

# 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.

YOPAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

MEIER, J.THOMAS, , ,

Type or Print Name of Treasurer

Signature of Treasurer MEIER, J.THOMAS, , , [Electronically Filed] Date  /  /

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

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**YOPAC**

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="2019"/>		<input type="text" value="354713.65"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="354713.65"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5921.40"/>	<input type="text" value="5921.40"/>
(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="360635.05"/>	<input type="text" value="360635.05"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="30180.29"/>	<input type="text" value="30180.29"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="330454.76"/>	<input type="text" value="330454.76"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

YOPAC

Report Covering the Period: From: 01 / 01 / 2019 To: 06 / 30 / 2019

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).....	5400.00	5400.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5400.00	5400.00
(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) .....	5400.00	5400.00
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).....	521.40	521.40
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)).....▶	5921.40	5921.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5921.40	5921.40

**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 .....	20680.29	20680.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	20680.29	20680.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	8500.00
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).....	1000.00	1000.00
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)) ..	30180.29	30180.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30180.29	30180.29

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5400.00	5400.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5400.00	5400.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	20680.29	20680.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	521.40	521.40
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	20158.89	20158.89

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

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

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

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

NAME OF COMMITTEE (In Full)  
**YOPAC**

**A. Burrell, Marianne, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 338  
 City Louisburg State KS Zip Code 66053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2019  
**Transaction ID : SA11AI.6696**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item Contribution

**B. Burrell, Randy, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 338  
 City Louisburg State KS Zip Code 66053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2019  
**Transaction ID : SA11AI.6698**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item Contribution

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5400.00

**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 16
<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)  
**YOPAC**

**A. Southwest Airlines**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2702 Love Field Dr  
City Dallas State TX Zip Code 75235  
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 ▼ 499.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 11 / 2019  
**Transaction ID : SA15.6678**  
Amount of Each Receipt this Period 499.00  
 Memo Item  
Vendor Refund

**B. Southwest Airlines**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2702 Love Field Dr  
City Dallas State TX Zip Code 75235  
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 ▼ 510.20

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 11 / 2019  
**Transaction ID : SA15.6679**  
Amount of Each Receipt this Period 11.20  
 Memo Item  
Vendor Refund

**C. Southwest Airlines**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2702 Love Field Dr  
City Dallas State TX Zip Code 75235  
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 ▼ 521.40

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 11 / 2019  
**Transaction ID : SA15.6680**  
Amount of Each Receipt this Period 11.20  
 Memo Item  
Vendor Refund

<b>SUBTOTAL</b> of Receipts This Page (optional).....	521.40
<b>TOTAL</b> This Period (last page this line number only).....	521.40

**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)  
**YOPAC**

Full Name (Last, First, Middle Initial)  
**A. ABH Consulting**

Date of Disbursement: MM / DD / YYYY  
01 / 28 / 2019

Mailing Address 3410 Alabama Ave

City Alexandria State VA Zip Code 22305

Purpose of Disbursement  
PAC Event Expense: Food & Beverage/Equipment Rental/Lodging

Candidate Name

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

State: District:

FEC Identification Number  
C  
Transaction ID : SB21B.6676  
Amount of Each Disbursement this Period  
10839.14

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Ashby Law PC**

Date of Disbursement: MM / DD / YYYY  
01 / 08 / 2019

Mailing Address 602 Cameron St Ste 102

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
PAC Legal Services

Candidate Name

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

State: District:

FEC Identification Number  
C  
Transaction ID : SB21B.6670  
Amount of Each Disbursement this Period  
500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Delta Air**

Date of Disbursement: MM / DD / YYYY  
02 / 06 / 2019

Mailing Address 1275 K St NW #1200

City Washington State DC Zip Code 20005

Purpose of Disbursement  
PAC Travel Expense

Candidate Name

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

State: District:

FEC Identification Number  
C  
Transaction ID : SB21B.6687  
Amount of Each Disbursement this Period  
283.30

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 11622.44

**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)  
**YOPAC**

**A. Delta Air**

Full Name (Last, First, Middle Initial)

Mailing Address 1275 K St NW #1200

City Washington State DC Zip Code 20005

Purpose of Disbursement PAC Travel Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 24 / 2019

FEC Identification Number: C

Transaction ID : SB21B.6709

Amount of Each Disbursement this Period: 30.00

Memo Item

**B. Delta Air**

Full Name (Last, First, Middle Initial)

Mailing Address 1275 K St NW #1200

City Washington State DC Zip Code 20005

Purpose of Disbursement PAC Travel Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 24 / 2019

FEC Identification Number: C

Transaction ID : SB21B.6711

Amount of Each Disbursement this Period: 30.00

Memo Item

**C. Delta Air**

Full Name (Last, First, Middle Initial)

Mailing Address 1275 K St NW #1200

City Washington State DC Zip Code 20005

Purpose of Disbursement PAC Travel Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 24 / 2019

FEC Identification Number: C

Transaction ID : SB21B.6713

Amount of Each Disbursement this Period: 30.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 90.00

**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)  
**YOPAC**

**A. Koch & Hoos, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 901 N Washington St, Suite 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement PAC Accounting/Compliance Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 29 / 2019

FEC Identification Number: C

Transaction ID : SB21B.6677

Amount of Each Disbursement this Period: 663.50

Memo Item

**B. Koch & Hoos, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 901 N Washington St, Suite 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement PAC Accounting/Compliance Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 25 / 2019

