] Transaction ID : BAD39F71EE Amount of Each Disbursement this Period [] 10000.00	
City Ormond Beach	State FL	Zip Code 32174-1515	Category/ Type []
Purpose of Disbursement Consultant-Fundraising and compliance		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

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

[] 11100.00

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
Sarah PAC

Full Name (Last, First, Middle Initial) A. Headquarters Unlimited		Date of Disbursement MM / DD / YYYY 12 / 07 / 2016	
Mailing Address 2441 S. Teeland St.		FEC Identification Number C [] Transaction ID : B1776C2242C Amount of Each Disbursement this Period 6000.00	
City Wasilla	State AK	Zip Code 99623-9780	Category/ Type []
Purpose of Disbursement part time clerical		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. NorthStar Strategies		Date of Disbursement MM / DD / YYYY 12 / 07 / 2016	
Mailing Address 2437 Fern St		FEC Identification Number C [] Transaction ID : B8A4C2FE7E Amount of Each Disbursement this Period 9000.00	
City New Orleans	State LA	Zip Code 70125-4020	Category/ Type []
Purpose of Disbursement Consultant-Logistics		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. NorthStar Strategies		Date of Disbursement MM / DD / YYYY 12 / 12 / 2016	
Mailing Address 2437 Fern St		FEC Identification Number C [] Transaction ID : B1C4E3E5A4 Amount of Each Disbursement this Period 9000.00	
City New Orleans	State LA	Zip Code 70125-4020	Category/ Type []
Purpose of Disbursement Consultant-Logistics		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	24000.00
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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
Sarah PAC

A. Headquarters Unlimited

Full Name (Last, First, Middle Initial)

Mailing Address 2441 S. Teeland St.

City Wasilla State AK Zip Code 99623-9780

Purpose of Disbursement part time clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2016

FEC Identification Number: C

Transaction ID : B7FA309A87I

Amount of Each Disbursement this Period: 3000.00

Memo Item

B. Crawford, Timothy, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 645 South Lake Drive

City Ormond Beach State FL Zip Code 32174-1515

Purpose of Disbursement Consultant-Fundraising and compliance

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 15 / 2016

FEC Identification Number: C

Transaction ID : B7802689C2F

Amount of Each Disbursement this Period: 10000.00

Memo Item

C. Clapp, Peterson, Tiemessen, Thorsness LLC

Full Name (Last, First, Middle Initial)

Mailing Address 711 H St

City Anchorage State AK Zip Code 99501-3446

Purpose of Disbursement legal fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 16 / 2016

FEC Identification Number: C

Transaction ID : B135C6E5F0

Amount of Each Disbursement this Period: 220.90

Memo Item

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

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

13220.90

**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"/> 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)
Sarah PAC

Full Name (Last, First, Middle Initial) A. Stripe		Date of Disbursement MM / DD / YYYY 12 / 20 / 2016	
Mailing Address 3180 18th St.		FEC Identification Number C [REDACTED] Transaction ID : BDD6E479E Amount of Each Disbursement this Period 13.13	
City San Francisco	State CA	Zip Code 94110-2043	Category/ Type
Purpose of Disbursement merchant fees			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Chain Bridge Bank		Date of Disbursement MM / DD / YYYY 12 / 22 / 2016	
Mailing Address 1445-A McLaughlin Ave		FEC Identification Number C [REDACTED] Transaction ID : B64A2CEEC8 Amount of Each Disbursement this Period 89.76	
City McLean	State VA	Zip Code 22101-0000	Category/ Type
Purpose of Disbursement bank fees			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Clapp, Peterson, Tiemessen, Thorsness LLC		Date of Disbursement MM / DD / YYYY 12 / 27 / 2016	
Mailing Address 711 H St		FEC Identification Number C [REDACTED] Transaction ID : B1CF77F70C Amount of Each Disbursement this Period 20000.00	
City Anchorage	State AK	Zip Code 99501-3446	Category/ Type
Purpose of Disbursement legal services			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	20102.89
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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
Sarah PAC

