

# 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.   
Ann PAC

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:  
 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  /  /  through  /  /

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

Type or Print Name of Treasurer Patrick McSwain

Signature of Treasurer Patrick McSwain [Electronically Filed] Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Ann 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="2014"/>	<input type="text" value="76446.94"/>	<input type="text" value="76446.94"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="27443.46"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="4500.00"/>	<input type="text" value="127200.00"/>
(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="31943.46"/>	<input type="text" value="203646.94"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14724.66"/>	<input type="text" value="186428.14"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="17218.80"/>	<input type="text" value="17218.80"/>
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Ann PAC**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	44000.00
(ii) Unitemized .....	0.00	200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	44200.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	4500.00	83000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	4500.00	127200.00
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))..... ▶	4500.00	127200.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4500.00	127200.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	6380.75	64084.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	6380.75	64084.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8343.91	117343.91
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	5000.00
(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	5000.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	14724.66	186428.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14724.66	186428.14

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4500.00	127200.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4500.00	122200.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	6380.75	64084.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6380.75	64084.23

**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 22  
(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)  
**Ann PAC**

**A. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1310 G St. NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C** C00194746  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2014  
**Transaction ID : A80DEA549448A466E92B**  
 Amount of Each Receipt this Period  
 2500.00

**B. Peabody PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 701 MARKET STREET  
 City Saint Louis State MO Zip Code 63101-1830  
 FEC ID number of contributing federal political committee. **C** C00110478  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2014  
**Transaction ID : A657AC27036DB40179E8**  
 Amount of Each Receipt this Period  
 2000.00

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4500.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ann PAC**

Full Name (Last, First, Middle Initial)

**A. Aristotle International, Inc.**

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

Transaction ID : BA80E33E8BF90495E95A

Amount of Each Disbursement this Period

130.00

Category/Type

Full Name (Last, First, Middle Initial)

**B. Aristotle International, Inc.**

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Database Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2014

Transaction ID : B5DD415776A6546A6B23

Amount of Each Disbursement this Period

300.00

Category/Type

Full Name (Last, First, Middle Initial)

**C. Commerce Bank**

Mailing Address PO Box 808009

City Kansas City State MO Zip Code 64180-8009

Purpose of Disbursement  
Credit Card Payment: See Below

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2014

Transaction ID : B420F0413773D427A934

Amount of Each Disbursement this Period

5450.75

Category/Type

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

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

5880.75

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ann PAC**

Full Name (Last, First, Middle Initial)

**A. US Airways**

Mailing Address 4000 E. Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement  
airline travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2014

Transaction ID : B3712553A0A164F8D8C9

Amount of Each Disbursement this Period

200.00

**[MEMO ITEM]**  
airline travel expenses

Full Name (Last, First, Middle Initial)

**B. US Airways**

Mailing Address 4000 E. Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement  
airline travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2014

Transaction ID : BE86D97E0EC544B36B8C

Amount of Each Disbursement this Period

512.60

**[MEMO ITEM]**  
airline travel expenses

Full Name (Last, First, Middle Initial)

**C. Osetra The Fishhouse**

Mailing Address 904 5th Ave

City San Diego State CA Zip Code 92101-6102

Purpose of Disbursement  
food and beverages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2014

Transaction ID : B31955B1CA12242B88F9

Amount of Each Disbursement this Period

255.95

**[MEMO ITEM]**  
food and beverages

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

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

0.00



**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ann PAC**

Full Name (Last, First, Middle Initial)

**A. Enterprise Rent-A-Car (Ballwin)**

Mailing Address 15201 Manchester Rd

City Ballwin State MO Zip Code 63011-4602

Purpose of Disbursement  
car rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2014

Transaction ID : B03353512F8FF47F4BBC

Amount of Each Disbursement this Period

347.43

[MEMO ITEM]  
car rental

Full Name (Last, First, Middle Initial)

