

# 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

**Alamo PAC**

ADDRESS (number and street) 919 Congress Ave

Suite 1400

Check if different than previously reported. (ACC) Austin TX 78701

2. **FEC IDENTIFICATION NUMBER ▼** C00387464 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT  **NEW (N)** OR  **AMENDED (A)**

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

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

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

Election on MM / DD / YYYYYY in the State of   

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

Election on MM / DD / YYYYYY in the State of   

5. Covering Period MM / DD / YYYYYY through MM / DD / YYYYYY

07 / 01 / 2015 through 12 / 31 / 2015

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 Kerry Cammack

Signature of Treasurer Kerry Cammack [Electronically Filed] Date MM / DD / YYYYYY

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

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

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Alamo 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="2015"/>		141722.09
(b) Cash on Hand at Beginning of Reporting Period.....	312109.03	
(c) Total Receipts (from Line 19) .....	463062.55	973653.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	775171.58	1115375.39
7. Total Disbursements (from Line 31).....	408400.65	748604.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	366770.93	366770.93
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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

**Alamo PAC**

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).....	106700.00	174953.33
(ii) Unitemized .....	200.00	1445.60
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	106900.00	176398.93
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	260672.92	624172.92
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	367572.92	800571.85
12. Transfers From Affiliated/Other Party Committees.....	95489.63	173081.45
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))..... ▶	463062.55	973653.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	463062.55	973653.30

**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 .....	284900.65	550104.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	284900.65	550104.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	70000.00	95000.00
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	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	8500.00	8500.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	8500.00	8500.00
29. Other Disbursements .....	45000.00	95000.00
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)) ..	408400.65	748604.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	408400.65	748604.46

**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) .....	367572.92	800571.85
34. Total Contribution Refunds (from Line 28(d)) .....	8500.00	8500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	359072.92	792071.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	284900.65	550104.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	284900.65	550104.46

**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 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**Alamo PAC**

**A. TOWNES PRESSLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3251 CHEVY CHASE DR.  
 City HOUSTON State TX Zip Code 77019-3229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PETROLEUM ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 29 / 2015  
**Transaction ID : SA11.123941**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**B. MR. STEPHEN Y. SCURLOCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1700 RIO GRANDE ST STE 100  
 City AUSTIN State TX Zip Code 78701-1683  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INDEPENDENT BANKERS ASSN OF TX Occupation EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 29 / 2015  
**Transaction ID : SA11.123939**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**C. DR. HERBERT L. WADE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 806 N ROSEMARY DR  
 City BRYAN State TX Zip Code 77802-4309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation DENTIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 29 / 2015  
**Transaction ID : SA11.123942**  
 Amount of Each Receipt this Period 1500.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> 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 7 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MR. CHRISTOPHER L. WILLISTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1700 RIO GRANDE ST STE 100  
 City AUSTIN State TX Zip Code 78701-1683  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IBAT Occupation PRESIDENT & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 29 / 2015  
**Transaction ID : SA11.123940**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**B. WILEY REIN LLP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 K ST NW  
 City WASHINGTON State DC Zip Code 20006-2304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 29 / 2015  
**Transaction ID : SA11.123947**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION  
 SEE PARTNER MEMO BELOW; SEE ATTRIBUTION BELOW

**C. MR. ATTISON BARNES III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 K ST NW  
 City WASHINGTON State DC Zip Code 20006-2304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WILEY REIN LLP Occupation PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 29 / 2015  
**Transaction ID : SA11.124300**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION  
**[MEMO ITEM]**  
 PARTNERSHIP ATTRIBUTION WILEY REIN PARTNER MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5500.00
<b>TOTAL</b> 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 8 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Alamo PAC**

**A. JOHN BARRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 K STREET NW  
 City WASHINGTON State DC Zip Code 20006-2304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WILEY REIN LLP Occupation PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 29 / 2015  
**Transaction ID : SA11.124359**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION  
**[MEMO ITEM]**  
 PARTNERSHIP ATTRIBUTION WILEY REIN PARTNER MEMO

**B. JAMES BAYES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 K STREET NW  
 City WASHINGTON State DC Zip Code 20006-2304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WILEY REIN LLP Occupation PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 29 / 2015  
**Transaction ID : SA11.124360**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION  
**[MEMO ITEM]**  
 PARTNERSHIP ATTRIBUTION WILEY REIN PARTNER MEMO

**C. RICHARD BODROFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 K STREET NW  
 City WASHINGTON State DC Zip Code 20006-2304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WILEY REIN LLP Occupation PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 29 / 2015  
**Transaction ID : SA11.124361**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION  
**[MEMO ITEM]**  
 PARTNERSHIP ATTRIBUTION WILEY REIN PARTNER MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> 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 9 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. RALPH CACCIA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1776 K STREET NW

City WASHINGTON	State DC	Zip Code 20006-2304
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FEC ID number of contributing federal political committee. **C**

Name of Employer WILEY REIN LLP	Occupation PARTNER
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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		29		2015

**Transaction ID : SA11.124362**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**[MEMO ITEM]**  
PARTNERSHIP ATTRIBUTION WILEY REIN PARTNER MEMO

**B. JASON CRONIC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1776 K STREET NW

City WASHINGTON	State DC	Zip Code 20006-2304
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FEC ID number of contributing federal political committee. **C**

Name of Employer WILEY REIN LLP	Occupation PARTNER
------------------------------------	-----------------------

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		29		2015

**Transaction ID : SA11.124363**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**[MEMO ITEM]**  
PARTNERSHIP ATTRIBUTION WILEY REIN PARTNER MEMO

**C. JAMES CZABAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1776 K STREET NW

City WASHINGTON	State DC	Zip Code 20006-2304
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FEC ID number of contributing federal political committee. **C**

Name of Employer WILEY REIN LLP	Occupation PARTNER
------------------------------------	-----------------------

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		29		2015

**Transaction ID : SA11.124364**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**[MEMO ITEM]**  
PARTNERSHIP ATTRIBUTION WILEY REIN PARTNER MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> 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 10 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. PHIL DAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1776 K STREET NW

City WASHINGTON State DC Zip Code 20006-2304

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

Name of Employer WILEY REIN LLP Occupation PARTNER

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 / 29 / 2015

**Transaction ID : SA11.124365**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**[MEMO ITEM]**  
 PARTNERSHIP ATTRIBUTION WILEY REIN PARTNER MEMO

**B. SCOTT DELCOURT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1776 K STREET NW

City WASHINGTON State DC Zip Code 20006-2304

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

Name of Employer WILEY REIN LLP Occupation PARTNER

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 / 29 / 2015

**Transaction ID : SA11.124366**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**[MEMO ITEM]**  
 PARTNERSHIP ATTRIBUTION WILEY REIN PARTNER MEMO

**C. DAVID GROSS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1776 K STREET NW

City WASHINGTON State DC Zip Code 20006-2304

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

Name of Employer WILEY REIN LLP Occupation PARTNER

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 / 29 / 2015

**Transaction ID : SA11.124367**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**[MEMO ITEM]**  
 PARTNERSHIP ATTRIBUTION WILEY REIN PARTNER MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**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 11 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. SHAE ARMSTRONG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4213 DICKASON AVE APT 3  
 City DALLAS State TX Zip Code 75219-3533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 03 / 2015  
**Transaction ID : SA11.123949**  
 Amount of Each Receipt this Period 2500.00  
 CONTRIBUTION

**B. JENNIFER ROMANS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 N GARFIELD ST APT 507  
 City ARLINGTON State VA Zip Code 22201-6821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PHRMA Occupation GOVERNMENT RELATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 03 / 2015  
**Transaction ID : SA11.123948**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**C. SAM C. HENRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1901 POST OAK BLVD APT 3216  
 City HOUSTON State TX Zip Code 77056-3938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GDF SUEZ Occupation EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 04 / 2015  
**Transaction ID : SA11.123954**  
 Amount of Each Receipt this Period 1500.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4500.00
<b>TOTAL</b> 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 12 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**A. FAIN MCDUGAL**

Mailing Address 2490 BOONVILLE RD STE 140

City BRYAN State TX Zip Code 77808-2327

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

Name of Employer MCDUGAL & CO. Occupation REAL ESTATE BROKER/DEVELOPER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
08 / 04 / 2015  
**Transaction ID : SA11.123953**

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. WILLIAM A. BLACKWELL**

Mailing Address 10 SHADYWOOD LN  
P.O. BOX 844

City CUERO State TX Zip Code 77954-3453

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

Name of Employer SELF EMPLOYED Occupation RANCHER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
08 / 17 / 2015  
**Transaction ID : SA11.123955**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JAMES E. SMITH**

Mailing Address 5214 FARRINGTON RD

City BETHESDA State MD Zip Code 20816-2920

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

Name of Employer SMITH-FREE GROUP Occupation CHAIRMAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
08 / 17 / 2015  
**Transaction ID : SA11.123961**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> 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 157
	<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)  
**Alamo PAC**

**A. PAUL M. STRUNK**  
Full Name (Last, First, Middle Initial)

Mailing Address 802 N CARANCAHUA ST STE 1250

City CORPUS CHRISTI	State TX	Zip Code 78401-0019
------------------------	-------------	------------------------

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

Name of Employer AMERICAN SHORELINE	Occupation PRESIDENT
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2015

**Transaction ID : SA11.123958**

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

**B. HOWARD W. MAYS JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2100 WEST LOOP S STE 200

City HOUSTON	State TX	Zip Code 77027-3598
-----------------	-------------	------------------------

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

Name of Employer JONES, MAYS, RAMSEY	Occupation ATTORNEY
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2015

**Transaction ID : SA11.123962**

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

**C. ELLEN L. CUMMINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5151 SAN FELIPE STE 1480

City HOUSTON	State TX	Zip Code 77056-3652
-----------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation INVESTMENTS
-----------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

**Transaction ID : SA11.124093**

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4500.00
<b>TOTAL</b> 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 157  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. JAMES W. GLOTFELTY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4016 ESSEX LANE  
 City HOUSTON State TX Zip Code 77027-5116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CLEAN LINE ENERGY PARTNERS Occupation PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 14 / 2015  
**Transaction ID : SA11.124092**  
 Amount of Each Receipt this Period 1500.00  
 CONTRIBUTION

**B. E. MARTIN MARKL III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 COMMERCE ST STE 2260  
 City FT WORTH State TX Zip Code 76102-4144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ENERGY FINANCING INC. Occupation BUSINESSMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 14 / 2015  
**Transaction ID : SA11.124091**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**C. MELISSA BOND KEIL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6515 WUTHERING HEIGHTS LANE  
 City TEXARKANA State AR Zip Code 71854-8231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 21 / 2015  
**Transaction ID : SA11.124130**  
 Amount of Each Receipt this Period 5000.00  
 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: (check only one)	PAGE 15 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Alamo PAC**

**A. BERNARD OKUN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6612 MAUGH RD  
 City MC LEAN State VA Zip Code 22101-4021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THE O TEAM Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2015  
**Transaction ID : SA11.124129**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**B. MR. JOHN C. GOODSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 406 WALNUT ST  
 City TEXARKANA State AR Zip Code 71854-5219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 28 / 2015  
**Transaction ID : SA11.124150**  
 Amount of Each Receipt this Period 2500.00  
 CONTRIBUTION

**C. WESLEY HANA GOODSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3613 WUTHERING HEIGHTS PLACE  
 City TEXARKANA State AR Zip Code 71854-8222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KEIL & GOODSON Occupation SUPPORT STAFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 28 / 2015  
**Transaction ID : SA11.124153**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8000.00
<b>TOTAL</b> 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 16 OF 157  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. MATT KEIL**  
 Mailing Address 406 WALNUT ST  
 City TEXARKANA State AR Zip Code 71854-5219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 28 / 2015  
**Transaction ID : SA11.124149**  
 Amount of Each Receipt this Period 2500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. CONRAD LASS**  
 Mailing Address 1301 CHANCEL PL  
 City ALEXANDRIA State VA Zip Code 22314-4707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OGILVY GOVERNMENT RELATIONS Occupation GOVERNMENT RELATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2015  
**Transaction ID : SA11.124151**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. OLIVER MEISSNER**  
 Mailing Address 110 D STREET #316  
 City WASHINGTON State DC Zip Code 20003-1823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CONSILIO GROUP Occupation GOVERNMENT RELATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 28 / 2015  
**Transaction ID : SA11.124152**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3500.00  
**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 157  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. KEIL & GOODSON, PA**  
 Mailing Address 406 WALNUT STREET  
 City TEXARKANA State AR Zip Code 71854-5219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 09 / 28 / 2015  
**Transaction ID : SA11.124148**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION  
 SEE ATTRIBUTION BELOW

Full Name (Last, First, Middle Initial)  
**B. MR. JOHN C. GOODSON**  
 Mailing Address 406 WALNUT ST  
 City TEXARKANA State AR Zip Code 71854-5219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED ATTORNEY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 09 / 28 / 2015  
**Transaction ID : SA11.124339**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION  
**[MEMO ITEM]**  
 PARTNERSHIP ATTRIBUTION KEIL & GOODSON  
 PARTNER MEMO

Full Name (Last, First, Middle Initial)  
**C. MATT KEIL**  
 Mailing Address 406 WALNUT ST  
 City TEXARKANA State AR Zip Code 71854-5219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED ATTORNEY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 09 / 28 / 2015  
**Transaction ID : SA11.124340**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION  
**[MEMO ITEM]**  
 PARTNERSHIP ATTRIBUTION KEIL & GOODSON  
 PARTNER MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5000.00  
**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 18 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. KESSLER TOPAZ MELTZER & CHECK LLP**

Mailing Address 280 KING OF PRUSSIA ROAD

City RADNOR State PA Zip Code 19087-5110

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

Name of Employer Occupation

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 / 28 / 2015  
**Transaction ID : SA11.124147**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

SEE ATTRIBUTION BELOW

Full Name (Last, First, Middle Initial)  
**B. STU BERMAN**

Mailing Address 200 KING OF PRUSSIA ROAD

City RADNOR State PA Zip Code 19087-

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

Name of Employer Occupation  
KESSLER TOPAZ MELTZER & CHECK LLP PARTNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
555.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2015  
**Transaction ID : SA11.124343**

Amount of Each Receipt this Period  
555.55

CONTRIBUTION

**[MEMO ITEM]**  
 PARTNERSHIP ATTRIBUTION KESSLER TOPAZ MELTZER & CHECK PARTNER MEMO

Full Name (Last, First, Middle Initial)  
**C. GREG CASTALDO**

Mailing Address 200 KING OF PRUSSIA ROAD

City RADNOR State PA Zip Code 19087-

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

Name of Employer Occupation  
KESSLER TOPAZ MELTZER & CHECK LLP PARTNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
555.55

Date of Receipt  
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 09 / 28 / 2015  
**Transaction ID : SA11.124348**

