

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**
Republican Majority Fund

ADDRESS (number and street) 901 N Washington St, Ste 700
Check if different than previously reported. (ACC) Alexandria VA 22314

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00296640 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 [07] / [01] / [2016] through [09] / [30] / [2016]

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

Signature of Treasurer Koch, Theodore, , , [Electronically Filed] Date [10] / [14] / [2016]

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

Republican Majority Fund

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="56794.35"/>	<input type="text" value="56794.35"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="62908.25"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="64719.77"/>	<input type="text" value="208392.96"/>
(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="127628.02"/>	<input type="text" value="265187.31"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="102102.55"/>	<input type="text" value="239661.84"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="25525.47"/>	<input type="text" value="25525.47"/>
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="25337.84"/>	

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

Republican Majority Fund

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17201.00	25801.00
(ii) Unitemized	28125.00	41441.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	45326.00	67242.17
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	19000.00	118500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	64326.00	185742.17
12. Transfers From Affiliated/Other Party Committees.....	0.00	22257.02
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).....	393.77	393.77
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)).....▶	64719.77	208392.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	64719.77	208392.96

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	91602.55	175011.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	91602.55	175011.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	64000.00
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).....	500.00	650.00
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)) ..	102102.55	239661.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	102102.55	239661.84

DETAILED SUMMARY PAGE
of Disbursements

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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)	64326.00	185742.17
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	64326.00	185742.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	91602.55	175011.84
37. Offsets to Operating Expenditures (from Line 15, page 3).....	393.77	393.77
38. Net Operating Expenditures (subtract Line 37 from Line 36)	91208.78	174618.07

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 42
	<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	

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)
Republican Majority Fund

A. AINLEY, PAT, ANN, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 3908

City CRESTLINE	State CA	Zip Code 92325-3908
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AINLEY ENTERPRISES LLC	Occupation (for Individual) PROPERTY MANAGEMENT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA11A.102478

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. KREIDLER, ROBERT, L., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 6464

City CINCINNATI	State OH	Zip Code 45201-6464
--------------------	-------------	------------------------

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 ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2016
Transaction ID : SA11A.102732

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. AINLEY, PAT, ANN, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 3908

City CRESTLINE	State CA	Zip Code 92325-3908
-------------------	-------------	------------------------

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

Name of Employer (for Individual) AINLEY ENTERPRISES LLC	Occupation (for Individual) PROPERTY MANAGEMENT
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2016
Transaction ID : SA11A.102876

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 7 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Republican Majority Fund

A. GROSS, HELEN, R., MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1307 S RIVERSIDE HARBOR DR.
 City POST FALLS State ID Zip Code 83854-6882
 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 ▼ 250.00

Date of Receipt 08 / 01 / 2016
Transaction ID : SA11A.102828
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. LA CROIX, RAYMOND, A., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 CRESCENT DR
 City BATESVILLE State AR Zip Code 72501-6331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LACROIX OPTICAL COMPANY Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 01 / 2016
Transaction ID : SA11A.102859
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. SCHAEFER, LEAH, E., MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9924 WELLINGTON WAY
 City FORT SMITH State AR Zip Code 72908-9059
 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 ▼ 250.00

Date of Receipt 08 / 01 / 2016
Transaction ID : SA11A.102836
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
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 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Republican Majority Fund

A. SMITH, MARGARET, K., MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9723 LINDSAY BLAKE LN
 City GREAT FALLS State VA Zip Code 22066-3819
 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 ▼ 500.00

Date of Receipt 08 / 01 / 2016
Transaction ID : SA11A.102831
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

B. SAVAGE, KENNETH, E., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2383 HINKLEY RD.
 City PROCTOR State AR Zip Code 72376-9574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MID-SOUTH AG RESEARCH, INC. Occupation (for Individual) RESEARCH AGRONOMIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 02 / 2016
Transaction ID : SA11A.103155
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. FORD, VICTORIA, I., MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4303 FOREST PARK ROAD
 City JACKSONVILLE State FL Zip Code 32210-6027
 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 ▼ 500.00

Date of Receipt 08 / 03 / 2016
Transaction ID : SA11A.102969
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 1250.00
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 9 OF 42
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Republican Majority Fund