Full Name (Last, First, Middle Initial) A. Postmaster, USPS		Date of Disbursement MM / DD / YYYY 12 / 27 / 2016
Mailing Address 2200 N Station N George Mason Dr		FEC Identification Number C [] Transaction ID : BE265345969 Amount of Each Disbursement this Period [] 198.37
City Arlington	State VA	Zip Code 22207-0000
Purpose of Disbursement postage and stamps		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Baker & Hostetler		Date of Disbursement MM / DD / YYYY 12 / 28 / 2016
Mailing Address 1050 Connecticut Ave NW		FEC Identification Number C [] Transaction ID : BC742EBA1B Amount of Each Disbursement this Period [] 4500.00
City Washington	State DC	Zip Code 20036-5303
Purpose of Disbursement legal fees		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Harris Media		Date of Disbursement MM / DD / YYYY 12 / 29 / 2016
Mailing Address 2131 Theo Drive		FEC Identification Number C [] Transaction ID : B24E6C3C21 Amount of Each Disbursement this Period [] 3500.00
City Austin	State TX	Zip Code 78723-5728
Purpose of Disbursement internet fundraising and website mgmt.		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

8198.37

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
Sarah PAC

A. Stripe

Full Name (Last, First, Middle Initial)

Mailing Address 3180 18th St.

City San Francisco State CA Zip Code 94110-2043

Purpose of Disbursement merchant fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 29 / 2016

FEC Identification Number: C

Transaction ID : BE9B94B21F

Amount of Each Disbursement this Period: 1.03

Memo Item

B. PCI Payment Solutions

Full Name (Last, First, Middle Initial)

Mailing Address 902 Chinguapin Rd.

City McLean State VA Zip Code 22102-1040

Purpose of Disbursement merchant fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 30 / 2016

FEC Identification Number: C

Transaction ID : BEC9DCB7E7

Amount of Each Disbursement this Period: 34.45

Memo Item

C. Regnery Publishing

Full Name (Last, First, Middle Initial)

Mailing Address 300 New Jersey Ave., NW Suite 500

City Washington State DC Zip Code 20001-2253

Purpose of Disbursement Books and Shipping

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 31 / 2016

FEC Identification Number: C

Transaction ID : B01CA0FAA1

Amount of Each Disbursement this Period: 4534.97

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4570.45

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
Sarah PAC

Full Name (Last, First, Middle Initial)

A. Clapp, Peterson, Tiemessen, Thorsness LLC

Mailing Address 711 H St

City Anchorage State AK Zip Code 99501-3446

Purpose of Disbursement legal services

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2016

FEC Identification Number

C
Transaction ID : BE0F39C850:
 Amount of Each Disbursement this Period
 15513.09

Memo Item

Full Name (Last, First, Middle Initial)

B. PCI Payment Solutions

Mailing Address 902 Chinguapin Rd.

City McLean State VA Zip Code 22102-1040

Purpose of Disbursement merchant fees

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2016

FEC Identification Number

C
Transaction ID : B01402352F4
 Amount of Each Disbursement this Period
 26.25

Memo Item

Full Name (Last, First, Middle Initial)

C. First Bankcard

Mailing Address PO Box 2557

City Omaha State NE Zip Code 68103-2557

Purpose of Disbursement suv rental

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
12 / 05 / 2016

FEC Identification Number

C
Transaction ID : BDE4A388C:
 Amount of Each Disbursement this Period
 606.36

Memo Item

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

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

16145.70

**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"/> 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)
Sarah PAC