Amount of Each Receipt this Period  
555.55

CONTRIBUTION

**[MEMO ITEM]**  
 PARTNERSHIP ATTRIBUTION KESSLER TOPAZ MELTZER & CHECK PARTNER MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> 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 19 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. DARREN CHECK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200 KING OF PRUSSIA ROAD

City RADNOR	State PA	Zip Code 19087-
----------------	-------------	--------------------

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

Name of Employer KESSLER TOPAZ MELTZER & CHECK LLP	Occupation PARTNER
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
555.55

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

**Transaction ID : SA11.124341**

Amount of Each Receipt this Period  
555.55

CONTRIBUTION

**[MEMO ITEM]**  
PARTNERSHIP ATTRIBUTION KESSLER TOPAZ MELTZER & CHECK PARTNER MEMO

**B. SEAN HANDLER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200 KING OF PRUSSIA ROAD

City RADNOR	State PA	Zip Code 19087-
----------------	-------------	--------------------

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

Name of Employer KESSLER TOPAZ MELTZER & CHECK LLP	Occupation PARTNER
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
555.55

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

**Transaction ID : SA11.124345**

Amount of Each Receipt this Period  
555.55

CONTRIBUTION

**[MEMO ITEM]**  
PARTNERSHIP ATTRIBUTION KESSLER TOPAZ MELTZER & CHECK PARTNER MEMO

**C. DAVID KESSLER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200 KING OF PRUSSIA ROAD

City RADNOR	State PA	Zip Code 19087-
----------------	-------------	--------------------

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

Name of Employer KESSLER TOPAZ MELTZER & CHECK LLP	Occupation PARTNER
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
555.55

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

**Transaction ID : SA11.124342**

Amount of Each Receipt this Period  
555.55

CONTRIBUTION

**[MEMO ITEM]**  
PARTNERSHIP ATTRIBUTION KESSLER TOPAZ MELTZER & CHECK PARTNER MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> 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 20 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)  
**A. JOE MELTZER**

Mailing Address 200 KING OF PRUSSIA ROAD

City RADNOR	State PA	Zip Code 19087-
----------------	-------------	--------------------

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

Name of Employer KESSLER TOPAZ MELTZER & CHECK LLP	Occupation PARTNER
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
555.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : SA11.124349**

Amount of Each Receipt this Period  
555.56

CONTRIBUTION

**[MEMO ITEM]**  
PARTNERSHIP ATTRIBUTION KESSLER TOPAZ MELTZER & CHECK PARTNER MEMO

Full Name (Last, First, Middle Initial)  
**B. LEE RUDY**

Mailing Address 200 KING OF PRUSSIA ROAD

City RADNOR	State PA	Zip Code 19087-
----------------	-------------	--------------------

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

Name of Employer KESSLER TOPAZ MELTZER & CHECK LLP	Occupation PARTNER
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
555.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : SA11.124346**

Amount of Each Receipt this Period  
555.55

CONTRIBUTION

**[MEMO ITEM]**  
PARTNERSHIP ATTRIBUTION KESSLER TOPAZ MELTZER & CHECK PARTNER MEMO

Full Name (Last, First, Middle Initial)  
**C. MARC TOPAZ**

Mailing Address 200 KING OF PRUSSIA ROAD

City RADNOR	State PA	Zip Code 19087-
----------------	-------------	--------------------

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

Name of Employer KESSLER TOPAZ MELTZER & CHECK LLP	Occupation PARTNER
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
555.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : SA11.124347**

Amount of Each Receipt this Period  
555.55

CONTRIBUTION

**[MEMO ITEM]**  
PARTNERSHIP ATTRIBUTION KESSLER TOPAZ MELTZER & CHECK PARTNER MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> 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 21 OF 157
	<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)  
**Alamo PAC**

**A. ANDY ZIVITZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 KING OF PRUSSIA ROAD

City RADNOR State PA Zip Code 19087-

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

Name of Employer KESSLER TOPAZ MELTZER & CHECK LLP Occupation PARTNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 555.55

Date of Receipt 09 / 28 / 2015  
**Transaction ID : SA11.124344**

Amount of Each Receipt this Period 555.55

CONTRIBUTION

**[MEMO ITEM]**  
PARTNERSHIP ATTRIBUTION KESSLER TOPAZ MELTZER & CHECK PARTNER MEMO

**B. DENNIS A. FULLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 3009 CROOKED STICK DRIVE

City PLANO State TX Zip Code 75093-6355

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

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2015  
**Transaction ID : SA11.124159**

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

**C. GLENN B. LEMUNYON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1350 BEVERLY RD STE 115

City MCLEAN State VA Zip Code 22101-3917

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

Name of Employer LEMUNYON GROUP LLC Occupation PRINCIPAL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 01 / 2015  
**Transaction ID : SA11.124168**

Amount of Each Receipt this Period 1500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 2500.00

**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 22 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. LISA KAYE MONK-MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3516 DEARBORN CIRCLE  
 City BRYANT State AR Zip Code 72022-7043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2015  
**Transaction ID : SA11.124170**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B. STEWART A. RESNICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11444 W OLYMPIC BLVD FL 10  
 City LOS ANGELES State CA Zip Code 90064-1557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ROLL INTERNATIONAL OWNER  
 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  
 10 / 01 / 2015  
**Transaction ID : SA11.124169**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C. MICHAEL K. HENRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 MARYLAND AVE NE  
 City WASHINGTON State DC Zip Code 20002-5711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ALPINE GROUP VICE PRESIDENT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : SA11.124174**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<b>TOTAL</b> 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 23 OF 157  
(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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)  
**A. CHEROKEE NATION**  
Mailing Address **PO BOX 948**  
City State Zip Code  
**TAHLEQUAH OK 74465-0948**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary    General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**2000.00**

Date of Receipt  
**10 / 19 / 2015**  
**Transaction ID : SA11.124171**  
Amount of Each Receipt this Period  
**2000.00**  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JAMES E. HYLAND**  
Mailing Address **1101 PENNSYLVANIA AVE NW**  
City State Zip Code  
**WASHINGTON DC 20004-2504**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
**THE PENNSYLVANIA AVE GROUP PRESIDENT**  
Receipt For:  
 Primary    General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**11 / 06 / 2015**  
**Transaction ID : SA11.124176**  
Amount of Each Receipt this Period  
**500.00**  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. OLIVER MEISSNER**  
Mailing Address **110 D STREET #316**  
City State Zip Code  
**WASHINGTON DC 20003-1823**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
**CONSIGLIO GROUP GOVERNMENT RELATIONS**  
Receipt For:  
 Primary    General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt  
**11 / 20 / 2015**  
**Transaction ID : SA11.124183**  
Amount of Each Receipt this Period  
**500.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **3000.00**  
**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 24 OF 157  
(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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)  
**A. PAUL MILLER**  
 Mailing Address 13620 WHITE STONE COURT  
 City State Zip Code  
 CLIFTON VA 20124-2400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MILLER WENHOLD CAPITAL STRATEGIES CEO  
 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  
 12 / 08 / 2015  
**Transaction ID : SA11.124197**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JAMES W. W. HAWKINS III**  
 Mailing Address 2604 N NELSON ST  
 City State Zip Code  
 ARLINGTON VA 22207-5032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ALPINE GROUP GOVERNMENT RELATIONS CONSULTANT  
 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  
 12 / 21 / 2015  
**Transaction ID : SA11.124203**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. LESTER KNIGHT**  
 Mailing Address 155 THORN TREE LANE  
 City State Zip Code  
 WINNETKA IL 60093-3731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ROUND TABLE HEATHCARE PARTNERS PARTNER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2015  
**Transaction ID : SA11.124216**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00  
**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 25 OF 157
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MARGARET WHITMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3000 HANOVER STREET

City PALO ALTO State CA Zip Code 94304-1112

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

Name of Employer HEWLETT PACKARD Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : SA11.124224**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**B. ERIC G. BING**  
Full Name (Last, First, Middle Initial)

Mailing Address 306 LINDENWOOD DR.

City HOUSTON State TX Zip Code 77024-6906

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

Name of Employer BING & COMPANY Occupation BUSINESS CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11.124251**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C. RAISSA H. DOWNS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 NEW YORK AVE NW STE 1050

City WASHINGTON State DC Zip Code 20005-6135

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

Name of Employer TARPLIN DOWNS & YOUNG LLC Occupation PARTNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11.124257**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4500.00
<b>TOTAL</b> 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 26 OF 157
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MR. DOUGLAS ELENZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1900 ELTON LN  
City AUSTIN State TX Zip Code 78703-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AUSTIN SPORTS MEDICINE Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 31 / 2015**  
**Transaction ID : SA11.124259**  
Amount of Each Receipt this Period **1000.00**  
CONTRIBUTION

**B. BEVERLY HUEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2 HILLINGDON  
City SAN ANTONIO State TX Zip Code 78209-8311  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HUEY ENETERPRISES Occupation RESTAURANT MANAGER  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1100.00**

Date of Receipt **12 / 31 / 2015**  
**Transaction ID : SA11.124258**  
Amount of Each Receipt this Period **1100.00**  
CONTRIBUTION

**C. CHARLOTTE IVANCIC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3410 13TH ST. NW  
City WASHINGTON State DC Zip Code 20010-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TARPLIN, DOWNS & YOUNG Occupation GOVERNMENT RELATIONS  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 31 / 2015**  
**Transaction ID : SA11.124288**  
Amount of Each Receipt this Period **500.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **2600.00**  
**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 27 OF 157  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. DAVID JORY**  
 Mailing Address 4528 MACOMB ST NW  
 City State Zip Code  
 WASHINGTON DC 20016-2753  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CAPITOL HILL CONSULTING GROUP PRESIDENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11.124263**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MARK KAUFMAN**  
 Mailing Address 3615 ADAMS RD.  
 City State Zip Code  
 OAK BROOK IL 60523-2769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ATHLETICO PHYSICAL THERAPY PRESIDENT/CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11.124292**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. MILAM D. MABRY**  
 Mailing Address 4432 CRESTWAY DR  
 City State Zip Code  
 AUSTIN TX 78731-5122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MABRY PUBLIC AFFAIRS, LLC PRESIDENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11.124289**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4500.00  
**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 28 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. MR. DEMETRIUS G. MCDANIEL</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015
Mailing Address 7601 SANDIA LOOP		<b>Transaction ID : SA11.124255</b>
City AUSTIN	State TX	Zip Code 78735-1519
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer GREENBERG TRAURIG LLP	Occupation ATTORNEY	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. MR. GEORGE L. MCWILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015
Mailing Address 3535 GILLESPIE STREET #407		<b>Transaction ID : SA11.124246</b>
City DALLAS	State TX	Zip Code 75219-4859
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer SELF-EMPLOYED	Occupation ATTORNEY	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. JOHN ONEILL</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015
Mailing Address 1749 STATION STREET NW		<b>Transaction ID : SA11.124264</b>
City WASHINGTON	State DC	Zip Code 20009-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer HARBINGER STRATEGIES	Occupation ATTORNEY	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9000.00
<b>TOTAL</b> 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 29 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. JEFFREY PARKHILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4406 LIVELY LN.  
 City DALLAS State TX Zip Code 75220-2006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PARKHILL DEVELOPMENT Occupation REAL ESTATE DEVELOPER  
 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  
 12 / 31 / 2015  
**Transaction ID : SA11.124296**  
 Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**B. BRIAN S. PARSLEY M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 302 PINE SHADOWS DR.  
 City HOUSTON State TX Zip Code 77056-1319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BAYLOR COLLEGE OF MEDICINE Occupation ORTHOPEDIC SURGERY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11.124247**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. BRIAN S. PARSLEY M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 302 PINE SHADOWS DR.  
 City HOUSTON State TX Zip Code 77056-1319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BAYLOR COLLEGE OF MEDICINE Occupation ORTHOPEDIC SURGERY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11.124248**  
 Amount of Each Receipt this Period  
 1100.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4100.00
<b>TOTAL</b> 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 30 OF 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. MR. ROBERT H. PICKENS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8111 PRESTON RD STE 800

City DALLAS	State TX	Zip Code 75225-6316
----------------	-------------	------------------------

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

Name of Employer SELF EMPLOYED	Occupation OIL & GAS EXPLORATION
-----------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11.124245**

Amount of Each Receipt this Period  
 3000.00

CONTRIBUTION

**B. MR. PATRICK J. RAFFANIELLO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1099 NEW YORK AVE NW STE 6

City WASHINGTON	State DC	Zip Code 20001-4411
--------------------	-------------	------------------------

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

Name of Employer RAFFANIELLO & ASSOCIATES	Occupation PRINCIPAL
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11.124295**

Amount of Each Receipt this Period  
 2100.00

CONTRIBUTION

**C. CHRIS READING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 W SAM HOUSTON PKWY. STE. 300

City HOUSTON	State TX	Zip Code 77024-4731
-----------------	-------------	------------------------

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

Name of Employer US PHYSICAL THERAPY	Occupation CEO
---	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11.124293**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6100.00
<b>TOTAL</b> 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 31 OF 157
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR. NICHOLAS T. SERAFY III</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 <b>Transaction ID : SA11.124252</b>
Mailing Address 205 W LEVEE ST		Amount of Each Receipt this Period 100.00
City BROWNSVILLE	State TX	Zip Code 78520-5558
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer SERAFY LABS	Occupation SHIPPING/RECEIVING OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

Full Name (Last, First, Middle Initial) <b>B. MR. NICHOLAS T. SERAFY III</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 <b>Transaction ID : SA11.124253</b>
Mailing Address 205 W LEVEE ST		Amount of Each Receipt this Period 1500.00
City BROWNSVILLE	State TX	Zip Code 78520-5558
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer SERAFY LABS	Occupation SHIPPING/RECEIVING OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

Full Name (Last, First, Middle Initial) <b>C. MEHREEN SHAH</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 <b>Transaction ID : SA11.124291</b>
Mailing Address 6 SOLAR LN.		Amount of Each Receipt this Period 3000.00
City ALBERTSON	State NY	Zip Code 11507-1119
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer MONA SHAH & ASSOCIATES PLLC	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4600.00
<b>TOTAL</b> 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 32 OF 157
	<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)  
**Alamo PAC**

**A. ALEXANDER SILBEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 514 D ST. SE  
City WASHINGTON State DC Zip Code 20003-2032  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ATS COMMUNICATIONS INC. Occupation CONSULTANT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1500.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11.124290**  
Amount of Each Receipt this Period 1500.00  
CONTRIBUTION

**B. JERRY SINGLETON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3816 HICKORY SPRINGS RD  
City BENBROOK State TX Zip Code 76116-9206  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SIGNAL SECURITIES INC Occupation FINANCIAL ADVISOR  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2100.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11.124256**  
Amount of Each Receipt this Period 2100.00  
CONTRIBUTION

**C. SCOTT STYLES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 E DEL RAY AVE  
City ALEXANDRIA State VA Zip Code 22301-1423  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AMERICA'S HEALTH INSURANCE Occupation SVP FEDERAL AFFAIRS  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1100.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11.124249**  
Amount of Each Receipt this Period 1100.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4700.00  
**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 33 OF 157
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. BRIAN SU**  
Full Name (Last, First, Middle Initial)

Mailing Address 3309 ROBBINS RD. #188

City SPRINGFIELD State IL Zip Code 62704-6587

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

Name of Employer ARTISAN BUSINESS GROUP INC. Occupation CEO

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  
 12 / 31 / 2015  
**Transaction ID : SA11.124294**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

**B. DONNA WILL**  
Full Name (Last, First, Middle Initial)

Mailing Address 848 ABERDEEN CT

City COPPELL State TX Zip Code 75019-

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11.124262**

Amount of Each Receipt this Period  
 1600.00

CONTRIBUTION

**C. ALAN WINSLETTE**  
Full Name (Last, First, Middle Initial)

Mailing Address 7522 GUINEVERE DR.