A. GUARISCO, FRANK, S., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 579
 City PATTERSON State LA Zip Code 70392-0579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FRANK'S AGENCY, INC. Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 03 / 2016
Transaction ID : SA11A.102967
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. WARD, SUMIE, Y., MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 78
 City PENRYN State CA Zip Code 95663-0078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INSTRUCTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 03 / 2016
Transaction ID : SA11A.103002
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. AINLEY, PAT, ANN, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 3908
 City CRESTLINE State CA Zip Code 92325-3908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AINLEY ENTERPRISES LLC Occupation (for Individual) PROPERTY MANAGEMENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA11A.102918
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	800.00
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 10 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Republican Majority Fund

A. HAHS, THOMAS, S., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 300014
 City SAINT LOUIS State MO Zip Code 63130-0314
 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 ▼ 500.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA11A.103046
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

B. MORTON, MICHAEL, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 415 ROGERS AVE
 City FORT SMITH State AR Zip Code 72901-1903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) LONG TERM CARE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA11A.103010
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

C. SCHNEEBECK, ROBERT, W., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 2038
 City ENGLEWOOD State FL Zip Code 34295-2038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STRATEGIC INSURANCE Occupation (for Individual) INSURANCE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 05 / 2016
Transaction ID : SA11A.103036
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 5750.00
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 11 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Republican Majority Fund

A. HARRIS, BOBBYE, F., MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 135 WINDSOR DR.
 City CALHOUN State GA Zip Code 30701-2055
 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 ▼ 500.00

Date of Receipt 08 / 08 / 2016
Transaction ID : SA11A.103120
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

B. OLIVER, CALVIN, M., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1722 TANNER BRIDGE ROAD
 City JEFFERSON CITY State MO Zip Code 65101-2846
 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 ▼ 300.00

Date of Receipt 08 / 11 / 2016
Transaction ID : SA11A.103238
 Amount of Each Receipt this Period 300.00
 Memo Item CONTRIBUTION

C. JOHNSON, DENNIS, R., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 550 W. TEXAS AVE STE 700
 City MIDLAND State TX Zip Code 79701-4250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUMMIT PETROLEUM, LLC Occupation (for Individual) CHAIRMAN & C.E.O.
 Receipt For: Primary General
 Other (specify) Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 15 / 2016
Transaction ID : SA11A.103329
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00
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 12 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Republican Majority Fund

A. MARX, RICHARD, C., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 440
 City WAPPINGERS FALLS State NY Zip Code 12590-0440
 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 ▼ 251.00

Date of Receipt 08 / 16 / 2016
Transaction ID : SA11A.103337
 Amount of Each Receipt this Period 251.00
 Memo Item CONTRIBUTION

B. O'BRIEN, PATRICIA, M., MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 E. 86TH STREET #20D
 City NEW YORK State NY Zip Code 10028-7533
 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 ▼ 500.00

Date of Receipt 08 / 22 / 2016
Transaction ID : SA11A.103359
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. ADKINS, DEBRA, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2300 LEXINGTON DR.
 City VAN BUREN State AR Zip Code 72956-7802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 02 / 2016
Transaction ID : SA11A.103486
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1251.00
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: (check only one)	PAGE 13 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Republican Majority Fund

A. AINLEY, PAT, ANN, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O BOX 3908

City CRESTLINE State CA Zip Code 92325-3908

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

Name of Employer (for Individual) AINLEY ENTERPRISES LLC Occupation (for Individual) PROPERTY MANAGEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA11A.103508

Amount of Each Receipt this Period 50.00

Memo Item CONTRIBUTION

B. DEAN, JOHN, GARY, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 203 WINROCK PL

City DURHAM State NC Zip Code 27705-1464

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 ▼ 250.00

Date of Receipt 09 / 19 / 2016
Transaction ID : SA11A.104637

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

C. AINLEY, PAT, ANN, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O BOX 3908

City CRESTLINE State CA Zip Code 92325-3908

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

Name of Employer (for Individual) AINLEY ENTERPRISES LLC Occupation (for Individual) PROPERTY MANAGEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 09 / 20 / 2016
Transaction ID : SA11A.104658

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 400.00

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 14 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Republican Majority Fund