**B. Hilton Hotels, OKC**

Mailing Address ONE PARK AVENUE

City Oklahoma City State OK Zip Code 73102-9003

Purpose of Disbursement  
hotel stay/travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 25 / 2014

Transaction ID : BC801D958E36E4788887

Amount of Each Disbursement this Period

270.78

[MEMO ITEM]  
hotel stay/travel expenses

Full Name (Last, First, Middle Initial)

**C. Hilton Hotels, OKC**

Mailing Address ONE PARK AVENUE

City Oklahoma City State OK Zip Code 73102-9003

Purpose of Disbursement  
hotel stay/travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 25 / 2014

Transaction ID : BEE22AAE11E424465B05

Amount of Each Disbursement this Period

405.74

[MEMO ITEM]  
hotel stay/travel expenses

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

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

0.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ann PAC**

Full Name (Last, First, Middle Initial)

**A. Comfort Inn**

Mailing Address 2401 A Ave W

City Oskaloosa State IA Zip Code 52577-1963

Purpose of Disbursement  
hotel stay/travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 25 / 2014

Transaction ID : **BB68DEF236AD34F03BBD**

Amount of Each Disbursement this Period

111.45

**[MEMO ITEM]**  
hotel stay/travel expenses

Full Name (Last, First, Middle Initial)

**B. Enterprise Rent-a-Car (OKC)**

Mailing Address 7100 Terminal Dr #966

City Oklahoma City State OK Zip Code 73159-0966

Purpose of Disbursement  
car rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 25 / 2014

Transaction ID : **B2C4DCF86EA75452C87A**

Amount of Each Disbursement this Period

210.32

**[MEMO ITEM]**  
car rental

Full Name (Last, First, Middle Initial)

**C. Comfort Inn**

Mailing Address 2401 A Ave W

City Oskaloosa State IA Zip Code 52577-1963

Purpose of Disbursement  
hotel stay/travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 25 / 2014

Transaction ID : **B30089046DB4A44FBA20**

Amount of Each Disbursement this Period

111.45

**[MEMO ITEM]**  
hotel stay/travel expenses

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

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

0.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ann PAC**

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address 4333 Amon Carter Boulevar

City Fort Worth State TX Zip Code 76155-2605

Purpose of Disbursement  
airline travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2014

**Transaction ID : BEC5823D9DB93405BBC8**

Amount of Each Disbursement this Period

1078.20

**[MEMO ITEM]**  
airline travel expenses

Full Name (Last, First, Middle Initial)

**B. United Airlines**

Mailing Address 233 S. Wacker Drive

City Chicago State IL Zip Code 60606-7147

Purpose of Disbursement  
airline fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2014

**Transaction ID : B4B9EEED9625A4F3AB09**

Amount of Each Disbursement this Period

19.00

**[MEMO ITEM]**  
airline fee

Full Name (Last, First, Middle Initial)

**C. United Airlines**

Mailing Address 233 S. Wacker Drive

City Chicago State IL Zip Code 60606-7147

Purpose of Disbursement  
airline travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2014

**Transaction ID : B0C1A4D9E64D04FB0BE2**

Amount of Each Disbursement this Period

1377.51

**[MEMO ITEM]**  
airline travel expenses

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

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

0.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ann PAC**

Full Name (Last, First, Middle Initial)

**A. United Airlines**

Mailing Address 233 S. Wacker Drive

City Chicago State IL Zip Code 60606-7147

Purpose of Disbursement  
airline fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2014

Transaction ID : **BD6D5B3CB5470424FBFC**

Amount of Each Disbursement this Period

39.00

**[MEMO ITEM]**  
airline fee

Full Name (Last, First, Middle Initial)

**B. United Airlines**

Mailing Address 233 S. Wacker Drive

City Chicago State IL Zip Code 60606-7147

Purpose of Disbursement  
airline travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2014

Transaction ID : **BBCD693AFE45949D3A82**

Amount of Each Disbursement this Period

968.60

**[MEMO ITEM]**  
airline travel expenses

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address 4333 Amon Carter Boulevar