City SUGAR LAND State TX Zip Code 77479-6190

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

Name of Employer LASER SHOT Occupation PRESIDENT/ COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11.124254**

Amount of Each Receipt this Period  
 1500.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5100.00
<b>TOTAL</b> This Period (last page this line number only).....	106700.00

**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 34 OF 157
<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)  
**Alamo PAC**

**A. HEWLETT PACKARD COMPANY PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3000 HANOVER ST  
 20BQ  
 City PALO ALTO State CA Zip Code 94304-1112  
 FEC ID number of contributing federal political committee. **C** C00196725  
 Name of Employer Occupation  
 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  
 07 / 16 / 2015  
**Transaction ID : SA11.123979**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B. AGL RESOURCES INC. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 PEACHTREE PL NE  
 LOC 1461  
 City ATLANTA State GA Zip Code 30309-4497  
 FEC ID number of contributing federal political committee. **C** C00145037  
 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  
 07 / 29 / 2015  
**Transaction ID : SA11.123945**  
 Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**C. AMERICAN RESORT DEVELOPMENT ASSOCAION RESORT OWNERS COALITIO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1201 15TH ST NW STE 400  
 City WASHINGTON State DC Zip Code 20005-2899  
 FEC ID number of contributing federal political committee. **C** C00358663  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2015  
**Transaction ID : SA11.123946**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9500.00
<b>TOTAL</b> 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 35 OF 157
<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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)  
**A. INDEPENDENT BANKERS ASSOCIATION OF TEXAS (IBAT FEDPAC)**

Mailing Address 1700 RIO GRANDE ST STE 100

City AUSTIN	State TX	Zip Code 78701-1683
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00332841

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
07	/	29	/	2015

**Transaction ID : SA11.123943**

Amount of Each Receipt this Period  

2000.00
---------

**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. NATIONAL CABLE AND TELECOMMUNICATIONS ASSOC. PAC**

Mailing Address 25 MASSACHUSETTS AVE NW STE 100

City WASHINGTON	State DC	Zip Code 20001-1434
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer	Occupation
------------------	------------

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
07	/	29	/	2015

**Transaction ID : SA11.123944**

Amount of Each Receipt this Period  

5000.00
---------

**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. ABBVIE PAC**

Mailing Address 1 N WAUKEGAN RD

City NORTH CHICAGO	State IL	Zip Code 60064-1802
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00536573

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
08	/	03	/	2015

**Transaction ID : SA11.123951**

Amount of Each Receipt this Period  

1000.00
---------

**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8000.00
<b>TOTAL</b> 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 36 OF 157
<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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)  
**A. PFIZER INC. PAC**

Mailing Address 235 E 42ND ST

City NEW YORK State NY Zip Code 10017-5703

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
08 / 03 / 2015

**Transaction ID : SA11.123950**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. GDF SUEZ ENERGY NORTH AMERICA PAC**

Mailing Address 1990 POST OAK BLVD STE 1900

City HOUSTON State TX Zip Code 77056-3831

FEC ID number of contributing federal political committee. **C** C00375568

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
08 / 04 / 2015

**Transaction ID : SA11.123952**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. AMGEN INC. POLITICAL ACTION COMMITTEE**

Mailing Address 601 13TH ST NW FL 12

City WASHINGTON State DC Zip Code 20005-3819

FEC ID number of contributing federal political committee. **C** C00251876

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
08 / 17 / 2015

**Transaction ID : SA11.123957**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8000.00
<b>TOTAL</b> 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 37 OF 157
<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)  
**Alamo PAC**

**A. NOVARTIS CORPORATION POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 701 PENNSYLVANIA AVE NW  
 SUITE 725  
 City WASHINGTON State DC Zip Code 20004-2608  
 FEC ID number of contributing federal political committee. **C** C00033969  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : SA11.123956**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B. PHARMACEUTICAL RESEARCH & MANUFACTURERS OF AMERICA PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 950 F ST NW STE 300  
 City WASHINGTON State DC Zip Code 20004-1440  
 FEC ID number of contributing federal political committee. **C** C00021972  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : SA11.123959**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. CELGENE CORPORATION PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 86 MORRIS AVENUE  
 City SUMMIT State NJ Zip Code 07901-3915  
 FEC ID number of contributing federal political committee. **C** C00514331  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : SA11.124090**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> 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 38 OF 157
<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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)  
**A. SEMPRA ENERGY PAC**

Mailing Address 101 ASH ST

City SAN DIEGO State CA Zip Code 92101-3017

FEC ID number of contributing federal political committee. **C** C00008748

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015

**Transaction ID : SA11.124089**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. COMMERCIAL LAW LEAGUE OF AMERICA PAC**

Mailing Address 1000 N RAND ROAD  
SUITE 214

City WAUCONDA State IL Zip Code 60084-3102

FEC ID number of contributing federal political committee. **C** C00234682

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2015

**Transaction ID : SA11.124096**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC**

Mailing Address 520 S GRAND AVE STE 700

City LOS ANGELES State CA Zip Code 90071-2665

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

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 / 14 / 2015

**Transaction ID : SA11.124094**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8500.00
<b>TOTAL</b> 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 39 OF 157
<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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)  
**A. NEWFIELD EXPLORATION COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 363 N SAM HOUSTON PKWY E STE 2020

City HOUSTON	State TX	Zip Code 77060-2424
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00443523

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt: 09 / 14 / 2015  
**Transaction ID : SA11.124095**  
 Amount of Each Receipt this Period: 3500.00  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. DELOITTE & TOUCHE LLP FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 365

City WASHINGTON	State DC	Zip Code 20044-0365
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 09 / 21 / 2015  
**Transaction ID : SA11.124135**  
 Amount of Each Receipt this Period: 2500.00  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. HEALTH CARE SERVICE CORP. EMPLOYEES' PAC**

Mailing Address 300 E RANDOLPH ST

City CHICAGO	State IL	Zip Code 60601-5014
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00199711

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 09 / 21 / 2015  
**Transaction ID : SA11.124134**  
 Amount of Each Receipt this Period: 5000.00  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11000.00
<b>TOTAL</b> 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 40 OF 157
<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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)  
**A. NTRA PAC**

Mailing Address **2525 HARRODSBURG ROAD**

City	State	Zip Code
LEXINGTON	KY	40504-3355

FEC ID number of contributing federal political committee. **C C00360008**

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**09 / 21 / 2015**

**Transaction ID : SA11.124136**

Amount of Each Receipt this Period  
           
**5000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. SPRINT NEXTEL POLITICAL ACTION COMMITTEE**

Mailing Address **12502 SUNRISE VALLEY DR**

City	State	Zip Code
RESTON	VA	20191-3438

FEC ID number of contributing federal political committee. **C C00089342**

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**09 / 21 / 2015**

**Transaction ID : SA11.124133**

Amount of Each Receipt this Period  
           
**500.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. TBA BANKPAC**

Mailing Address **203 WEST 10TH STREET**

City	State	Zip Code
AUSTIN	TX	78701-2321

FEC ID number of contributing federal political committee. **C C00196444**

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**09 / 21 / 2015**

**Transaction ID : SA11.124097**

Amount of Each Receipt this Period  
           
**2500.00**

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>8000.00</b>
<b>TOTAL</b> 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 41 OF 157
<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)  
**Alamo PAC**

**A. TRAVELERS COMPANIES INC. POLITICAL ACTION COMMITTEE (TPAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 TOWER SQ  
 City HARTFORD State CT Zip Code 06183-0001  
 FEC ID number of contributing federal political committee. **C** C00376376  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2015  
**Transaction ID : SA11.124132**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B. WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 702 SW 8TH ST  
 City BENTONVILLE State AR Zip Code 72716-6209  
 FEC ID number of contributing federal political committee. **C** C00093054  
 Name of Employer Occupation  
 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 / 21 / 2015  
**Transaction ID : SA11.124131**  
 Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

**C. AMERICAN INTELLECTUAL PROPERTY LAW ASSOCIATION PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2001 JEFFERSON DAVIS HWY  
 City ARLINGTON State VA Zip Code 22202-3603  
 FEC ID number of contributing federal political committee. **C** C00156935  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2015  
**Transaction ID : SA11.124140**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> 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 42 OF 157
<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)  
**Alamo PAC**

**A. GLAXOSMITHKLINE LLC PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 MOORE DR  
 P.O. BOX 13358  
 City DURHAM State NC Zip Code 27709-0143  
 FEC ID number of contributing federal political committee. **C** C00199703  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2015  
**Transaction ID : SA11.124138**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B. JOHNSON & JOHNSON POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 JOHNSON AND JOHNSON PLZ  
 City NEW BRUNSWICK State NJ Zip Code 08933-0001  
 FEC ID number of contributing federal political committee. **C** C00010983  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2015  
**Transaction ID : SA11.124137**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. NATIONAL ROOFING CONTRACTORS ASSOCIATION (ROOFPAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 324 4TH ST NE  
 City WASHINGTON State DC Zip Code 20002-5824  
 FEC ID number of contributing federal political committee. **C** C00244863  
 Name of Employer Occupation  
 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 / 28 / 2015  
**Transaction ID : SA11.124139**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4500.00
<b>TOTAL</b> 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 43 OF 157
<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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)  
**A. PROFESSIONAL COMPOUNDING CENTERS OF AMERICA PAC**

Mailing Address 9901 S WILCREST DR

City HOUSTON	State TX	Zip Code 77099-5132
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00558452

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 09 / 28 / 2015  
**Transaction ID : SA11.124142**  
 Amount of Each Receipt this Period: 5000.00  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. SPACE EXPLORATION TECHNOLOGIES CORP PAC**

Mailing Address 1 ROCKET RD

City HAWTHORNE	State CA	Zip Code 90250-6844
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00411116

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 09 / 28 / 2015  
**Transaction ID : SA11.124141**  
 Amount of Each Receipt this Period: 1000.00  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGAT**

Mailing Address 222 S PROSPECT AVE  
C/O FINANCE DEPARTMENT

City PARK RIDGE	State IL	Zip Code 60068-4037
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00173153

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 09 / 30 / 2015  
**Transaction ID : SA11.124155**  
 Amount of Each Receipt this Period: 2500.00  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8500.00
<b>TOTAL</b> 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 44 OF 157
<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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial) <b>A. BORDER HEALTH FEDERAL PAC</b>		Date of Receipt
Mailing Address 612 W NOLANA AVE SUITE 340		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City MCALLEN	State TX	Zip Code 78504-3026
FEC ID number of contributing federal political committee. <b>C</b> C00415752		<b>Transaction ID : SA11.124157</b>
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	<b>CONTRIBUTION</b>

Full Name (Last, First, Middle Initial) <b>B. DALLAS SAFARI CLUB PAC</b>		Date of Receipt
Mailing Address 310 S ROSS AVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City MEXIA	State TX	Zip Code 76667-3335
FEC ID number of contributing federal political committee. <b>C</b> C00356477		<b>Transaction ID : SA11.124156</b>
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	<b>CONTRIBUTION</b>

Full Name (Last, First, Middle Initial) <b>C. STANDARD AERO (SAN ANTONIO), INC. PAC</b>		Date of Receipt
Mailing Address 1524 W 14TH ST STE 110		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City TEMPE	State AZ	Zip Code 85281-6974
FEC ID number of contributing federal political committee. <b>C</b> C00510149		<b>Transaction ID : SA11.124158</b>
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	<b>CONTRIBUTION</b>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="7000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 45 OF 157
<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)  
**Alamo PAC**

**A. ACE CASH EXPRESS INC. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1231 GREENWAY DR STE 600  
 City IRVING State TX Zip Code 75038-2511  
 FEC ID number of contributing federal political committee. **C** C00392290  
 Name of Employer Occupation  
 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 / 2015  
**Transaction ID : SA11.124298**  
 Amount of Each Receipt this Period  
 3500.00  
 CONTRIBUTION  
 REFUNDED \$3,500.00 ON 12/02/2015

**B. ABBOTT LABORATORIES EMPLOYEE POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 ABBOTT PARK RD  
 D312 AP6D  
 City ABBOTT PARK State IL Zip Code 60064-3502  
 FEC ID number of contributing federal political committee. **C** C00040279  
 Name of Employer Occupation  
 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  
 10 / 01 / 2015  
**Transaction ID : SA11.124163**  
 Amount of Each Receipt this Period  
 3500.00  
 CONTRIBUTION

**C. ABBVIE PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 N WAUKEGAN RD  
 City NORTH CHICAGO State IL Zip Code 60064-1802  
 FEC ID number of contributing federal political committee. **C** C00536573  
 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 / 01 / 2015  
**Transaction ID : SA11.124167**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8000.00
<b>TOTAL</b> 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 46 OF 157
<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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)  
**A. AIR LINE PILOTS ASSOCIATION PAC**

Mailing Address 1625 MASSACHUSETTS AVE NW  
8TH FLOOR

City WASHINGTON State DC Zip Code 20036-2212

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
10 / 01 / 2015  
**Transaction ID : SA11.124161**

Amount of Each Receipt this Period  
4000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DELL INC. EMPLOYEE PAC (DELLPAC)**

Mailing Address 1 DELL WAY, RR 1-33

City ROUND ROCK State TX Zip Code 78682-0001

FEC ID number of contributing federal political committee. **C** C00369751

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
10 / 01 / 2015  
**Transaction ID : SA11.124164**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY PAC**

Mailing Address 1295 STATE ST

City SPRINGFIELD State MA Zip Code 01111-0001

FEC ID number of contributing federal political committee. **C** C00118943

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
10 / 01 / 2015  
**Transaction ID : SA11.124162**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11500.00
<b>TOTAL</b> 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 47 OF 157
<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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)  
**A. VISA USA INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1300 CONNECTICUT AVE NW STE 900

City WASHINGTON State DC Zip Code 20036-1714

FEC ID number of contributing federal political committee. **C** C00365122

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 / 01 / 2015

**Transaction ID : SA11.124165**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. ZENECA INC. POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 15437  
1800 CONCORD PIKE