A. HILLMAN, TATNALL, L., CAPT., USNR RET.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 504 W BLEEKER ST
 City ASPEN State CO Zip Code 81611-1228
 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 ▼ 2700.00

Date of Receipt 09 / 26 / 2016
Transaction ID : SA11A.104707
 Amount of Each Receipt this Period 2700.00
 Memo Item CONTRIBUTION

B. BEDDOW, THOMAS, F., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 EDINBURGH LN
 City PINEHURST State NC Zip Code 28374-6714
 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 ▼ 1000.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11A.104755
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. DUVALL, TYLER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 429 SUMMERS DRIVE
 City ALEXANDRIA State VA Zip Code 22301-2448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MCKINSEY Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11A.104749
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	4700.00
TOTAL This Period (last page this line number only).....	17201.00

**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 15 OF 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Republican Majority Fund

A. KELLEY DRYE & WARREN LLP, PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3050 K. ST NW STE 400

City WASHINGTON	State DC	Zip Code 20007-5100
FEC ID number of contributing federal political committee. C C00301929		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Date of Receipt
08 / 05 / 2016
Transaction ID : SA11C.103009
 Amount of Each Receipt this Period
1000.00
 Memo Item
CONTRIBUTION

B. UBS AMERICAS INC. PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 K. STREET NW STE. 1100

City WASHINGTON	State DC	Zip Code 20005-1410
FEC ID number of contributing federal political committee. C C00012245		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Date of Receipt
08 / 05 / 2016
Transaction ID : SA11C.103008
 Amount of Each Receipt this Period
5000.00
 Memo Item
CONTRIBUTION

C. UPSPAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 GLENLAKE PKWY NE

City ATLANTA	State GA	Zip Code 30328-3474
FEC ID number of contributing federal political committee. C C00064766		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 3000.00	

Date of Receipt
08 / 08 / 2016
Transaction ID : SA11C.103149
 Amount of Each Receipt this Period
3000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	9000.00
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: (check only one)	PAGE 16 OF 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Republican Majority Fund

A. CUNA MUTUAL PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. BOX 747

City MADISON	State WI	Zip Code 53701-0747
FEC ID number of contributing federal political committee. C C00402107		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Date of Receipt
MM / DD / YYYY
09 / 30 / 2016
Transaction ID : SA11C.104754

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. INDEPENDENT COMMUNITY BANKERS OF AMERICA PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1615 L. STREET NW SUITE 900

City WASHINGTON	State DC	Zip Code 20036-5623
FEC ID number of contributing federal political committee. C C00032698		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Date of Receipt
MM / DD / YYYY
09 / 30 / 2016
Transaction ID : SA11C.104783

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

C. KOCHPAC-KOCH INDUSTRIES, INC.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 600 14TH STREET NW SUITE 800

City WASHINGTON	State DC	Zip Code 20005-2099
FEC ID number of contributing federal political committee. C C00236489		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 5000.00	

Date of Receipt
MM / DD / YYYY
09 / 30 / 2016
Transaction ID : SA11C.104926

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	7500.00
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 17 OF 42
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Republican Majority Fund

A. NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

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

Mailing Address 51 MADISON AVENUE
ROOM 1109

City NEW YORK State NY Zip Code 10010-1603

FEC ID number of contributing federal political committee. **C** C00158881

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : SA11C.104784

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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

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).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	19000.00

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

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

FOR LINE NUMBER: PAGE 18 OF 42
(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)
Republican Majority Fund

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HERTZ RENT A CAR

Mailing Address 14501 HERTZ QUAIL SPRINGS PKWY

City OKLAHOMA CITY	State OK	Zip Code 73134
-----------------------	-------------	-------------------

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 ▼
393.77

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	16	/	2016

Transaction ID : SA15.1949

Amount of Each Receipt this Period
393.77

Memo Item
VENDOR REFUND: RENTAL CAR

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	393.77
TOTAL This Period (last page this line number only).....	393.77

**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)
Republican Majority Fund

A. CAMPAIGN SOLUTIONS

Full Name (Last, First, Middle Initial)

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ONLINE FUNDRAISING & PROCESSING FEES

Candidate Name

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

State: District:

Date of Disbursement: 07 / 05 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I1858

Amount of Each Disbursement this Period: 179.43

Memo Item

B. O'DONNELL AND ASSOCIATES, LTD.

Full Name (Last, First, Middle Initial)