Full Name (Last, First, Middle Initial) A. Luxury Limousines		Date of Disbursement MM / DD / YYYY 11 / 11 / 2016
Mailing Address 8825 Runamuck		FEC Identification Number C [] Transaction ID : B7153107CB Amount of Each Disbursement this Period [] 606.36 suv rental
City Anchorage	State AK	Zip Code 99502-5632
Purpose of Disbursement suv rental		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Headquarters Unlimited		Date of Disbursement MM / DD / YYYY 12 / 07 / 2016
Mailing Address 2441 S. Teeland St.		FEC Identification Number C [] Transaction ID : B7B06AA665I Amount of Each Disbursement this Period [] 267.54
City Wasilla	State AK	Zip Code 99623-9780
Purpose of Disbursement postage, printing, mailers		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Postmaster, Wasilla		Date of Disbursement MM / DD / YYYY 12 / 05 / 2016
Mailing Address MPO		FEC Identification Number C [] Transaction ID : BFE5A04BBI Amount of Each Disbursement this Period [] 63.50 postage
City Wasilla	State AK	Zip Code 99654-0000
Purpose of Disbursement postage		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 267.54
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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
Sarah PAC

Full Name (Last, First, Middle Initial) A. Crawford, Timothy, , ,		Date of Disbursement MM / DD / YYYY 12 / 07 / 2016	
Mailing Address 645 South Lake Drive		FEC Identification Number C [] Transaction ID : BD04148022/ Amount of Each Disbursement this Period [] 1430.89	
City Ormond Beach	State FL	Zip Code 32174-1515	Category/ Type []
Purpose of Disbursement lodging, airfare, postage			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Postmaster, USPS		Date of Disbursement MM / DD / YYYY 10 / 06 / 2016	
Mailing Address 2200 N Station N George Mason Dr		FEC Identification Number C [] Transaction ID : BEB602FF99/ Amount of Each Disbursement this Period [] 94.00 postgae	
City Arlington	State VA	Zip Code 22207-0000	Category/ Type []
Purpose of Disbursement postgae			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Delta Airlines		Date of Disbursement MM / DD / YYYY 10 / 14 / 2016	
Mailing Address 1030 Delta Blvd		FEC Identification Number C [] Transaction ID : BB847BAF3/ Amount of Each Disbursement this Period [] 467.20 airfare	
City Atlanta	State GA	Zip Code 30354-1989	Category/ Type []
Purpose of Disbursement airfare			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1430.89
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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
Sarah PAC

Full Name (Last, First, Middle Initial) A. Easton Hilton		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016	
Mailing Address 3900 Chagrin Dr.		FEC Identification Number C [REDACTED]	
City Columbus	State OH	Zip Code 43219-7100	Transaction ID : B7D61E9151'
Purpose of Disbursement lodging		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			[REDACTED] 849.17
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		lodging
State: District:			<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Headquarters Unlimited		Date of Disbursement MM / DD / YYYY 12 / 31 / 2016	
Mailing Address 2441 S. Teeland St.		FEC Identification Number C [REDACTED]	
City Wasilla	State AK	Zip Code 99623-9780	Transaction ID : B9F7D1B687I
Purpose of Disbursement printing, postage		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			[REDACTED] 289.27
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. Postmaster, Wasilla		Date of Disbursement MM / DD / YYYY 12 / 22 / 2016	
Mailing Address MPO		FEC Identification Number C [REDACTED]	
City Wasilla	State AK	Zip Code 99654-0000	Transaction ID : B00E3F4304I
Purpose of Disbursement postage		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			[REDACTED] 40.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		postage
State: District:			<input checked="" type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 289.27
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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"/> 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)
Sarah PAC

A. Walgreens

Full Name (Last, First, Middle Initial)

Mailing Address 1721 E. Parks Hwy.

City Wasilla State AK Zip Code 99654-7349

Purpose of Disbursement printing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 29 / 2016

FEC Identification Number: C

Transaction ID : B24ADB0304

Amount of Each Disbursement this Period: 202.79

printing

Memo Item

B.

Full Name (Last, First, Middle Initial)

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

C.

Full Name (Last, First, Middle Initial)

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)..... ▶ 0.00

TOTAL This Period (last page this line number only)..... ▶ 100593.19