City WILMINGTON State DE Zip Code 19850-5437

FEC ID number of contributing federal political committee. **C** C00279455

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2015

**Transaction ID : SA11.124166**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. AETNA INC. POLITICAL ACTION COMMITTEE**

Mailing Address 151 FARMINGTON AVE STE RW4A

City HARTFORD State CT Zip Code 06156-0001

FEC ID number of contributing federal political committee. **C** C00181826

Name of Employer Occupation

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  
 10 / 19 / 2015

**Transaction ID : SA11.124173**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9500.00
<b>TOTAL</b> 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 48 OF 157
<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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial) <b>A. ICE MILLER PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2015 <b>Transaction ID : SA11.124172</b>
Mailing Address 1 AMERICAN SQ STE 2900		Amount of Each Receipt this Period 1000.00
City INDIANAPOLIS	State IN Zip Code 46282-0019	<b>CONTRIBUTION</b>
FEC ID number of contributing federal political committee. <b>C</b> C00520973	Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. KIRBY CORPORATION POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2015 <b>Transaction ID : SA11.124175</b>
Mailing Address 55 WAUGH DR STE 1000		Amount of Each Receipt this Period 3500.00
City HOUSTON	State TX Zip Code 77007-5834	<b>CONTRIBUTION</b>
FEC ID number of contributing federal political committee. <b>C</b> C00250027	Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00	

Full Name (Last, First, Middle Initial) <b>C. ORACLE USA INC. POLITICAL ACTION COMMITTEE (ORACLE PAC)</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 03 / 2015 <b>Transaction ID : SA11.124299</b>
Mailing Address 1015 15TH ST NW STE 200		Amount of Each Receipt this Period 210.00
City WASHINGTON	State DC Zip Code 20005-2635	<b>CONTRIBUTION</b>
FEC ID number of contributing federal political committee. <b>C</b> C00323048	Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3710.00	<b>IN-KIND-EVENT SPACE</b>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4710.00
<b>TOTAL</b> 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 49 OF 157
<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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)  
**A. AMERICAN SENIORS HOUSING ASSOCIATION (SENIORS HOUSING PAC)**

Mailing Address 5100 WISCONSIN AVE NW

City WASHINGTON State DC Zip Code 20016-4119

FEC ID number of contributing federal political committee. **C** C00325332

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2015

**Transaction ID : SA11.124177**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DOW CHEMICAL COMPANY EMPLOYEES PAC (DOWPAC)**

Mailing Address 2030 DOW CTR

City MIDLAND State MI Zip Code 48674-1500

FEC ID number of contributing federal political committee. **C** C00074096

Name of Employer Occupation

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  
 11 / 12 / 2015

**Transaction ID : SA11.124178**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. RAYTHEON COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 1100 WILSON BLVD STE 1500

City ARLINGTON State VA Zip Code 22209-3900

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

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  
 11 / 12 / 2015

**Transaction ID : SA11.124179**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> 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 50 OF 157  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. BRINKER INTERNATIONAL INC. POLITICAL ACTION COMMITTEE**  
 Mailing Address 6820 LBJ FWY STE 200  
 City State Zip Code  
 DALLAS TX 75240-6511  
 FEC ID number of contributing federal political committee. **C** C00241851  
 Name of Employer Occupation  
 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  
 11 / 20 / 2015  
**Transaction ID : SA11.124180**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. CARDINAL HEALTH INC. PAC**  
 Mailing Address 7000 CARDINAL PL  
 City State Zip Code  
 DUBLIN OH 43017-1091  
 FEC ID number of contributing federal political committee. **C** C00332833  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2015  
**Transaction ID : SA11.124182**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. EASTMANPAC POLITICAL ACTION COMMITTEE OF EASTMAN CHEMICAL**  
 Mailing Address PO BOX 431  
 City State Zip Code  
 KINGSPORT TN 37662-0431  
 FEC ID number of contributing federal political committee. **C** C00113159  
 Name of Employer Occupation  
 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  
 11 / 20 / 2015  
**Transaction ID : SA11.124181**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 12500.00  
**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 51 OF 157
<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)  
**Alamo PAC**

**A. ABBOTT LABORATORIES EMPLOYEE POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 ABBOTT PARK RD  
 D312 AP6D  
 City ABBOTT PARK State IL Zip Code 60064-3502  
 FEC ID number of contributing federal political committee. **C** C00040279  
 Name of Employer Occupation  
 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  
 11 / 25 / 2015  
**Transaction ID : SA11.124185**  
 Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

**B. AMERICAN ACADEMY OF NEUROLOGY PROFESSIONAL ASSOCIATION BRAIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1501 M ST NW FL 7  
 City WASHINGTON State DC Zip Code 20005-1700  
 FEC ID number of contributing federal political committee. **C** C00435933  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2015  
**Transaction ID : SA11.124186**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. ARNOLD & PORTER PARTNERS POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 555 12TH ST NW  
 City WASHINGTON State DC Zip Code 20004-1200  
 FEC ID number of contributing federal political committee. **C** C00216895  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2015  
**Transaction ID : SA11.124184**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> 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 52 OF 157  
(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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)  
**A. CALPINE CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 4160 DUBLIN BLVD STE 100

City DUBLIN State CA Zip Code 94568-7755

FEC ID number of contributing federal political committee. **C** C00362640

Name of Employer Occupation

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  
 11 / 25 / 2015  
**Transaction ID : SA11.124188**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. CALPINE CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 4160 DUBLIN BLVD STE 100

City DUBLIN State CA Zip Code 94568-7755

FEC ID number of contributing federal political committee. **C** C00362640

Name of Employer Occupation

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  
 11 / 25 / 2015  
**Transaction ID : SA11.124189**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. METLIFE INC. EMPLOYEES' POLITICAL PARTICIPATION FUND A**

Mailing Address 27-01 QUEENS PLAZA NORTH AREA 4D

City LONG ISLAND CITY State NY Zip Code 11101-4020

FEC ID number of contributing federal political committee. **C** C00040923

Name of Employer Occupation

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  
 11 / 25 / 2015  
**Transaction ID : SA11.124187**

Amount of Each Receipt this Period  
2500.00

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: (check only one)	PAGE 53 OF 157
<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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial) <b>A. XCEL ENERGY EMPLOYEE PAC</b>		Date of Receipt
Mailing Address 1225 17TH ST STE 1000		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : SA11.124190</b>
DENVER	CO	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code 80202-5599	<input type="text" value="1000.00"/>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00107771"/>	<b>CONTRIBUTION</b>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. XCEL ENERGY EMPLOYEE PAC</b>		Date of Receipt
Mailing Address 1225 17TH ST STE 1000		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : SA11.124191</b>
DENVER	CO	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code 80202-5599	<input type="text" value="1000.00"/>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00107771"/>	<b>CONTRIBUTION</b>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. 3M COMPANY PAC</b>		Date of Receipt
Mailing Address PAC 3M CENTER BUILDING 224-5N-40		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : SA11.124193</b>
SAINT PAUL	MN	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code 55144-0001	<input type="text" value="5000.00"/>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00084475"/>	<b>CONTRIBUTION</b>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="7000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 54 OF 157
<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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)  
**A. AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS PAC**

Mailing Address 220 LEIGH FARM RD  
PALLADIAN 1

City DURHAM State NC Zip Code 27707-8110

FEC ID number of contributing federal political committee. **C** C00077321

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
12 / 08 / 2015  
**Transaction ID : SA11.124192**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION COMMI**

Mailing Address 701 PENNSYLVANIA AVE NW  
SUITE 750

City WASHINGTON State DC Zip Code 20004-2661

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
12 / 08 / 2015  
**Transaction ID : SA11.124194**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. ENTERPRISE HOLDINGS INC. PAC**

Mailing Address 600 CORPORATE PARK DR

City SAINT LOUIS State MO Zip Code 63105-4204

FEC ID number of contributing federal political committee. **C** C00219642

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
12 / 08 / 2015  
**Transaction ID : SA11.124196**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 12500.00

**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 55 OF 157
<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)  
**Alamo PAC**

**A. MEDTRONIC INC PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 950 F ST NW STE 500  
 City WASHINGTON State DC Zip Code 20004-1478  
 FEC ID number of contributing federal political committee. **C** C00311878  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2015  
**Transaction ID : SA11.124195**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B. BAE SYSTEMS, INC. POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1101 WILSON BLVD  
 City ARLINGTON State VA Zip Code 22209-2211  
 FEC ID number of contributing federal political committee. **C** C00281212  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : SA11.124202**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. BOSTON SCIENTIFIC CORP PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 BOSTON SCIENTIFIC PL  
 City NATICK State MA Zip Code 01760-1536  
 FEC ID number of contributing federal political committee. **C** C00357863  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : SA11.124204**  
 Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<b>TOTAL</b> 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 56 OF 157
<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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial) <b>A. CROWE PAC</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2015
Mailing Address 3815 RIVER CROSSING PARKWAY SUITE 300		<b>Transaction ID : SA11.124209</b>
City INDIANAPOLIS	State IN	Zip Code 46240-7767
FEC ID number of contributing federal political committee.	C C00451518	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
		Amount of Each Receipt this Period 2500.00
		CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>B. DELOITTE &amp; TOUCHE LLP FEDERAL POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2015
Mailing Address PO BOX 365		<b>Transaction ID : SA11.124198</b>
City WASHINGTON	State DC	Zip Code 20044-0365
FEC ID number of contributing federal political committee.	C C00211318	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
		Amount of Each Receipt this Period 2500.00
		CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>C. DLA PIPER US LLP POLITICAL ACTION COMMITTEE (DLA PIPER PAC)</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2015
Mailing Address 500 8TH ST NW STE 700		<b>Transaction ID : SA11.124201</b>
City WASHINGTON	State DC	Zip Code 20004-2131
FEC ID number of contributing federal political committee.	C C00151340	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
		Amount of Each Receipt this Period 1500.00
		CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6500.00
<b>TOTAL</b> 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 57 OF 157
<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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)  
**A. FORD MOTOR COMPANY CIVIC ACTION FUND**

Mailing Address 1350 I ST, NW, STE 1000

City WASHINGTON State DC Zip Code 20005-7205

FEC ID number of contributing federal political committee. **C C00046474**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
12 / 21 / 2015  
**Transaction ID : SA11.124199**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JOHNSON & JOHNSON POLITICAL ACTION COMMITTEE**

Mailing Address 1 JOHNSON AND JOHNSON PLZ

City NEW BRUNSWICK State NJ Zip Code 08933-0001

FEC ID number of contributing federal political committee. **C C00010983**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
12 / 21 / 2015  
**Transaction ID : SA11.124208**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MCDONALD'S POLITICAL ACTION COMMITTEE**

Mailing Address 2111 MCDONALDS DR

City OAK BROOK State IL Zip Code 60523-5500

FEC ID number of contributing federal political committee. **C C00063164**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
12 / 21 / 2015  
**Transaction ID : SA11.124205**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5500.00

**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 58 OF 157  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A. MEDTRONIC INC PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 950 F ST NW STE 500  
 City WASHINGTON State DC Zip Code 20004-1478  
 FEC ID number of contributing federal political committee. **C** C00311878  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : SA11.124206**  
 Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**B. NATIONAL RESTAURANT ASSOCIATION POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 17TH ST NW  
 City WASHINGTON State DC Zip Code 20036-3006  
 FEC ID number of contributing federal political committee. **C** C00003764  
 Name of Employer Occupation  
 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  
 12 / 21 / 2015  
**Transaction ID : SA11.124200**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**C. SMITHS GROUP SERVICES CORP PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 425 3RD ST SW STE 875  
 City WASHINGTON State DC Zip Code 20024-3237  
 FEC ID number of contributing federal political committee. **C** C00448324  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : SA11.124207**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 8000.00  
**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 59 OF 157
<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)  
**Alamo PAC**

**A. CORRECTIONS CORPORATION OF AMERICA INC. POLITICAL ACTION COM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 BURTON HILLS BLVD  
 City NASHVILLE State TN Zip Code 37215-6105  
 FEC ID number of contributing federal political committee. **C** C00366468  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2015  
**Transaction ID : SA11.124211**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B. INDEPENDENT COMMUNITY BANKERS PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1615 L ST NW SUITE 900  
 City WASHINGTON State DC Zip Code 20036-5623  
 FEC ID number of contributing federal political committee. **C** C00032698  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2015  
**Transaction ID : SA11.124212**  
 Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**C. KPMG PARTNERS/PRINCIPALS & EMPLOYEES PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 18254  
 City WASHINGTON State DC Zip Code 20036-8254  
 FEC ID number of contributing federal political committee. **C** C00280222  
 Name of Employer Occupation  
 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  
 12 / 22 / 2015  
**Transaction ID : SA11.124210**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7000.00
<b>TOTAL</b> 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 60 OF 157  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. NATIONAL ROOFING CONTRACTORS ASSOCIATION (ROOFPAC)**

Mailing Address 324 4TH ST NE

City WASHINGTON State DC Zip Code 20002-5824

FEC ID number of contributing federal political committee. **C** C00244863

Name of Employer Occupation

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  
 12 / 22 / 2015  
**Transaction ID : SA11.124217**

Amount of Each Receipt this Period  
3000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. POLYONE CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 33587 WALKER RD

City AVON LAKE State OH Zip Code 44012-1145

FEC ID number of contributing federal political committee. **C** C00288712

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2015  
**Transaction ID : SA11.124215**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. ROCKWELL COLLINS INC. GOOD GOVERNMENT COMMITTEE**

Mailing Address 1300 WILSON BLVD  
STE 200

City ARLINGTON State VA Zip Code 22209-2307

FEC ID number of contributing federal political committee. **C** C00365684

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  
 12 / 22 / 2015  
**Transaction ID : SA11.124214**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5000.00

**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 61 OF 157
<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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial) <b>A. TRINET PAC</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 22 / 2015
Mailing Address 1100 SAN LEANDRO BLVD SUITE 400		<b>Transaction ID : SA11.124218</b>
City SAN LEANDRO State CA Zip Code 94577-1670	FEC ID number of contributing federal political committee. <b>C</b> C00495556	Amount of Each Receipt this Period 2500.00
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2500.00	<b>CONTRIBUTION</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOBILE</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2015
Mailing Address 1635 S I 35		<b>Transaction ID : SA11.124219</b>
City CARROLLTON State TX Zip Code 75006-7415	FEC ID number of contributing federal political committee. <b>C</b> C00040998	Amount of Each Receipt this Period 5000.00
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00	<b>CONTRIBUTION</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MEDNAX, INC. PAC</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2015
Mailing Address 1301 CONCORD TER		<b>Transaction ID : SA11.124223</b>
City SUNRISE State FL Zip Code 33323-2843	FEC ID number of contributing federal political committee. <b>C</b> C00469205	Amount of Each Receipt this Period 5000.00
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00	<b>CONTRIBUTION</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12500.00
<b>TOTAL</b> 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 62 OF 157
<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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial) <b>A. NOVARTIS CORPORATION POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2015 <b>Transaction ID : SA11.124222</b>
Mailing Address 701 PENNSYLVANIA AVE NW SUITE 725		Amount of Each Receipt this Period 2000.00
City WASHINGTON State DC Zip Code 20004-2608	FEC ID number of contributing federal political committee. <b>C</b> C00033969	<b>CONTRIBUTION</b>
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00