Mailing Address 3101 N HAMPTON DR, #1517

City ALEXANDRIA State VA Zip Code 22302

Purpose of Disbursement
PAC COMMUNICATIONS CONSULTING/TRAVEL

Candidate Name

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

State: District:

Date of Disbursement: 07 / 08 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I1859

Amount of Each Disbursement this Period: 3126.35

Memo Item

C. DELTA AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
PAC AIRFARE

Candidate Name

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

State: District:

Date of Disbursement: 07 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I1860

Amount of Each Disbursement this Period: 786.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4092.38

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)
Republican Majority Fund

Full Name (Last, First, Middle Initial) A. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 12 / 2016
Mailing Address 1030 DELTA BLVD		FEC Identification Number C [] Transaction ID : SB21B.I1861 Amount of Each Disbursement this Period [] 786.60
City ATLANTA	State GA	Zip Code 30354
Purpose of Disbursement PAC AIRFARE		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. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 15 / 2016
Mailing Address 600 JEFFERSON ST		FEC Identification Number C [] Transaction ID : SB21B.I1862 Amount of Each Disbursement this Period [] 413.10
City HOUSTON	State TX	Zip Code 77002
Purpose of Disbursement PAC AIRFARE		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. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 15 / 2016
Mailing Address 600 JEFFERSON ST		FEC Identification Number C [] Transaction ID : SB21B.I1863 Amount of Each Disbursement this Period [] 413.10
City HOUSTON	State TX	Zip Code 77002
Purpose of Disbursement PAC AIRFARE		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).....▶	[] 1612.80
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)
Republican Majority Fund

A. LEVY RESTAURANTS

Full Name (Last, First, Middle Initial)
Mailing Address 980 N MICHIGAN AVE

City CHICAGO State IL Zip Code 60611

Purpose of Disbursement PAC CATERING

Candidate Name

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

State: District:

Date of Disbursement: 07 / 22 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I1864

Amount of Each Disbursement this Period: 892.98

Memo Item

B. KOCH & HOOS LLC

Full Name (Last, First, Middle Initial)
Mailing Address 901 N WASHINGTON ST STE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement PAC ACCOUNTING CONSULTING

Candidate Name

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

State: District:

Date of Disbursement: 07 / 25 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I1865

Amount of Each Disbursement this Period: 5408.44

Memo Item

C. CMDI

Full Name (Last, First, Middle Initial)
Mailing Address 1593 SPRING HILL RD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement PAC P.O. BOX SERVICES

Candidate Name

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

State: District:

Date of Disbursement: 07 / 26 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I1866

Amount of Each Disbursement this Period: 610.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6911.42

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)
Republican Majority Fund

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ONLINE FUNDRAISING & PROCESSING FEES

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I1868
Amount of Each Disbursement this Period
214.15

Memo Item

Full Name (Last, First, Middle Initial)

B. D. MOSS & COMPANY, LLC

Mailing Address 3722 MUNSON ROAD

City FALLS CHURCH State VA Zip Code 22041

Purpose of Disbursement
PAC FUNDRAISING CONSULTING/TRAVEL

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I1867
Amount of Each Disbursement this Period
6824.55

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ONLINE FUNDRAISING & PROCESSING FEES

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I1869
Amount of Each Disbursement this Period
47.02

Memo Item

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

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

7085.72

**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)
Republican Majority Fund

Full Name (Last, First, Middle Initial)

A. HERTZ RENT A CAR

Mailing Address 14501 HERTZ QUAIL SPRINGS PKWY

City OKLAHOMA CITY State OK Zip Code 73134

Purpose of Disbursement
PAC 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 / 08 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I1870
Amount of Each Disbursement this Period
357.07

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMOS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 09 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I1871
Amount of Each Disbursement this Period
16946.19

Memo Item

Full Name (Last, First, Middle Initial)

C. ALAMO CAR RENTAL

Mailing Address CLEVELAND AIRPORT

City CLEVELAND State OH Zip Code 44135

Purpose of Disbursement
PAC 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 / 09 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I1924
Amount of Each Disbursement this Period
485.73
PAC CAR RENTAL