City Fort Worth State TX Zip Code 76155-2605

Purpose of Disbursement  
airline travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2014

Transaction ID : **B98D220E5F2BA46BD9CB**

Amount of Each Disbursement this Period

1078.20

**[MEMO ITEM]**  
airline travel expenses

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

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

0.00

# 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ann PAC**

Full Name (Last, First, Middle Initial)

### A. United Airlines

Mailing Address 233 S. Wacker Drive

City Chicago State IL Zip Code 60606-7147

Purpose of Disbursement  
airline travel expenses

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2014

Transaction ID : B86CE2A6F550B45B1A03

Amount of Each Disbursement this Period

25.00
-------

**[MEMO ITEM]**  
airline travel expenses

Full Name (Last, First, Middle Initial)

### B. United Airlines

Mailing Address 233 S. Wacker Drive

City Chicago State IL Zip Code 60606-7147

Purpose of Disbursement  
airline fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2014

Transaction ID : B35F087A927234F0BB6F

Amount of Each Disbursement this Period

9.00
------

**[MEMO ITEM]**  
airline fee

Full Name (Last, First, Middle Initial)

### C. American Airlines

Mailing Address 4333 Amon Carter Boulevar

City Fort Worth State TX Zip Code 76155-2605

Purpose of Disbursement  
airline fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2014

Transaction ID : B42C33E49094D41238E3

Amount of Each Disbursement this Period

50.00
-------

**[MEMO ITEM]**  
airline fee

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ann PAC**

Full Name (Last, First, Middle Initial)

**A. United Airlines**

Mailing Address 233 S. Wacker Drive

City Chicago State IL Zip Code 60606-7147

Purpose of Disbursement  
airline travel expenses

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	6			2	0	1	4		

**Transaction ID : BD45C3769EE3B4C238C9**

Amount of Each Disbursement this Period

3	9	.	0	0
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**[MEMO ITEM]**  
airline travel expenses

Full Name (Last, First, Middle Initial)

**B. United Airlines**

Mailing Address 233 S. Wacker Drive

City Chicago State IL Zip Code 60606-7147

Purpose of Disbursement  
airline fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	6			2	0	1	4		

**Transaction ID : B39E10DD463374A14900**

Amount of Each Disbursement this Period

3	9	.	0	0
---	---	---	---	---

**[MEMO ITEM]**  
airline fee

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address 4333 Amon Carter Boulevar

City Fort Worth State TX Zip Code 76155-2605

Purpose of Disbursement  
airline credit

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	7			2	0	1	4		

**Transaction ID : BD0C372DB7C78465B9C8**

Amount of Each Disbursement this Period

-	1	0	7	8	.	2	0
---	---	---	---	---	---	---	---

**[MEMO ITEM]**  
airline credit

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

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

0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ann PAC**

Full Name (Last, First, Middle Initial)

**A. United Airlines**

Mailing Address 233 S. Wacker Drive

City Chicago State IL Zip Code 60606-7147

Purpose of Disbursement  
airline credit

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 27 / 2014

Transaction ID : BDF7C544470F04C7EACD

Amount of Each Disbursement this Period

-968.60

**[MEMO ITEM]**  
airline credit

Full Name (Last, First, Middle Initial)

**B. United Airlines**

Mailing Address 233 S. Wacker Drive

City Chicago State IL Zip Code 60606-7147

Purpose of Disbursement  
airline credit

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 27 / 2014

Transaction ID : BDC9884583BD54742ABC

Amount of Each Disbursement this Period

-1377.60

**[MEMO ITEM]**  
airline credit

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address 4333 Amon Carter Boulevar

City Fort Worth State TX Zip Code 76155-2605

Purpose of Disbursement  
airline credit

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 27 / 2014

Transaction ID : BB71EF418BB0E4F49AD3

Amount of Each Disbursement this Period

-1078.20

**[MEMO ITEM]**  
airline credit

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

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

0.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ann PAC**

Full Name (Last, First, Middle Initial)