Full Name (Last, First, Middle Initial) <b>B. UNITED SERVICES AUTOMOBILE ASSOCIATION GROUP PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2015 <b>Transaction ID : SA11.124220</b>
Mailing Address 9800 FREDERICKSBURG RD ROOM 501		Amount of Each Receipt this Period 5000.00
City SAN ANTONIO State TX Zip Code 78288-0001	FEC ID number of contributing federal political committee. <b>C</b> C00164145	<b>CONTRIBUTION</b>
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

Full Name (Last, First, Middle Initial) <b>C. VULCAN MATERIALS COMPANY-POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2015 <b>Transaction ID : SA11.124221</b>
Mailing Address PO BOX 385014		Amount of Each Receipt this Period 3500.00
City BIRMINGHAM State AL Zip Code 35238-5014	FEC ID number of contributing federal political committee. <b>C</b> C00116020	<b>CONTRIBUTION</b>
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10500.00
<b>TOTAL</b> 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 63 OF 157
<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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)  
**A. AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMI**

Mailing Address 520 N NORTHWEST HWY

City State Zip Code  
PARK RIDGE IL 60068-2538

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2015

**Transaction ID : SA11.124225**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. ABIOMED INC PAC**

Mailing Address 22 CHERRY HILL DRIVE

City State Zip Code  
DANVERS MA 01923-2575

FEC ID number of contributing federal political committee. **C** C00426445

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  
12 / 31 / 2015

**Transaction ID : SA11.124234**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. ADVANCED MEDICAL TECHNOLOGY ASSOCIATION PAC**

Mailing Address 701 PENNSYLVANIA AVE NW STE 800

City State Zip Code  
WASHINGTON DC 20004-2654

FEC ID number of contributing federal political committee. **C** C00340356

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
462.92

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11.124231**

Amount of Each Receipt this Period  
462.92

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4962.92
<b>TOTAL</b> 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 64 OF 157
<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)  
**Alamo PAC**

**A. AFLAC INCORPORATED POLITICAL ACTION COMMITTEE AFLAC PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1932 WYNNTON RD  
 City COLUMBUS State GA Zip Code 31999-0001  
 FEC ID number of contributing federal political committee. **C** C00034157  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11.124228**  
 Amount of Each Receipt this Period 2500.00  
 CONTRIBUTION

**B. CLEAR CHANNEL COMMUNICATIONS INC. POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 E BASSE RD  
 City SAN ANTONIO State TX Zip Code 78209-4489  
 FEC ID number of contributing federal political committee. **C** C00279216  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11.124226**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**C. ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 LILLY CORPORATE CTR  
 City INDIANAPOLIS State IN Zip Code 46285-0001  
 FEC ID number of contributing federal political committee. **C** C00082792  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11.124230**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 12500.00  
**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 65 OF 157
<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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial) <b>A. KPMG PARTNERS/PRINCIPALS &amp; EMPLOYEES PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015 <b>Transaction ID : SA11.124227</b>
Mailing Address PO BOX 18254		Amount of Each Receipt this Period 2500.00
City WASHINGTON	State DC	Zip Code 20036-8254
FEC ID number of contributing federal political committee. C C00280222		CONTRIBUTION
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. MASTERCARD INTERNATIONAL, INC. EMPLOYEES' PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015 <b>Transaction ID : SA11.124233</b>
Mailing Address 2000 PURCHASE ST		Amount of Each Receipt this Period 5000.00
City PURCHASE	State NY	Zip Code 10577-2405
FEC ID number of contributing federal political committee. C C00410274		CONTRIBUTION
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. NIKE, INC. FEDERAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015 <b>Transaction ID : SA11.124235</b>
Mailing Address 1 SW BOWERMAN DR		Amount of Each Receipt this Period 2500.00
City BEAVERTON	State OR	Zip Code 97005-0979
FEC ID number of contributing federal political committee. C C00142786		CONTRIBUTION
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> 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 66 OF 157
<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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)  
**A. PRUDENTIAL FINANCIAL INC. POLITICAL ACTION COMMITTEE**

Mailing Address 751 BROAD ST  
14TH FLOOR

City NEWARK State NJ Zip Code 07102-3714

FEC ID number of contributing federal political committee. **C** C00127779

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11.124229**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. WINDSTREAM POLITICAL ACTION COMMITTEE**

Mailing Address 4001 N RODNEY PARHAM RD

City LITTLE ROCK State AR Zip Code 72212-2459

FEC ID number of contributing federal political committee. **C** C00425975

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11.124232**

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

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

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 / D D / Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	260672.92

**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 67 OF 157
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**Alamo PAC**

**A. CORNYN MAJORITY COMMITTEE**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 13026

City AUSTIN	State TX	Zip Code 78711-3026
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00460378

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 173081.45

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2015  
**Transaction ID : SA12.124286**

Amount of Each Receipt this Period  
-6.00

TRANSFER

CORRECTION FOR 6/30 TRANSFER AMOUNT TRANSFER OF JOINT FUNDRAISING PROCEEDS

**B. CORNYN MAJORITY COMMITTEE**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 13026

City AUSTIN	State TX	Zip Code 78711-3026
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00460378

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 173081.45

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2015  
**Transaction ID : SA12.124160**

Amount of Each Receipt this Period  
76976.22

TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

**C. IRVING J. BROWN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4834 VILLA ENCANTO

City EL PASO	State TX	Zip Code 79922-1051
-----------------	-------------	------------------------

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

Name of Employer SONNY BROWN & ASSOC.	Occupation INDUSTRIAL & COMMERCIAL REAL ESTATE
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 / 11 / 2015  
**Transaction ID : SA12.124307**

Amount of Each Receipt this Period  
1000.00

TRANSFER

**[MEMO ITEM]**  
JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
CORNYN VICTORY JFC MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76970.22
<b>TOTAL</b> 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 68 OF 157
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**Alamo PAC**

**A. MR. J. ROBERT BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 123 W MILLS AVE STE 610  
 SUITE 610  
 City EL PASO State TX Zip Code 79901-1577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DESERT EAGLE DISTRIBUTING Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 09 / 11 / 2015  
**Transaction ID : SA12.124312**  
 Amount of Each Receipt this Period 2700.00  
 TRANSFER  
**[MEMO ITEM]**  
 JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
 CORNYN VICTORY JFC MEMO

**B. STEVEN BURACZYK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1424 VIA QUIJANO LANE  
 City EL PASO State TX Zip Code 79912-7549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EL PASO ELECTRIC Occupation CHIEF OPERATING OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 11 / 2015  
**Transaction ID : SA12.124324**  
 Amount of Each Receipt this Period 1000.00  
 TRANSFER  
**[MEMO ITEM]**  
 JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
 CORNYN VICTORY JFC MEMO

**C. MR. WILLIAM R. BYRD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 S ROYAL FERN DR  
 City SPRING State TX Zip Code 77380-3409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RCP ENGINEERING Occupation ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 18 / 2015  
**Transaction ID : SA12.124320**  
 Amount of Each Receipt this Period 5000.00  
 TRANSFER  
**[MEMO ITEM]**  
 JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
 CORNYN VICTORY JFC MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**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 69 OF 157
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**Alamo PAC**

**A. MR. JACK A. CARDWELL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6080 SURETY DR

City EL PASO	State TX	Zip Code 79905-2065
-----------------	-------------	------------------------

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

Name of Employer PETRO SHOPPING CENTER LP	Occupation CEO
--	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
09 / 11 / 2015  
Transaction ID : SA12.124313

Amount of Each Receipt this Period  
5000.00

TRANSFER

**[MEMO ITEM]**  
JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
CORNYN VICTORY JFC MEMO

**B. JACK T. CHAPMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 221 N KANSAS ST STE 1910 SUITE 1910

City EL PASO	State TX	Zip Code 79901-1440
-----------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation ATTORNEY
-----------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
09 / 30 / 2015  
Transaction ID : SA12.124322

Amount of Each Receipt this Period  
1000.00

TRANSFER

**[MEMO ITEM]**  
JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
CORNYN VICTORY JFC MEMO

**C. MR. ED ESCUDERO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6080 SURETY DRIVE

City EL PASO	State TX	Zip Code 79905-2065
-----------------	-------------	------------------------

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

Name of Employer SIERRA FINANCE	Occupation CEO
------------------------------------	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
09 / 11 / 2015  
Transaction ID : SA12.124309

Amount of Each Receipt this Period  
2000.00

TRANSFER

**[MEMO ITEM]**  
JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
CORNYN VICTORY JFC MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> 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 70 OF 157
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**Alamo PAC**

**A. MIGUEL FERNANDEZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 411 RIM RD

City EL PASO State TX Zip Code 79902-

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

Name of Employer TRANSTELCO Occupation VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015

**Transaction ID : SA12.124304**

Amount of Each Receipt this Period  
 1000.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
 CORNYN VICTORY JFC MEMO

**B. GINGER G. FRANCIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 SILENT CREST DR

City EL PASO State TX Zip Code 79902-

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015

**Transaction ID : SA12.124315**

Amount of Each Receipt this Period  
 2500.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
 CORNYN VICTORY JFC MEMO

**C. MR. L. FREDERICK FRANCIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 500 N MESA ST

City EL PASO State TX Zip Code 79901-

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

Name of Employer FRANCIS PROPERTIES Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015

**Transaction ID : SA12.124314**

Amount of Each Receipt this Period  
 2500.00

TRANSFER

**[MEMO ITEM]**  
 JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
 CORNYN VICTORY JFC MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> 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 71 OF 157
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)  
**A. NATHAN T. HIRSCHI**

Mailing Address 6305 BRISA DEL MAR DRIVE

City	State	Zip Code
EL PASO	TX	79912-1838

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

Name of Employer	Occupation
EL PASO ELECTRIC	CHIEF FINANCIAL OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

**Transaction ID : SA12.124325**

Amount of Each Receipt this Period  

1000.00
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**TRANSFER**

**[MEMO ITEM]**  
 JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
 CORNYN VICTORY JFC MEMO

Full Name (Last, First, Middle Initial)  
**B. MR. EDWARD C. HOUGHTON IV**

Mailing Address 414 EXECUTIVE CENTER BLVD STE 205

City	State	Zip Code
EL PASO	TX	79902-1015

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

Name of Employer	Occupation
HOUGHTON FINANCIAL PARTNERS	EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

**Transaction ID : SA12.124308**

Amount of Each Receipt this Period  

1000.00
---------

**TRANSFER**

**[MEMO ITEM]**  
 JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
 CORNYN VICTORY JFC MEMO

Full Name (Last, First, Middle Initial)  
**C. GALYE G. HUNT**

Mailing Address P.O. BOX 12220

City	State	Zip Code
EL PASO	TX	79913-0220

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

Name of Employer	Occupation
NONE	HOMEMAKER

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	/	11	/	2015

**Transaction ID : SA12.124318**

Amount of Each Receipt this Period  

5000.00
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**TRANSFER**

**[MEMO ITEM]**  
 JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
 CORNYN VICTORY JFC MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> 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 72 OF 157
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**Alamo PAC**

**A. WOODY L. HUNT**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 12220

City EL PASO	State TX	Zip Code 79913-0220
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer HUNT COMPANIES	Occupation CHAIRMAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Date of Receipt  
09 / 11 / 2015  
**Transaction ID : SA12.124319**

Amount of Each Receipt this Period  
5000.00

TRANSFER

**[MEMO ITEM]**  
JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
CORNYN VICTORY JFC MEMO

**B. MR. PATRICK J. KENNEDY JR.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1027 AUSTIN HWY STE 108  
SUITE 800

City SAN ANTONIO	State TX	Zip Code 78209-4717
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer KENNEDY BARIS & LUNDY LLP	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Date of Receipt  
09 / 30 / 2015  
**Transaction ID : SA12.124321**

Amount of Each Receipt this Period  
2000.00

TRANSFER

**[MEMO ITEM]**  
JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
CORNYN VICTORY JFC MEMO

**C. JOHN B. KLEINHEINZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 301 COMMERCE STREET  
SUITE 1900

City FORT WORTH	State TX	Zip Code 76102-4140
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer KLEINHEINZ CAPITAL PARTNERS	Occupation CEO	
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 / 17 / 2015  
**Transaction ID : SA12.124303**

Amount of Each Receipt this Period  
5000.00

TRANSFER

**[MEMO ITEM]**  
JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
CORNYN VICTORY JFC MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> 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 73 OF 157
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**Alamo PAC**

**A. DONALD (DEE) R. MARGO II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4845 VILLA ENCANTO SUITE 1603  
 City EL PASO State TX Zip Code 79922-1051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JOHN D. WILLIAMS CO. Occupation INSURANCE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 2000.00

Date of Receipt 09 / 11 / 2015  
**Transaction ID : SA12.124311**  
 Amount of Each Receipt this Period 2000.00  
 TRANSFER  
**[MEMO ITEM]**  
 JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
 CORNYN VICTORY JFC MEMO

**B. ROCKY R. MIRACLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6203 FRANKLIN HAWK AVENUE  
 City EL PASO State TX Zip Code 79912-8169  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EL PASO ELECTRIC Occupation SR. VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1000.00

Date of Receipt 09 / 11 / 2015  
**Transaction ID : SA12.124326**  
 Amount of Each Receipt this Period 1000.00  
 TRANSFER  
**[MEMO ITEM]**  
 JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
 CORNYN VICTORY JFC MEMO

**C. ROCCO A. ORTENZIO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 WESTWIND DR  
 City LEMOYNE State PA Zip Code 17043-1234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELECT MEDICAL CORPORATION Occupation EXECUTIVE CHAIRMAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 5000.00

Date of Receipt 08 / 31 / 2015  
**Transaction ID : SA12.124306**  
 Amount of Each Receipt this Period 5000.00  
 TRANSFER  
**[MEMO ITEM]**  
 JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
 CORNYN VICTORY JFC MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**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 74 OF 157
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**Alamo PAC**

**A. RAYMOND PALACIOS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 637 WILLOW GLEN DR.  
City EL PASO State TX Zip Code 79922-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BRAVO AUTOS Occupation AUTO DEALER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 11 / 2015  
**Transaction ID : SA12.124316**  
Amount of Each Receipt this Period 5000.00  
TRANSFER  
**[MEMO ITEM]**  
JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
CORNYN VICTORY JFC MEMO

**B. MR. ALLEN I. QUESTROM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6505 BANDERA AVE APT. 2F #2F  
City DALLAS State TX Zip Code 75225-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 08 / 2015  
**Transaction ID : SA12.124301**  
Amount of Each Receipt this Period 2500.00  
TRANSFER  
**[MEMO ITEM]**  
JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
CORNYN VICTORY JFC MEMO