Memo Item

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

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

17303.26

**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)
Republican Majority Fund

A. AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement PAC CREDIT CARD FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 09 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I1928

Amount of Each Disbursement this Period: 45.00

PAC CREDIT CARD FEES

Memo Item

B. DELTA AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement PAC TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 09 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I1926

Amount of Each Disbursement this Period: 25.00

PAC TRAVEL

Memo Item

C. INTERCONTINENTAL HOTEL

Full Name (Last, First, Middle Initial)
Mailing Address 9801 CARNEGIE AVE

City CLEVELAND State OH Zip Code 44106

Purpose of Disbursement PAC LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 09 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I1920

Amount of Each Disbursement this Period: 6716.21

PAC LODGING

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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)
Republican Majority Fund

Full Name (Last, First, Middle Initial)

A. INTERCONTINENTAL HOTEL

Mailing Address 9801 CARNEGIE AVE

City CLEVELAND State OH Zip Code 44106

Purpose of Disbursement
PAC LODGING

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
08 / 09 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I1927
Amount of Each Disbursement this Period
1989.02
PAC LODGING

Memo Item

Full Name (Last, First, Middle Initial)

B. KIMPTON SCHOFIELD HOTEL

Mailing Address 2000 E NINTH ST

City CLEVELAND State OH Zip Code 44115

Purpose of Disbursement
PAC LODGING

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
08 / 09 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I1921
Amount of Each Disbursement this Period
3488.04
PAC LODGING

Memo Item

Full Name (Last, First, Middle Initial)

C. RITZ CARLTON

Mailing Address 1515 W 3RD ST

City CLEVELAND State OH Zip Code 44113

Purpose of Disbursement
PAC LODGING

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
08 / 09 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I1922
Amount of Each Disbursement this Period
3099.97
PAC LODGING

Memo Item

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:
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<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)
Republican Majority Fund

Full Name (Last, First, Middle Initial)

A. ALLIANZ TRAVEL INSURANCE

Mailing Address 9950 MARYLAND DR.

City RICHMOND State VA Zip Code 23233

Purpose of Disbursement
PAC INSURANCE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2016

FEC Identification Number

C []

Transaction ID : SB21B.I1930

Amount of Each Disbursement this Period

[] 41.59

PAC INSURANCE

Memo Item

Full Name (Last, First, Middle Initial)

B. ALLIANZ TRAVEL INSURANCE

Mailing Address 9950 MARYLAND DR.

City RICHMOND State VA Zip Code 23233

Purpose of Disbursement
PAC INSURANCE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2016

FEC Identification Number

C []

Transaction ID : SB21B.I1935

Amount of Each Disbursement this Period

[] 52.00

PAC INSURANCE

Memo Item

Full Name (Last, First, Middle Initial)

C. ALLIANZ TRAVEL INSURANCE

Mailing Address 9950 MARYLAND DR.

City RICHMOND State VA Zip Code 23233

Purpose of Disbursement
PAC INSURANCE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2016

FEC Identification Number

C []

Transaction ID : SB21B.I1936

Amount of Each Disbursement this Period

[] 56.07

PAC INSURANCE

Memo Item

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"/> 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)
Republican Majority Fund

Full Name (Last, First, Middle Initial)

A. ALLIANZ TRAVEL INSURANCE

Mailing Address 9950 MARYLAND DR.

City RICHMOND State VA Zip Code 23233

Purpose of Disbursement
PAC INSURANCE

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I1938
Amount of Each Disbursement this Period
56.53
PAC INSURANCE

Memo Item

Full Name (Last, First, Middle Initial)

B. ALLIANZ TRAVEL INSURANCE

Mailing Address 9950 MARYLAND DR.