**A. United Airlines**

Mailing Address 233 S. Wacker Drive

City Chicago State IL Zip Code 60606-7147

Purpose of Disbursement  
airline fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2014

Transaction ID : **B1CB7C495DCC44F70898**

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**  
airline fee

Full Name (Last, First, Middle Initial)

**B. United Airlines**

Mailing Address 233 S. Wacker Drive

City Chicago State IL Zip Code 60606-7147

Purpose of Disbursement  
airline fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2014

Transaction ID : **BAB00196B69954111842**

Amount of Each Disbursement this Period

42.00

**[MEMO ITEM]**  
airline fee

Full Name (Last, First, Middle Initial)

**C. Snake River Lodge**

Mailing Address 7710 Granite Loop Rd

City Jackson State WY Zip Code 83001

Purpose of Disbursement  
hotel stay/travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2014

Transaction ID : **B841185D7D9F148DBA0E**

Amount of Each Disbursement this Period

80.50

**[MEMO ITEM]**  
hotel stay/travel expenses

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

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

0.00



**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ann PAC**

Full Name (Last, First, Middle Initial)

**A. Four Seasons Hotel**

Mailing Address 7680 Granite Loop Rd

City Teton Village State WY Zip Code 83025

Purpose of Disbursement  
hotel stay/travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2014

Transaction ID : BEAB563E11C7A47379B9

Amount of Each Disbursement this Period

38.48

**[MEMO ITEM]**  
hotel stay/travel expenses

Full Name (Last, First, Middle Initial)

**B. Enterprise Rent-A-Car (Jackson, WY)**

Mailing Address 1250 E Airport Rd

City Jackson State WY Zip Code 83001-8603

Purpose of Disbursement  
car rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2014

Transaction ID : B37BFE1207CC2436D811

Amount of Each Disbursement this Period

266.38

**[MEMO ITEM]**  
car rental

Full Name (Last, First, Middle Initial)

**C. United Airlines**

Mailing Address 233 S. Wacker Drive

City Chicago State IL Zip Code 60606-7147

Purpose of Disbursement  
airline fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2014

Transaction ID : BA0B3BD7EE5674135A4D

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**  
airline fee

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

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

0.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ann PAC**

Full Name (Last, First, Middle Initial)

**A. Enterprise Rent-A-Car (Jackson, WY)**

Mailing Address 1250 E Airport Rd

City Jackson State WY Zip Code 83001-8603

Purpose of Disbursement  
car rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2014

Transaction ID : **BF2072945BA5441BCBD0**

Amount of Each Disbursement this Period

312.95

**[MEMO ITEM]**  
car rental

Full Name (Last, First, Middle Initial)

**B. Four Seasons Hotel**

Mailing Address 7680 Granite Loop Rd

City Teton Village State WY Zip Code 83025

Purpose of Disbursement  
hotel stay/travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2014

Transaction ID : **B8880432D5C9C4F78A00**

Amount of Each Disbursement this Period

782.02

**[MEMO ITEM]**  
hotel stay/travel expenses

Full Name (Last, First, Middle Initial)

**C. National Car Rental**

Mailing Address 3701 Wings WAY STE 209

City Bakersfield State CA Zip Code 93308-7027

Purpose of Disbursement  
car rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2014

Transaction ID : **B16D74BD873F542DBA37**

Amount of Each Disbursement this Period

253.87

**[MEMO ITEM]**  
car rental

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

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

0.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ann PAC**

Full Name (Last, First, Middle Initial)

**A. Hilton Garden Inn**

Mailing Address 3625 Marriott Dr

City Bakersfield State CA Zip Code 93308-6248

Purpose of Disbursement  
hotel stay/travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2014

Transaction ID : B36F6D40FD1D54D8F97A

Amount of Each Disbursement this Period

201.60

**[MEMO ITEM]**  
hotel stay/travel expenses

Full Name (Last, First, Middle Initial)