**C. KELLI QUESTROM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6505 BANDERA AVE APT. #2F #2F  
City DALLAS State TX Zip Code 75225-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 08 / 2015  
**Transaction ID : SA12.124302**  
Amount of Each Receipt this Period 2500.00  
TRANSFER  
**[MEMO ITEM]**  
JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
CORNYN VICTORY JFC MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**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 75 OF 157
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**Alamo PAC**

**A. J. KIRK ROBISON**  
Full Name (Last, First, Middle Initial)

Mailing Address 4445 N MESA ST STE 100  
SUITE 100

City EL PASO State TX Zip Code 79902-1109

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

Name of Employer PIZZA PROPERTIES INC. Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
09 / 11 / 2015  
Transaction ID : SA12.124317

Amount of Each Receipt this Period  
5000.00

TRANSFER

**[MEMO ITEM]**  
JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
CORNYN VICTORY JFC MEMO

**B. K. ALAN RUSSELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2500 SCENIC CREST

City EL PASO State TX Zip Code 79930-2724

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

Name of Employer THE TECMA GROUP, LP Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
09 / 11 / 2015  
Transaction ID : SA12.124327

Amount of Each Receipt this Period  
1000.00

TRANSFER

**[MEMO ITEM]**  
JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
CORNYN VICTORY JFC MEMO

**C. MR. GEORGE B. RYAN**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 803447

City DALLAS State TX Zip Code 75380-3447

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

Name of Employer RYAN LLC Occupation CHAIRMAN & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
08 / 19 / 2015  
Transaction ID : SA12.124305

Amount of Each Receipt this Period  
5000.00

TRANSFER

**[MEMO ITEM]**  
JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
CORNYN VICTORY JFC MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**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 76 OF 157
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**Alamo PAC**

**A. THOMAS V. SHOCKLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 602 CIMARRON HILLS TRAIL WEST

City GEORGETOWN	State TX	Zip Code 78628-6945
--------------------	-------------	------------------------

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

Name of Employer EL PASO ELECTRIC	Occupation CEO
--------------------------------------	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

**Transaction ID : SA12.124328**

Amount of Each Receipt this Period  

1000.00
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**TRANSFER**

**[MEMO ITEM]**  
 JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
 CORNYN VICTORY JFC MEMO

**B. JAMES O. STEWART JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 124 WEST CASTELLANO DRIVE

City EL PASO	State TX	Zip Code 79912-6153
-----------------	-------------	------------------------

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

Name of Employer STEWART HOLDINGS	Occupation CEO
--------------------------------------	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

**Transaction ID : SA12.124329**

Amount of Each Receipt this Period  

1000.00
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**TRANSFER**

**[MEMO ITEM]**  
 JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
 CORNYN VICTORY JFC MEMO

**C. WILLIAM A. STILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1085 LOS JARDINES CIRCLE

City EL PASO	State TX	Zip Code 79912-1942
-----------------	-------------	------------------------

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

Name of Employer EL PASO ELECTRIC	Occupation SR. VICE PRESIDENT
--------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

**Transaction ID : SA12.124330**

Amount of Each Receipt this Period  

1000.00
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**TRANSFER**

**[MEMO ITEM]**  
 JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
 CORNYN VICTORY JFC MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	0.00
<b>TOTAL</b> 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 77 OF 157
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**Alamo PAC**

**A. RUSSELL A. VANDENBURG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5594 WESTSIDE DR  
 City EL PASO State TX Zip Code 79932-2914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TVO NORTH AMERICA Occupation PRESIDENT & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 11 / 2015  
**Transaction ID : SA12.124310**  
 Amount of Each Receipt this Period 5000.00  
 TRANSFER  
**[MEMO ITEM]**  
 JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
 CORNYN VICTORY JFC MEMO

**B. BORDER HEALTH FEDERAL PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 612 W NOLANA AVE SUITE 340  
 City MCALLEN State TX Zip Code 78504-3026  
 FEC ID number of contributing federal political committee. **C** C00415752  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 30 / 2015  
**Transaction ID : SA12.124323**  
 Amount of Each Receipt this Period 5000.00  
 TRANSFER  
**[MEMO ITEM]**  
 JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
 CORNYN VICTORY JFC MEMO-REFUNDED 11/29

**C. CORNYN MAJORITY COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 13026  
 City AUSTIN State TX Zip Code 78711-3026  
 FEC ID number of contributing federal political committee. **C** C00460378  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 173081.45

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA12.124297**  
 Amount of Each Receipt this Period 18519.41  
 TRANSFER  
 DISTRIBUTION OF NET JOINT FUNDS-SEE MEMOS  
 TRANSFER OF JOINT FUNDRAISING PROCEEDS

<b>SUBTOTAL</b> of Receipts This Page (optional).....	18519.41
<b>TOTAL</b> 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 78 OF 157
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**Alamo PAC**

**A. MR. JERALD T. BALDRIDGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1925 CEDAR SPRINGS RD APT 303 #303  
 City DALLAS State TX Zip Code 75201-1785  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer REPUBLIC ENERGY INC. Occupation OIL & GAS EXPLORATION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 26 / 2015  
**Transaction ID : SA12.124331**  
 Amount of Each Receipt this Period 5000.00  
 TRANSFER  
**[MEMO ITEM]**  
 JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
 CORNYN VICTORY JFC MEMO

**B. R. ROY JONES III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9218 CALLAGHAN ROAD  
 City SAN ANTONIO State TX Zip Code 78230-4517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer R.W. JONES & SONS Occupation OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA12.124337**  
 Amount of Each Receipt this Period 5000.00  
 TRANSFER  
**[MEMO ITEM]**  
 JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
 CORNYN VICTORY JFC MEMO

**C. BRANDON T. STEELE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2070 STONEGATE BOULEVARD  
 City TYLER State TX Zip Code 75703-0103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STEELE FINANCIAL CORPORATION Occupation CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 01 / 2015  
**Transaction ID : SA12.124333**  
 Amount of Each Receipt this Period 5000.00  
 TRANSFER  
**[MEMO ITEM]**  
 JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
 CORNYN VICTORY JFC MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**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 79 OF 157
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)  
**A. GRANT THORNTON PAC**

Mailing Address 175 JACKSON BOULEVARD  
SUITE 2000

City CHICAGO State IL Zip Code 60604-2615

FEC ID number of contributing federal political committee. **C** C00408260

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
12 / 18 / 2015  
**Transaction ID : SA12.124335**

Amount of Each Receipt this Period  
5000.00

TRANSFER

**[MEMO ITEM]**  
JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
CORNYN VICTORY JFC MEMO

Full Name (Last, First, Middle Initial)  
**B. HOLLAND & KNIGHT COMMITTEE FOR EFFECTIVE GOVERNMENT**

Mailing Address 800 17TH STREET NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20006-3962

FEC ID number of contributing federal political committee. **C** C00171330

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
12 / 11 / 2015  
**Transaction ID : SA12.124334**

Amount of Each Receipt this Period  
2500.00

TRANSFER

**[MEMO ITEM]**  
JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
CORNYN VICTORY JFC MEMO

Full Name (Last, First, Middle Initial)  
**C. NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS PAC**

Mailing Address 1875 I ST NW

City WASHINGTON State DC Zip Code 20006-5409

FEC ID number of contributing federal political committee. **C** C00303339

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
12 / 18 / 2015  
**Transaction ID : SA12.124336**

Amount of Each Receipt this Period  
1500.00

TRANSFER

**[MEMO ITEM]**  
JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
CORNYN VICTORY JFC MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**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 80 OF 157  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. TRANS UNION, PAC**

Mailing Address **555 WEST ADAMS STREET**

City **CHICAGO** State **IL** Zip Code **60661-3719**

FEC ID number of contributing federal political committee. **C C00001636**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2500.00**

Date of Receipt  
**11 / 24 / 2015**

**Transaction ID : SA12.124332**

Amount of Each Receipt this Period  
**2500.00**

TRANSFER

**[MEMO ITEM]**  
JFC ATTRIB: CORNYN MAJORITY COMMITTEE  
CORNYN VICTORY JFC MEMO

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

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

Amount of Each Receipt this Period

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

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>95489.63</b>



**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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address PO BOX 53852

City PHOENIX State AZ Zip Code 85071-3852

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2015

Transaction ID : **SB21B.I16340**

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA**

Mailing Address PO BOX 25118

City TAMPA State FL Zip Code 33622-5118

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

Transaction ID : **SB21B.I16357**

Amount of Each Disbursement this Period

41.00

Full Name (Last, First, Middle Initial)

**C. BANK OF AMERICA**

Mailing Address PO BOX 25118

City TAMPA State FL Zip Code 33622-5118

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

Transaction ID : **SB21B.I16358**

Amount of Each Disbursement this Period

19.95

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

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

68.90

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial)

**A. CITI CARDS**

Mailing Address PO BOX 6500

City SIOUX FALLS State SD Zip Code 57117-6500

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  
07 / 02 / 2015

Transaction ID : **SB21B.I16371**

Amount of Each Disbursement this Period

1145.69

Full Name (Last, First, Middle Initial)

**B. AMAZON.COM**

Mailing Address 1200 12TH AVE S STE 1200

City SEATTLE State WA Zip Code 98144-2734

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

Transaction ID : **SB21B.I16443**

Amount of Each Disbursement this Period

74.95

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AMAZON.COM**

Mailing Address 1200 12TH AVE S STE 1200

City SEATTLE State WA Zip Code 98144-2734

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

Transaction ID : **SB21B.I16444**

Amount of Each Disbursement this Period

70.50

[MEMO ITEM]

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

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

1145.69

**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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address PO BOX 619616

City DFW AIRPORT State TX Zip Code 75261-9616

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

Transaction ID : SB21B.I16445

Amount of Each Disbursement this Period

490.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. CITI CARDS**

Mailing Address PO BOX 6500

City SIOUX FALLS State SD Zip Code 57117-6500

Purpose of Disbursement  
CREDIT CARD FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

Transaction ID : SB21B.I16569

Amount of Each Disbursement this Period

8.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CITI CARDS**

Mailing Address PO BOX 6500

City SIOUX FALLS State SD Zip Code 57117-6500

Purpose of Disbursement  
CREDIT CARD FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

Transaction ID : SB21B.I16572

Amount of Each Disbursement this Period

194.05

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. SAVOY BOUTIQUE HOTEL**

Mailing Address SUUR-KARJA 17/19

City 10148 TALLINN ESTO State ZZ Zip Code 00000

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
07 / 02 / 2015

Transaction ID : **SB21B.I16491**

Amount of Each Disbursement this Period: 280.19

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
07 / 02 / 2015

Transaction ID : **SB21B.I16497**

Amount of Each Disbursement this Period: 5.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
07 / 02 / 2015

Transaction ID : **SB21B.I16498**

Amount of Each Disbursement this Period: 5.60

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES**

Mailing Address 182 HOWARD ST STE 8

City State Zip Code  
SAN FRANCISCO CA 94105-1611

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

Transaction ID : **SB21B.I16544**

Amount of Each Disbursement this Period

5.64

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES**

Mailing Address 182 HOWARD ST STE 8

City State Zip Code  
SAN FRANCISCO CA 94105-1611

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

Transaction ID : **SB21B.I16545**

Amount of Each Disbursement this Period

5.66

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. US SENATE PHOTO**

Mailing Address DIRKSEN SOB SD\_085

City State Zip Code  
WASHINGTON DC 20510-0001

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

Transaction ID : **SB21B.I16564**

Amount of Each Disbursement this Period

5.00

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address PO BOX 53852

City PHOENIX State AZ Zip Code 85071-3852

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.I16341**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. TSYS MERCHANT**

Mailing Address 1601 DODGE ST # 23E

City OMAHA State NE Zip Code 68102

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.I16412**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL RD #400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
SOFTWARE RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.I16379**

Amount of Each Disbursement this Period

**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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. ARISTEIA GROUP**

Mailing Address 1203 PORTNER RD

City ALEXANDRIA State VA Zip Code 22314-1316

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2015

Transaction ID : SB21B.I16349

Amount of Each Disbursement this Period

6651.79

Full Name (Last, First, Middle Initial)

**B. ATCHLEY & ASSOCIATES**

Mailing Address 6850 AUSTIN CENTER BLVD STE 180

City AUSTIN State TX Zip Code 78731-3129

Purpose of Disbursement  
ACCOUNTING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2015

Transaction ID : SB21B.I16355

Amount of Each Disbursement this Period

1628.31

Full Name (Last, First, Middle Initial)

**C. FP1 STRATEGIES**

Mailing Address PO BOX 16504

City ALEXANDRIA State VA Zip Code 22302-0154

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2015

Transaction ID : SB21B.I16389

Amount of Each Disbursement this Period

5000.00

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

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

13280.10

**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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. THE MLM GROUP**

Mailing Address 1920 14TH ST NW  
APT 706

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2015

Transaction ID : **SB21B.I16398**

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**B. THE SAHL COMPANY**

Mailing Address 16714 FITZHUGH RD

City DRIPPING SPRINGS State TX Zip Code 78620-5008

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2015

Transaction ID : **SB21B.I16404**

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address PO BOX 53852

City PHOENIX State AZ Zip Code 85071-3852

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2015

Transaction ID : **SB21B.I16342**

Amount of Each Disbursement this Period

7.95

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

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

23507.95



**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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address PO BOX 53852

City PHOENIX State AZ Zip Code 85071-3852

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2015

Transaction ID : **SB21B.I16343**

Amount of Each Disbursement this Period

144.95

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA**

Mailing Address PO BOX 25118

City TAMPA State FL Zip Code 33622-5118

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2015

Transaction ID : **SB21B.I16359**

Amount of Each Disbursement this Period

41.00

Full Name (Last, First, Middle Initial)

**C. BANK OF AMERICA**

Mailing Address PO BOX 25118

City TAMPA State FL Zip Code 33622-5118

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2015

Transaction ID : **SB21B.I16360**

Amount of Each Disbursement this Period

19.95

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

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

205.90

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial)

**A. TSYS MERCHANT**

Mailing Address 1601 DODGE ST # 23E

City OMAHA State NE Zip Code 68102

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2015

Transaction ID : SB21B.I16413

Amount of Each Disbursement this Period

149.38

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL RD #400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
SOFTWARE 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 / 18 / 2015

Transaction ID : SB21B.I16380

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. CITI CARDS**

Mailing Address PO BOX 6500

City SIOUX FALLS State SD Zip Code 57117-6500

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 / 24 / 2015

Transaction ID : SB21B.I16372

Amount of Each Disbursement this Period

13096.62

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

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

13496.00

**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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. ASSOCIATION OF AMERICAN RAILROADS**

Mailing Address 425 3RD ST NE

City WASHINGTON State DC Zip Code 20002-4918

Purpose of Disbursement  
EVENT TICKETS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2015

Transaction ID : SB21B.I16566

Amount of Each Disbursement this Period

150.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. BISTRO BIS**

Mailing Address 15 E ST NW

City WASHINGTON State DC Zip Code 20001-1501

Purpose of Disbursement  
EVENT CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2015