City RICHMOND State VA Zip Code 23233

Purpose of Disbursement
PAC INSURANCE

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I1940
Amount of Each Disbursement this Period
30.54
PAC INSURANCE

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616
DFW AIRPORT

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
PAC AIRFARE

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I1937
Amount of Each Disbursement this Period
897.10
PAC AIRFARE

Memo Item

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"/> 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)
Republican Majority Fund

A. INTERCONTINENTAL HOTEL

Full Name (Last, First, Middle Initial)

Mailing Address 9801 CARNEGIE AVE

City CLEVELAND State OH Zip Code 44106

Purpose of Disbursement PAC LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 10 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I1933

Amount of Each Disbursement this Period: 600.00

PAC LODGING

Memo Item

B. INTERCONTINENTAL HOTEL

Full Name (Last, First, Middle Initial)

Mailing Address 9801 CARNEGIE AVE

City CLEVELAND State OH Zip Code 44106

Purpose of Disbursement PAC LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 10 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I1941

Amount of Each Disbursement this Period: 400.00

PAC LODGING

Memo Item

C. KIMPTON SCHOFIELD HOTEL

Full Name (Last, First, Middle Initial)

Mailing Address 2000 E NINTH ST

City CLEVELAND State OH Zip Code 44115

Purpose of Disbursement PAC LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 10 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I1931

Amount of Each Disbursement this Period: 581.34

PAC LODGING

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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)
Republican Majority Fund

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 10 / 2016	
Mailing Address 600 JEFFERSON ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I1929	
City HOUSTON	State TX	Zip Code 77002	Amount of Each Disbursement this Period [REDACTED] 983.10 PAC AIRFARE
Purpose of Disbursement PAC AIRFARE		Category/Type	Memo Item <input checked="" type="checkbox"/>
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. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 10 / 2016	
Mailing Address 600 JEFFERSON ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I1932	
City HOUSTON	State TX	Zip Code 77002	Amount of Each Disbursement this Period [REDACTED] 1276.20 PAC AIRFARE
Purpose of Disbursement PAC AIRFARE		Category/Type	Memo Item <input checked="" type="checkbox"/>
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) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 10 / 2016	
Mailing Address 600 JEFFERSON ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I1934	
City HOUSTON	State TX	Zip Code 77002	Amount of Each Disbursement this Period [REDACTED] 924.20 PAC AIRFARE
Purpose of Disbursement PAC AIRFARE		Category/Type	Memo Item <input checked="" type="checkbox"/>
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:			

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

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

0.00
[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)
Republican Majority Fund

Full Name (Last, First, Middle Initial)

A. UNITED AIRLINES

Mailing Address 600 JEFFERSON ST

City
HOUSTON

State
TX

Zip Code
77002

Purpose of Disbursement
PAC AIRFARE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1939

Amount of Each Disbursement this Period

[REDACTED] 531.10

PAC AIRFARE

Memo Item

Full Name (Last, First, Middle Initial)

B. HERTZ RENT A CAR

Mailing Address 14501 HERTZ QUAIL SPRINGS PKWY

City
OKLAHOMA CITY

State
OK

Zip Code
73134

Purpose of Disbursement
PAC CAR RENTAL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1895

Amount of Each Disbursement this Period

[REDACTED] 136.70

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
PAC ONLINE FUNDRAISING/EMAILS/WEBSITE SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 18 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1896

Amount of Each Disbursement this Period

[REDACTED] 2575.32

Memo Item

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

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

[REDACTED] 2712.02

[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)
Republican Majority Fund

Full Name (Last, First, Middle Initial) A. KOCH & HOOS LLC		Date of Disbursement MM / DD / YYYY 08 / 18 / 2016
Mailing Address 901 N WASHINGTON ST STE 700		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I1898
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement PAC ACCOUNTING CONSULTING		Amount of Each Disbursement this Period [REDACTED] 2303.37
Candidate Name		Category/Type [REDACTED]
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. O'DONNELL AND ASSOCIATES, LTD.		Date of Disbursement MM / DD / YYYY 08 / 18 / 2016
Mailing Address 3101 N HAMPTON DR, #1517		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I1897
City ALEXANDRIA	State VA	Zip Code 22302
Purpose of Disbursement PAC COMMUNICATIONS CONSULTING/TRAVEL		Amount of Each Disbursement this Period [REDACTED] 3233.45
Candidate Name		Category/Type [REDACTED]
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. FOLEY & LARDNER, LLP		Date of Disbursement MM / DD / YYYY 08 / 29 / 2016
Mailing Address 3000 K ST NW, STE 600		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I1899
City WASHINGTON	State DC	Zip Code 20007
Purpose of Disbursement PAC LEGAL SERVICES		Amount of Each Disbursement this Period [REDACTED] 345.00
Candidate Name		Category/Type [REDACTED]
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).....▶	[REDACTED] 5881.82
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)
Republican Majority Fund