**B. Hilton Garden Inn**

Mailing Address 3625 Marriott Dr

City Bakersfield State CA Zip Code 93308-6248

Purpose of Disbursement  
hotel stay/travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2014

Transaction ID : B833B861DB7A94357939

Amount of Each Disbursement this Period

210.35

**[MEMO ITEM]**  
hotel stay/travel expenses

Full Name (Last, First, Middle Initial)

**C. US Airways**

Mailing Address 4000 E. Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement  
airline travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2014

Transaction ID : B7C276EEF23E64687B5E

Amount of Each Disbursement this Period

139.00

**[MEMO ITEM]**  
airline travel expenses

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

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

0.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ann PAC**

Full Name (Last, First, Middle Initial)

**A. National Car Rental**

Mailing Address 3701 Wings WAY STE 209

City Bakersfield State CA Zip Code 93308-7027

Purpose of Disbursement  
car rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2014

Transaction ID : B83FC83BB80C9425DAFF

Amount of Each Disbursement this Period

39.21

**[MEMO ITEM]**  
car rental

Full Name (Last, First, Middle Initial)

**B. Capital Enhancement, Inc.**

Mailing Address 150 Long Rd Ste 50

City Chesterfield State MO Zip Code 63005-1239

Purpose of Disbursement  
Administrative Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2014

Transaction ID : BE3E3F4C2981348788C2

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Hilton Hotel Frontenac**

Mailing Address 1335 S Lindbergh Blvd

City Saint Louis State MO Zip Code 63131-2926

Purpose of Disbursement  
Event Expenses: Food & Beverage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : B7C106F317F5F42ABB58

Amount of Each Disbursement this Period

343.91

**[MEMO ITEM]**  
Event Expenses: Food & Beverage

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

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

500.00

6380.75

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ann PAC**

Full Name (Last, First, Middle Initial)

**A. McSally for Congress**

Mailing Address PO Box 19128

City Tucson State AZ Zip Code 85731-9128

Purpose of Disbursement  
Political contribution: general 2014

Candidate Name  
**Martha McSally**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: AZ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2014			

Transaction ID : B1AAC9616D1AA46F7983

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. wendyrogers.org**

Mailing Address 3030 S RURAL RD SUITE 120

City Tempe State AZ Zip Code 85282-3800

Purpose of Disbursement  
Political contribution: general 2014

Candidate Name  
**Wendy Rogers**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: AZ District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2014			

Transaction ID : BF3CCBECE95054B168CF

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Andy Tobin for Congress**

Mailing Address 2532 NORTH 4TH STREET #528

City Flagstaff State AZ Zip Code 86004-3712

Purpose of Disbursement  
Political contribution: general 2014

Candidate Name  
**Andy Tobin**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: AZ District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2014			

Transaction ID : BA5FB8B24237C4D139E3

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Ann PAC**

Full Name (Last, First, Middle Initial)

**A. Coffman for Congress**

Mailing Address 4950 S YOSEMITE STREET F2 #511

City Greenwood Village State CO Zip Code 80111-1349

Purpose of Disbursement  
In-Kind Event Expenses: Food & Beverage

Candidate Name  
**Rep. Mike Coffman**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: CO District: 06

Date of Disbursement

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

Transaction ID : **BB8E2053BA05D4DF7B73**

Amount of Each Disbursement this Period

343.91
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Full Name (Last, First, Middle Initial)

**B. LYNN JENKINS FOR CONGRESS**

Mailing Address PO BOX 1441

City TOPEKA State KS Zip Code 66601-1441

Purpose of Disbursement  
Political Contribution: General 2014

Candidate Name  
**Rep. Lynn M. Jenkins**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: KS District: 02

Date of Disbursement

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

Transaction ID : **BC675EA7D336042CD8E7**

Amount of Each Disbursement this Period

3000.00
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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

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

3343.91
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8343.91
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