Transaction ID : SB21B.I16567

Amount of Each Disbursement this Period

780.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CITI CARDS**

Mailing Address PO BOX 6500

City SIOUX FALLS State SD Zip Code 57117-6500

Purpose of Disbursement  
CREDIT CARD FEE 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 / 24 / 2015

Transaction ID : SB21B.I16568

Amount of Each Disbursement this Period

-241.95

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

### A. CITI CARDS

Mailing Address PO BOX 6500

City SIOUX FALLS State SD Zip Code 57117-6500

Purpose of Disbursement  
CREDIT CARD 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 / 24 / 2015

Transaction ID : SB21B.I16573

Amount of Each Disbursement this Period

142.83

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

### B. CITI CARDS

Mailing Address PO BOX 6500

City SIOUX FALLS State SD Zip Code 57117-6500

Purpose of Disbursement  
CREDIT CARD 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 / 24 / 2015

Transaction ID : SB21B.I16574

Amount of Each Disbursement this Period

173.23

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

### C. CITI CARDS

Mailing Address PO BOX 6500

City SIOUX FALLS State SD Zip Code 57117-6500

Purpose of Disbursement  
CREDIT CARD 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 / 24 / 2015

Transaction ID : SB21B.I16575

Amount of Each Disbursement this Period

241.00

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. CITI CARDS**

Mailing Address PO BOX 6500

City SIOUX FALLS State SD Zip Code 57117-6500

Purpose of Disbursement  
CREDIT CARD 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 / 24 / 2015

Transaction ID : SB21B.I16576

Amount of Each Disbursement this Period

78.97

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. CITI CARDS**

Mailing Address PO BOX 6500

City SIOUX FALLS State SD Zip Code 57117-6500

Purpose of Disbursement  
CREDIT CARD 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 / 24 / 2015

Transaction ID : SB21B.I16577

Amount of Each Disbursement this Period

61.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CITI CARDS**

Mailing Address PO BOX 6500

City SIOUX FALLS State SD Zip Code 57117-6500

Purpose of Disbursement  
CREDIT CARD 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 / 24 / 2015

Transaction ID : SB21B.I16578

Amount of Each Disbursement this Period

241.95

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. CITI CARDS**

Mailing Address PO BOX 6500

City SIOUX FALLS State SD Zip Code 57117-6500

Purpose of Disbursement  
CREDIT CARD 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 / 24 / 2015

Transaction ID : SB21B.I16584

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. CITI CARDS**

Mailing Address PO BOX 6500

City SIOUX FALLS State SD Zip Code 57117-6500

Purpose of Disbursement  
CREDIT CARD 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 / 24 / 2015

Transaction ID : SB21B.I16585

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CITI CARDS**

Mailing Address PO BOX 6500

City SIOUX FALLS State SD Zip Code 57117-6500

Purpose of Disbursement  
CREDIT CARD 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 / 24 / 2015

Transaction ID : SB21B.I16586

Amount of Each Disbursement this Period

25.00

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. CITI CARDS**

Mailing Address PO BOX 6500

City SIOUX FALLS State SD Zip Code 57117-6500

Purpose of Disbursement  
FEE 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 / 24 / 2015

Transaction ID : **SB21B.I16588**

Amount of Each Disbursement this Period

-25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. FRESH CONNECTIONS**

Mailing Address 1114 HERNDON PKWY

City HERNDON State VA Zip Code 20170-5577

Purpose of Disbursement  
EVENT CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2015

Transaction ID : **SB21B.I16570**

Amount of Each Disbursement this Period

307.58

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. HILL COUNTRY BARBECUE**

Mailing Address 410 7TH ST NW

City WASHINGTON State DC Zip Code 20004-2217

Purpose of Disbursement  
EVENT CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2015

Transaction ID : **SB21B.I16571**

Amount of Each Disbursement this Period

2192.21

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. NOPA KITCHEN & BAR**

Mailing Address 800 F ST NW

City WASHINGTON State DC Zip Code 20004-1505

Purpose of Disbursement  
EVENT CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2015

Transaction ID : **SB21B.I16587**

Amount of Each Disbursement this Period

1964.82

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. ROSA MEXICANO**

Mailing Address 575 7TH ST NW

City WASHINGTON State DC Zip Code 20004-1607

Purpose of Disbursement  
EVENT CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2015

Transaction ID : **SB21B.I16589**

Amount of Each Disbursement this Period

4401.78

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. SINPLICITY**

Mailing Address 6402 ARLINGTON BLVD STE B150

City FALLS CHURCH State VA Zip Code 22042-2333

Purpose of Disbursement  
EVENT CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2015

Transaction ID : **SB21B.I16590**

Amount of Each Disbursement this Period

391.88

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

### A. SOCIAL REFORM

Mailing Address 401 9TH ST NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
EVENT CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2015

Transaction ID : SB21B.I16591

Amount of Each Disbursement this Period

1790.92

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

### B. SOCIAL REFORM

Mailing Address 401 9TH ST NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
EVENT CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2015

Transaction ID : SB21B.I16592

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

### C. SOCIAL REFORM

Mailing Address 401 9TH ST NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
EVENT CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2015

Transaction ID : SB21B.I16593

Amount of Each Disbursement this Period

325.00

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. CITI CARDS**

Mailing Address PO BOX 6500

City SIOUX FALLS State SD Zip Code 57117-6500

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 / 27 / 2015

Transaction ID : **SB21B.I16373**

Amount of Each Disbursement this Period

2203.19

Full Name (Last, First, Middle Initial)

**B. CHARLIE PALMER STEAK**

Mailing Address 101 CONSTITUTION AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
FOOD/BEVERAGE

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 / 2015

Transaction ID : **SB21B.I16456**

Amount of Each Disbursement this Period

146.28

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CITI CARDS**

Mailing Address PO BOX 6500

City SIOUX FALLS State SD Zip Code 57117-6500

Purpose of Disbursement  
CREDIT CARD 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 / 27 / 2015

Transaction ID : **SB21B.I16579**

Amount of Each Disbursement this Period

197.92

[MEMO ITEM]

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

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

2203.19

**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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

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 / 2015

Transaction ID : SB21B.I16499

Amount of Each Disbursement this Period

5.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

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 / 2015

Transaction ID : SB21B.I16500

Amount of Each Disbursement this Period

5.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

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 / 2015

Transaction ID : SB21B.I16501

Amount of Each Disbursement this Period

613.40

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

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 / 2015

Transaction ID : SB21B.I16502

Amount of Each Disbursement this Period

5.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL 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 / 2015

Transaction ID : SB21B.I16503

Amount of Each Disbursement this Period

-5.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

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 / 2015

Transaction ID : SB21B.I16504

Amount of Each Disbursement this Period

5.60

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL 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 / 2015

Transaction ID : SB21B.I16505

Amount of Each Disbursement this Period

-5.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

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 / 2015

Transaction ID : SB21B.I16506

Amount of Each Disbursement this Period

5.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL 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 / 2015

Transaction ID : SB21B.I16507

Amount of Each Disbursement this Period

-5.60

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

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 / 2015

Transaction ID : SB21B.I16508

Amount of Each Disbursement this Period

619.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

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 / 2015

Transaction ID : SB21B.I16509

Amount of Each Disbursement this Period

5.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

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 / 2015

Transaction ID : SB21B.I16510

Amount of Each Disbursement this Period

5.60

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL 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 / 2015

Transaction ID : SB21B.I16511

Amount of Each Disbursement this Period

----- -5.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

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 / 2015

Transaction ID : SB21B.I16512

Amount of Each Disbursement this Period

----- 5.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

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 / 2015

Transaction ID : SB21B.I16514

Amount of Each Disbursement this Period

----- 5.60

[MEMO ITEM]

**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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. THE TREMONT HOUSE**

Mailing Address 2300 MECHANIC ST

City GALVESTON State TX Zip Code 77550

Purpose of Disbursement  
TRAVEL

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 / 2015

Transaction ID : SB21B.I16543

Amount of Each Disbursement this Period

22.03

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES**

Mailing Address 182 HOWARD ST STE 8

City SAN FRANCISCO State CA Zip Code 94105-1611

Purpose of Disbursement  
TRAVEL

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 / 2015

Transaction ID : SB21B.I16546

Amount of Each Disbursement this Period

7.93

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES**

Mailing Address 182 HOWARD ST STE 8

City SAN FRANCISCO State CA Zip Code 94105-1611

Purpose of Disbursement  
TRAVEL

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 / 2015

Transaction ID : SB21B.I16547

Amount of Each Disbursement this Period

14.50

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. US SENATE GIFT SHOP**

Mailing Address **G42 SENATE DIRKSEN BUILDING**

City **WASHINGTON** State **DC** Zip Code **20510-0001**

Purpose of Disbursement  
**BOOK PURCHASE**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I16563**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. WILLIAMSBURG INN**

Mailing Address **136 E FRANCIS ST**

City **WILLIAMSBURG** State **VA** Zip Code **23185-4271**

Purpose of Disbursement  
**FOOD/BEVERAGE**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I16468**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. WILLIAMSBURG INN**

Mailing Address **136 E FRANCIS ST**

City **WILLIAMSBURG** State **VA** Zip Code **23185-4271**

Purpose of Disbursement  
**FOOD/BEVERAGE**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I16469**

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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. CITI CARDS**

Mailing Address PO BOX 6500

City SIOUX FALLS State SD Zip Code 57117-6500

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 / 27 / 2015

Transaction ID : SB21B.I16374

Amount of Each Disbursement this Period

1638.51

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address PO BOX 619616

City DFW AIRPORT State TX Zip Code 75261-9616

Purpose of Disbursement  
TRAVEL

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 / 2015

Transaction ID : SB21B.I16446

Amount of Each Disbursement this Period

372.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address PO BOX 619616

City DFW AIRPORT State TX Zip Code 75261-9616

Purpose of Disbursement  
TRAVEL

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 / 2015

Transaction ID : SB21B.I16447

Amount of Each Disbursement this Period

372.60

[MEMO ITEM]

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

1638.51

**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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. CITI CARDS**

Mailing Address PO BOX 6500

City SIOUX FALLS State SD Zip Code 57117-6500

Purpose of Disbursement  
CREDIT CARD 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 / 27 / 2015

Transaction ID : SB21B.I16580

Amount of Each Disbursement this Period

183.48

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL 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 / 2015

Transaction ID : SB21B.I16513

Amount of Each Disbursement this Period

-5.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

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 / 2015

Transaction ID : SB21B.I16515

Amount of Each Disbursement this Period

209.00

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

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 / 2015

Transaction ID : SB21B.I16516

Amount of Each Disbursement this Period

484.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

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 / 2015

Transaction ID : SB21B.I16517

Amount of Each Disbursement this Period

5.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

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 / 2015

Transaction ID : SB21B.I16518

Amount of Each Disbursement this Period

5.60

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL 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 / 2015

Transaction ID : SB21B.I16519

Amount of Each Disbursement this Period

----- -5.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

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 / 2015

Transaction ID : SB21B.I16520

Amount of Each Disbursement this Period

----- 5.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

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 / 2015

Transaction ID : SB21B.I16521

Amount of Each Disbursement this Period

----- 5.60

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES**

Mailing Address 182 HOWARD ST STE 8

City State Zip Code  
SAN FRANCISCO CA 94105-1611

Purpose of Disbursement  
TRAVEL

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 / 2015

Transaction ID : SB21B.I16595

Amount of Each Disbursement this Period

5.63

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. FP1 STRATEGIES**

Mailing Address PO BOX 16504

City State Zip Code  
ALEXANDRIA VA 22302-0154

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2015

Transaction ID : SB21B.I16390

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. THE MLM GROUP**

Mailing Address 1920 14TH ST NW  
APT 706

City State Zip Code  
WASHINGTON DC 20009

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2015

Transaction ID : SB21B.I16399

Amount of Each Disbursement this Period

3500.00

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

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

8500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. THE SAHL COMPANY**

Mailing Address 16714 FITZHUGH RD

City DRIPPING SPRINGS State TX Zip Code 78620-5008

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2015

Transaction ID : SB21B.I16405

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address PO BOX 53852

City PHOENIX State AZ Zip Code 85071-3852

Purpose of Disbursement  
MERCHANT FEES

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 / 2015

Transaction ID : SB21B.I16344

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

**C. ARISTEIA GROUP**

Mailing Address 1203 PORTNER RD

City ALEXANDRIA State VA Zip Code 22314-1316

Purpose of Disbursement  
FUNDRAISING 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 / 02 / 2015

Transaction ID : SB21B.I16353

Amount of Each Disbursement this Period

6428.06

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

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

26436.01

**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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address PO BOX 25118

City TAMPA State FL Zip Code 33622-5118

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2015

Transaction ID : SB21B.I16361

Amount of Each Disbursement this Period

41.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA**

Mailing Address PO BOX 25118

City TAMPA State FL Zip Code 33622-5118

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2015

Transaction ID : SB21B.I16362

Amount of Each Disbursement this Period

19.95

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. BEARSE & COMPANY**

Mailing Address 823 CONGRESS AVE STE 1300

City AUSTIN State TX Zip Code 78701-2434

Purpose of Disbursement  
EVENT TICKETS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2015

Transaction ID : SB21B.I16369

Amount of Each Disbursement this Period

500.00

Category/  
Type

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

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

560.95



**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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. FED EX**

Mailing Address PO BOX 94515

City PALATINE State IL Zip Code 60094-4515

Purpose of Disbursement  
POSTAGE/SHIPPING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I16386**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. HUCKABY DAVIS LISKER**

Mailing Address 228 S WASHINGTON ST  
STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I16394**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address PO BOX 53852

City PHOENIX State AZ Zip Code 85071-3852

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I16345**

Amount of Each Disbursement this Period

**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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. TSYS MERCHANT**

Mailing Address 1601 DODGE ST # 23E

City OMAHA State NE Zip Code 68102

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2015

**Transaction ID : SB21B.I16414**

Amount of Each Disbursement this Period

137.52

Full Name (Last, First, Middle Initial)

**B. AD VICTORIAM**

Mailing Address AD VICTORIAM

City ATLANTA State GA Zip Code

Purpose of Disbursement  
ONLINE SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2015

**Transaction ID : SB21B.I16339**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. ANN WERME GROUP**

Mailing Address 8558 KATY FREEWAY, SUITE 118

City HOUSTON State TX Zip Code 77024

Purpose of Disbursement  
PRINTING/SHIPPING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2015

**Transaction ID : SB21B.I16348**

Amount of Each Disbursement this Period

4128.55

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

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

4516.07

**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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD #400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
SOFTWARE RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2015

Transaction ID : SB21B.I16381

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. FP1 STRATEGIES**

Mailing Address PO BOX 16504

City ALEXANDRIA State VA Zip Code 22302-0154

Purpose of Disbursement  
FUNDRAISING 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 / 16 / 2015