Full Name (Last, First, Middle Initial)
A. D. MOSS & COMPANY, LLC

Mailing Address 3722 MUNSON ROAD

City FALLS CHURCH State VA Zip Code 22041

Purpose of Disbursement
PAC FUNDRAISING CONSULTING/TRAVEL/FOOD & BEVERAGE

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.I1900
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)
B. WASHINGTON NATIONALS

Mailing Address 1500 SOUTH CAPITOL STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAC EVENT VENUE/TICKETS

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.I1901
Amount of Each Disbursement this Period

Memo Item

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

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC ONLINE FUNDRAISING & PROCESSING FEES

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.I1902
Amount of Each Disbursement this Period

Memo Item

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

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)
Republican Majority Fund

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMOS

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I1905
Amount of Each Disbursement this Period
6192.69

Memo Item

Full Name (Last, First, Middle Initial)

B. ALLIANZ TRAVEL INSURANCE

Mailing Address 9950 MARYLAND DR.

City RICHMOND State VA Zip Code 23233

Purpose of Disbursement
PAC INSURANCE

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I1947
Amount of Each Disbursement this Period
36.83
PAC INSURANCE

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616
DFW AIRPORT

City DALLAS State TX Zip Code 75261

Purpose of Disbursement
PAC AIRFARE

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I1946
Amount of Each Disbursement this Period
589.29
PAC AIRFARE

Memo Item

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

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

6192.69

**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)
Republican Majority Fund

Full Name (Last, First, Middle Initial)

A. DOES'S EAT PLACE

Mailing Address 1023 W MARKHAM ST

City LITTLE ROCK State AR Zip Code 72201

Purpose of Disbursement
PAC FOOD & BEVERAGE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1944

Amount of Each Disbursement this Period

[REDACTED] 203.61

PAC FOOD & BEVERAGE

Memo Item

Full Name (Last, First, Middle Initial)

B. HYATT PLACE

Mailing Address 1790 E PLUMB LN

City RENO State NV Zip Code 89502

Purpose of Disbursement
PAC LODGING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1943

Amount of Each Disbursement this Period

[REDACTED] 227.15

PAC LODGING

Memo Item

Full Name (Last, First, Middle Initial)

C. INTERCONTINENTAL HOTEL

Mailing Address 9801 CARNEGIE AVE

City CLEVELAND State OH Zip Code 44106

Purpose of Disbursement
PAC LODGING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1945

Amount of Each Disbursement this Period

[REDACTED] 2586.45

PAC LODGING

Memo Item

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

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

[REDACTED] 0.00

[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)
Republican Majority Fund

Full Name (Last, First, Middle Initial)
A. SAMANTHAS TAP ROOM

Date of Disbursement: MM / DD / YYYY
09 / 12 / 2016

Mailing Address 322 MAIN ST

City LITTLE ROCK State AR Zip Code 72201

Purpose of Disbursement PAC FOOD & BEVERAGE

Candidate Name

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

State: District:

FEC Identification Number: C
Transaction ID : SB21B.I1942
Amount of Each Disbursement this Period: 2187.90
PAC FOOD & BEVERAGE
 Memo Item

Full Name (Last, First, Middle Initial)
B. O'DONNELL AND ASSOCIATES, LTD.

Date of Disbursement: MM / DD / YYYY
09 / 12 / 2016

Mailing Address 3101 N HAMPTON DR, #1517

City ALEXANDRIA State VA Zip Code 22302

Purpose of Disbursement PAC COMMUNICATIONS CONSULTING

Candidate Name

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

State: District:

FEC Identification Number: C
Transaction ID : SB21B.I1904
Amount of Each Disbursement this Period: 2000.00
Memo Item

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

Date of Disbursement: MM / DD / YYYY
09 / 30 / 2016

Mailing Address 1316 ALEXANDRIA AVENUE

City ALEXANDRIA State VA Zip Code 22308

Purpose of Disbursement PAC FUNDRAISING CONSULTING

Candidate Name

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

State: District:

FEC Identification Number: C
Transaction ID : SB21B.I1915
Amount of Each Disbursement this Period: 5000.00
Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7000.00