FEC Identification Number: C

Transaction ID : SB21B.6695

Amount of Each Disbursement this Period: 813.50

Memo Item

**C. Ritz-Carlton Key Biscayne**

Full Name (Last, First, Middle Initial)

Mailing Address 455 Grand Bay Dr Key Biscayne

City Miami State FL Zip Code 33149

Purpose of Disbursement Event Expense: Lodging/Food & Beverage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 16 / 2019

FEC Identification Number: C

Transaction ID : SB21B.6689

Amount of Each Disbursement this Period: 2797.88

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4274.88

**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)  
**YOPAC**

Full Name (Last, First, Middle Initial) <b>A. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 01 / 28 / 2019	
Mailing Address 2702 Love Field Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.6681</b> Amount of Each Disbursement this Period [REDACTED] 595.98	
City Dallas	State TX	Zip Code 75235	Category/ Type [REDACTED]
Purpose of Disbursement PAC Travel Expense		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>B. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 02 / 06 / 2019	
Mailing Address 2702 Love Field Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.6685</b> Amount of Each Disbursement this Period [REDACTED] 82.04	
City Dallas	State TX	Zip Code 75235	Category/ Type [REDACTED]
Purpose of Disbursement PAC Travel Expense		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>C. St. Regis Hotel</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2019	
Mailing Address 2300 Deer Valley Dr E		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.6703</b> Amount of Each Disbursement this Period [REDACTED] 876.60	
City Park City	State UT	Zip Code 84060	Category/ Type [REDACTED]
Purpose of Disbursement PAC Event Expense: Lodging/Food & Beverage		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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1554.62
<b>TOTAL</b> 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)  
**YOPAC**

Full Name (Last, First, Middle Initial)

**A. St. Regis Hotel**

Mailing Address 2300 Deer Valley Dr E

City  
Park City

State  
UT

Zip Code  
84060

Purpose of Disbursement  
PAC Event Expense: Lodging/Food & Beverage

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		2	5		2	0	1	9		

FEC Identification Number

C

**Transaction ID : SB21B.6718**

Amount of Each Disbursement this Period

2792.80

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

2792.80

20334.74

**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)  
**YOPAC**

Full Name (Last, First, Middle Initial) <b>A. CAPITO FOR WEST VIRGINIA</b>		Date of Disbursement MM / DD / YYYY 03 / 26 / 2019
Mailing Address PO BOX 11519		FEC Identification Number C00539825 <b>Transaction ID : SB23.6741</b>
City CHARLESTON	State WV	Zip Code 25339
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>CAPITO, SHELLEY MOORE, , ,</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WV	District: 00	

Full Name (Last, First, Middle Initial) <b>B. COMMITTEE TO RE-ELECT STEVE WATKINS</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2019
Mailing Address 1430 SW WOODHULL STREET PO BOX 4262		FEC Identification Number C00660050 <b>Transaction ID : SB23.6750</b>
City TOPEKA	State KS	Zip Code 66604
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>WATKINS, STEVEN, C., , JR.</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: KS	District: 02	

Full Name (Last, First, Middle Initial) <b>C. CORY GARDNER FOR SENATE</b>		Date of Disbursement MM / DD / YYYY 04 / 25 / 2019
Mailing Address 9227 E. LINCOLN AVE., #200-234		FEC Identification Number C00492454 <b>Transaction ID : SB23.6749</b>
City LONE TREE	State CO	Zip Code 80124
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>GARDNER, CORY, , ,</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CO	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> 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)  
**YOPAC**

**A. GRAVES FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 335

City CALHOUN State GA Zip Code 30703

Purpose of Disbursement Contribution

Candidate Name  
**GRAVES, JOHN THOMAS, , , Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: GA District: 14

Date of Disbursement: 06 / 28 / 2019

FEC Identification Number: C00462556  
Transaction ID : SB23.6774  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. MCCONNELL SENATE COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement Contribution

Candidate Name  
**MCCONNELL, MITCH, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: KY District: 00

Date of Disbursement: 03 / 27 / 2019

FEC Identification Number: C00193342  
Transaction ID : SB23.6745  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. MCSALLY FOR SENATE INC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 19128

City TUCSON State AZ Zip Code 85710

Purpose of Disbursement Contribution

Candidate Name  
**MCSALLY, MARTHA, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: AZ District: 00

Date of Disbursement: 06 / 28 / 2019

FEC Identification Number: C00666040  
Transaction ID : SB23.6769  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**YOPAC**

Full Name (Last, First, Middle Initial) <b>A. THOM TILLIS COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2019
Mailing Address PO BOX 97396		FEC Identification Number C 000545772 <b>Transaction ID : SB23.6765</b>
City RALEIGH	State NC	Zip Code 27624
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name TILLIS, THOM, R., ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NC	District: 00	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
Amount of Each Disbursement this Period		<input type="checkbox"/> Memo Item
City	State	Zip Code
Purpose of Disbursement		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:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
Amount of Each Disbursement this Period		<input type="checkbox"/> Memo Item
City	State	Zip Code
Purpose of Disbursement		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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8500.00

# 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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**YOPAC**

**A. Leadership Kansas**

Full Name (Last, First, Middle Initial)

Mailing Address 900 S Kansas Avenue  
Suite 300

City Topeka State KS Zip Code 66612

Purpose of Disbursement Donation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 28 / 2019

FEC Identification Number: C

Transaction ID : SB29.6763

Amount of Each Disbursement this Period: 1000.00

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

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