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)
Republican Majority Fund

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement PAC ONLINE FUNDRAISING/EMAILS/WEBSITE SERVICES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I1913

Amount of Each Disbursement this Period

2500.65

Memo Item

Full Name (Last, First, Middle Initial)

B. KOCH & HOOS LLC

Mailing Address 901 N WASHINGTON ST STE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement PAC ACCOUNTING CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I1912

Amount of Each Disbursement this Period

3195.00

Memo Item

Full Name (Last, First, Middle Initial)

C. O'DONNELL AND ASSOCIATES, LTD.

Mailing Address 3101 N HAMPTON DR, #1517

City ALEXANDRIA State VA Zip Code 22302

Purpose of Disbursement PAC COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I1916

Amount of Each Disbursement this Period

2000.00

Memo Item

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

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

7695.65

**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)
Republican Majority Fund

Full Name (Last, First, Middle Initial)

A. UNISOURCE DIRECT, LLC

Mailing Address P.O. BOX 82

City
WATERTOWN

State
WI

Zip Code
53094

Purpose of Disbursement
PAC DIRECT MAIL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		3	0		2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.I1914

Amount of Each Disbursement this Period

5000.00

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)

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

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) ▼

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)..... ▶

5000.00

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

91256.31

**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)
Republican Majority Fund

Full Name (Last, First, Middle Initial)

A. JOBS OPPORTUNITY AND NEW IDEAS PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		23		2016

Mailing Address P.O. BOX 93441

FEC Identification Number

C C00566851

Transaction ID : SB23.I1917

Amount of Each Disbursement this Period

5000.00

Memo Item

City DES MOINES State IA Zip Code 50393

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. MARCO RUBIO FOR SENATE 2016

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2016

Mailing Address P.O. BOX 661537

FEC Identification Number

C

Transaction ID : SB23.I1918

Amount of Each Disbursement this Period

5000.00

Memo Item

City MIAMI SPRINGS State FL Zip Code 33266

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: FL District: 00

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
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Mailing Address

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

10000.00

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

10000.00

**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)
Republican Majority Fund

A. DARDANELLE FOOTBALL BOOSTERS

Full Name (Last, First, Middle Initial)
DARDANELLE

Mailing Address P.O. BOX 68

City DARDANELLE State AR Zip Code 72834

Purpose of Disbursement DONATION

Candidate Name

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

State: District:

Date of Disbursement: 07 / 19 / 2016

FEC Identification Number: C

Transaction ID : SB29.I1919

Amount of Each Disbursement this Period: 500.00

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
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).....▶	500.00
TOTAL This Period (last page this line number only).....▶	500.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 41 OF 42
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Republican Majority Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Rizzo, Laura, , ,			Nature of Debt (Purpose): PAC Fundraising Consulting
Mailing Address 1316 Alexandria Avenue			
City ALEXANDRIA	State VA	Zip Code 22308	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD104	
Amount Incurred This Period 5275.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5275.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Campaign Solutions			Nature of Debt (Purpose): PAC Online Fundraising/Emails/Website Se
Mailing Address 117 N Saint Asaph St			
City Alexandria	State VA	Zip Code 22308	

Outstanding Balance Beginning This Period 0.00	Transaction ID : sd102	
Amount Incurred This Period 4220.67	Payment This Period 0.00	Outstanding Balance at Close of This Period 4220.67

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor D. Moss & Company, LLC			Nature of Debt (Purpose): PAC Fundraising Consulting/Travel
Mailing Address 3722 Munson Road			
City Falls Church	State VA	Zip Code 22041	

Outstanding Balance Beginning This Period 0.00	Transaction ID : sd101	
Amount Incurred This Period 5726.56	Payment This Period 0.00	Outstanding Balance at Close of This Period 5726.56

1) SUBTOTALS This Period This Page (optional)..... ▶	15222.23
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 42 OF 42
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Republican Majority Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UniSource Direct, LLC			Nature of Debt (Purpose): PAC Direct Mail
Mailing Address PO Box 82			
City Watertown	State WI	Zip Code 53094	

Outstanding Balance Beginning This Period		Transaction ID : sd103	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
10115.61	0.00	10115.61	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	10115.61
2) TOTALS This Period (last page this line number only)..... ▶	25337.84
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	25337.84