Transaction ID : SB21B.I16391

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. THE SAHL COMPANY**

Mailing Address 16714 FITZHUGH RD

City DRIPPING SPRINGS State TX Zip Code 78620-5008

Purpose of Disbursement  
EVENT CATERING/TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2015

Transaction ID : SB21B.I16403

Amount of Each Disbursement this Period

746.84

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

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

5996.84

**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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. THE SAHL COMPANY**

Mailing Address 16714 FITZHUGH RD

City DRIPPING SPRINGS State TX Zip Code 78620-5008

Purpose of Disbursement  
FUNDRAISING 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 / 16 / 2015

Transaction ID : SB21B.I16406

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

**B. FED EX**

Mailing Address PO BOX 94515

City PALATINE State IL Zip Code 60094-4515

Purpose of Disbursement  
POSTAGE/SHIPPING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2015

Transaction ID : SB21B.I16387

Amount of Each Disbursement this Period

67.16

Full Name (Last, First, Middle Initial)

**C. TEXANS FOR SENATOR JOHN CORNYN INC.**

Mailing Address 6850 AUSTIN CENTER BLVD STE 180

City AUSTIN State TX Zip Code 78731-3129

Purpose of Disbursement  
REIMBURSEMENT FOR TRAVEL-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  
09 / 30 / 2015

Transaction ID : SB21B.I16438

Amount of Each Disbursement this Period

3974.90

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

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

24042.06

**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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. BISTRO BIS**

Mailing Address 15 E ST NW

City WASHINGTON State DC Zip Code 20001-1501

Purpose of Disbursement  
EVENT CATERING

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 / 2015

Transaction ID : **SB21B.I16440**

Amount of Each Disbursement this Period

913.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SOCIAL REFORM**

Mailing Address 401 9TH ST NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
EVENT CATERING

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 / 2015

Transaction ID : **SB21B.I16439**

Amount of Each Disbursement this Period

3061.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address PO BOX 53852

City PHOENIX State AZ Zip Code 85071-3852

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2015

Transaction ID : **SB21B.I16346**

Amount of Each Disbursement this Period

7.95

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

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

7.95

**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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address PO BOX 25118

City TAMPA State FL Zip Code 33622-5118

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2015

Transaction ID : SB21B.I16363

Amount of Each Disbursement this Period

41.00

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA**

Mailing Address PO BOX 25118

City TAMPA State FL Zip Code 33622-5118

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2015

Transaction ID : SB21B.I16364

Amount of Each Disbursement this Period

19.95

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address PO BOX 53852

City PHOENIX State AZ Zip Code 85071-3852

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2015

Transaction ID : SB21B.I16347

Amount of Each Disbursement this Period

3.04

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

63.99

**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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. FP1 STRATEGIES**

Mailing Address PO BOX 16504

City ALEXANDRIA State VA Zip Code 22302-0154

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2015

Transaction ID : SB21B.I16392

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. THE MLM GROUP**

Mailing Address 1920 14TH ST NW  
APT 706

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2015

Transaction ID : SB21B.I16400

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**C. TSYS MERCHANT**

Mailing Address 1601 DODGE ST # 23E

City OMAHA State NE Zip Code 68102

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : SB21B.I16415

Amount of Each Disbursement this Period

318.72

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

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

8818.72

**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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD #400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
SOFTWARE RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2015

Transaction ID : **SB21B.I16382**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. ARISTEIA GROUP**

Mailing Address 1203 PORTNER RD

City ALEXANDRIA State VA Zip Code 22314-1316

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 20 / 2015

Transaction ID : **SB21B.I16350**

Amount of Each Disbursement this Period

6905.49

Full Name (Last, First, Middle Initial)

**C. THE MLM GROUP**

Mailing Address 1920 14TH ST NW  
APT 706

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2015

Transaction ID : **SB21B.I16401**

Amount of Each Disbursement this Period

3500.00

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

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

10655.49



**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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. ARISTEIA GROUP**

Mailing Address 1203 PORTNER RD

City ALEXANDRIA State VA Zip Code 22314-1316

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2015

Transaction ID : SB21B.I16351

Amount of Each Disbursement this Period

6760.94

Full Name (Last, First, Middle Initial)

**B. NOONER RANCH**

Mailing Address PO BOX 444

City HONDO State TX Zip Code 78861-0444

Purpose of Disbursement  
EVENT SPACE RENTAL/CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2015

Transaction ID : SB21B.I16396

Amount of Each Disbursement this Period

22168.70

Full Name (Last, First, Middle Initial)

**C. THE SAHL COMPANY**

Mailing Address 16714 FITZHUGH RD

City DRIPPING SPRINGS State TX Zip Code 78620-5008

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2015

Transaction ID : SB21B.I16407

Amount of Each Disbursement this Period

20000.00

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

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

48929.64

**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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. BOB ROWLING**

Mailing Address 4001 MAPLE AVE STE 600

City DALLAS State TX Zip Code 75219

Purpose of Disbursement  
EVENT TICKET REIMBURSEMENT-SEE MEMO

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2015

Transaction ID : **SB21B.I16370**

Amount of Each Disbursement this Period

270.00
--------

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. UNIVERSITY OF TEXAS ATHLETICS**

Mailing Address 2100 SAN JACINTO BLVD # 224

City AUSTIN State TX Zip Code 78712

Purpose of Disbursement  
EVENT TICKETS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2015

Transaction ID : **SB21B.I16596**

Amount of Each Disbursement this Period

270.00
--------

Category/  
Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CITI CARDS**

Mailing Address PO BOX 6500

City SIOUX FALLS State SD Zip Code 57117-6500

Purpose of Disbursement  
CREDIT CARD PAYMENT-SEE MEMOS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2015

Transaction ID : **SB21B.I16375**

Amount of Each Disbursement this Period

448.00
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Category/  
Type

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

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

718.00
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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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. THE MONOCLE ON CAPITOL WASHINGTON DC**

Mailing Address 107 D ST NE

City WASHINGTON State DC Zip Code 20002-5613

Purpose of Disbursement  
EVENT CATERING

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 / 29 / 2015

Transaction ID : SB21B.I16594

Amount of Each Disbursement this Period

448.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. TX DEPARTMENT OF TRANSPORTATION**

Mailing Address 7901 N INTERSTATE 35

City AUSTIN State TX Zip Code 78753

Purpose of Disbursement  
TRAVEL

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 / 29 / 2015

Transaction ID : SB21B.I16418

Amount of Each Disbursement this Period

1128.73

Full Name (Last, First, Middle Initial)

**C. BANK OF AMERICA**

Mailing Address PO BOX 25118

City TAMPA State FL Zip Code 33622-5118

Purpose of Disbursement  
BANK FEES

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  
11 / 02 / 2015

Transaction ID : SB21B.I16365

Amount of Each Disbursement this Period

41.00

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

1169.73

**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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address PO BOX 25118

City TAMPA State FL Zip Code 33622-5118

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2015

Transaction ID : SB21B.I16366

Amount of Each Disbursement this Period

19.95

Full Name (Last, First, Middle Initial)

**B. ORACLE USA INC. POLITICAL ACTION COMMITTEE (ORACLE PAC)**

Mailing Address 1015 15TH ST NW STE 200

City WASHINGTON State DC Zip Code 20005-2635

Purpose of Disbursement  
IN-KIND EVENT SPACE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2015

Transaction ID : SB21B.124299

Amount of Each Disbursement this Period

210.00

IN-KIND-EVENT SPACE

Full Name (Last, First, Middle Initial)

**C. CITI CARDS**

Mailing Address PO BOX 6500

City SIOUX FALLS State SD Zip Code 57117-6500

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  
11 / 09 / 2015

Transaction ID : SB21B.I16376

Amount of Each Disbursement this Period

2824.13

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

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

3054.08

**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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address PO BOX 619616

City DFW AIRPORT State TX Zip Code 75261-9616

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : SB21B.I16448

Amount of Each Disbursement this Period

473.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. CITI CARDS**

Mailing Address PO BOX 6500

City SIOUX FALLS State SD Zip Code 57117-6500

Purpose of Disbursement  
CREDIT CARD FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : SB21B.I16581

Amount of Each Disbursement this Period

242.55

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. HOUSTONIAN HOTEL**

Mailing Address PO BOX 4260

City HOUSTON State TX Zip Code 77210-4260

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : SB21B.I16465

Amount of Each Disbursement this Period

20.57

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. HOUSTONIAN HOTEL**

Mailing Address PO BOX 4260

City HOUSTON State TX Zip Code 77210-4260

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : SB21B.I16466

Amount of Each Disbursement this Period

129.13

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. OMNI DALLAS**

Mailing Address 555 S LAMAR ST

City DALLAS State TX Zip Code 75202-1961

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : SB21B.I16486

Amount of Each Disbursement this Period

128.86

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : SB21B.I16523

Amount of Each Disbursement this Period

5.60

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : SB21B.I16524

Amount of Each Disbursement this Period

205.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. THE BROADMOOR**

Mailing Address 1 LAKE AVE

City COLORADO SPRINGS State CO Zip Code 80906

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : SB21B.I16541

Amount of Each Disbursement this Period

142.88

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES**

Mailing Address 182 HOWARD ST STE 8

City SAN FRANCISCO State CA Zip Code 94105-1611

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : SB21B.I16549

Amount of Each Disbursement this Period

14.89

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES**

Mailing Address 182 HOWARD ST STE 8

City State Zip Code  
SAN FRANCISCO CA 94105-1611

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : **SB21B.I16550**

Amount of Each Disbursement this Period

12.66

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES**

Mailing Address 182 HOWARD ST STE 8

City State Zip Code  
SAN FRANCISCO CA 94105-1611

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : **SB21B.I16551**

Amount of Each Disbursement this Period

9.79

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. UNITED**

Mailing Address PO BOX 66100

City State Zip Code  
CHICAGO IL 60666-0100

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : **SB21B.I16560**

Amount of Each Disbursement this Period

1439.10

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. CITI CARDS**

Mailing Address PO BOX 6500

City SIOUX FALLS State SD Zip Code 57117-6500

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  
11 / 09 / 2015

Transaction ID : **SB21B.I16377**

Amount of Each Disbursement this Period

1327.14

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address PO BOX 619616

City DFW AIRPORT State TX Zip Code 75261-9616

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : **SB21B.I16449**

Amount of Each Disbursement this Period

188.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address PO BOX 619616

City DFW AIRPORT State TX Zip Code 75261-9616

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : **SB21B.I16450**

Amount of Each Disbursement this Period

188.10

[MEMO ITEM]

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

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

1327.14

**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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 11 / 09 / 2015
Mailing Address PO BOX 619616		Transaction ID : <b>SB21B.I16451</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 188.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 11 / 09 / 2015
Mailing Address PO BOX 619616		Transaction ID : <b>SB21B.I16452</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 188.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 11 / 09 / 2015
Mailing Address PO BOX 619616		Transaction ID : <b>SB21B.I16453</b>
City DFW AIRPORT	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Amount of Each Disbursement this Period 188.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. CITI CARDS**

Mailing Address PO BOX 6500

City SIOUX FALLS State SD Zip Code 57117-6500

Purpose of Disbursement  
CREDIT CARD FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : **SB21B.I16582**

Amount of Each Disbursement this Period

325.81

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL CREDIT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : **SB21B.I16522**

Amount of Each Disbursement this Period

-5.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : **SB21B.I16525**

Amount of Each Disbursement this Period

5.60

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : SB21B.I16526

Amount of Each Disbursement this Period

5.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : SB21B.I16527

Amount of Each Disbursement this Period

5.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : SB21B.I16529

Amount of Each Disbursement this Period

5.60

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL CREDIT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : SB21B.I16530

Amount of Each Disbursement this Period

----- -5.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : SB21B.I16531

Amount of Each Disbursement this Period

----- 5.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : SB21B.I16532

Amount of Each Disbursement this Period

----- 5.60

[MEMO ITEM]

**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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : **SB21B.I16533**

Amount of Each Disbursement this Period

5.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES**

Mailing Address 182 HOWARD ST STE 8

City SAN FRANCISCO State CA Zip Code 94105-1611

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : **SB21B.I16552**

Amount of Each Disbursement this Period

6.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES**

Mailing Address 182 HOWARD ST STE 8

City SAN FRANCISCO State CA Zip Code 94105-1611

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : **SB21B.I16553**

Amount of Each Disbursement this Period

7.16

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES**

Mailing Address 182 HOWARD ST STE 8

City State Zip Code  
SAN FRANCISCO CA 94105-1611

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : **SB21B.I16554**

Amount of Each Disbursement this Period

8.13

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES**

Mailing Address 182 HOWARD ST STE 8

City State Zip Code  
SAN FRANCISCO CA 94105-1611

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : **SB21B.I16555**

Amount of Each Disbursement this Period

5.75

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES**

Mailing Address 182 HOWARD ST STE 8

City State Zip Code  
SAN FRANCISCO CA 94105-1611

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : **SB21B.I16556**

Amount of Each Disbursement this Period

5.59

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. TSYS MERCHANT**

Mailing Address 1601 DODGE ST # 23E

City OMAHA State NE Zip Code 68102

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2015

Transaction ID : SB21B.I16416

Amount of Each Disbursement this Period

88.60

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL RD #400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
SOFTWARE RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 17 / 2015

Transaction ID : SB21B.I16383

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. DON ROGERS**

Mailing Address 2716 BARTON CREEK BLVD APT 913

City AUSTIN State TX Zip Code 78735-1672

Purpose of Disbursement  
PHOTOGRAPHY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 23 / 2015

Transaction ID : SB21B.I16385

Amount of Each Disbursement this Period

360.56

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

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

699.16



**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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. THE SAHL COMPANY**

Mailing Address 16714 FITZHUGH RD

City State Zip Code  
DRIPPING SPRINGS TX 78620-5008

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

Transaction ID : SB21B.I16408

Amount of Each Disbursement this Period

1278.14
---------

Full Name (Last, First, Middle Initial)

**B. WHIZBANG ADVERTISING**

Mailing Address 415 FIRST AVENUE NORTH, #9504

City State Zip Code  
SEATTLE WA 98109

Purpose of Disbursement  
ADVERTISING AND PROMOTION

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

Transaction ID : SB21B.I16419

Amount of Each Disbursement this Period

414.00
--------

Full Name (Last, First, Middle Initial)

**C. OCCASIONS CATERING**

Mailing Address 5458 3RD ST NE

City State Zip Code  
WASHINGTON DC 20011-6316

Purpose of Disbursement  
EVENT CATERING

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			25			2015			

Transaction ID : SB21B.I16397

Amount of Each Disbursement this Period

2208.75
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3900.89
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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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. ARISTEIA GROUP**

Mailing Address 1203 PORTNER RD

City ALEXANDRIA State VA Zip Code 22314-1316

Purpose of Disbursement  
FUNDRAISING 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  
12 / 02 / 2015

Transaction ID : SB21B.I16354

Amount of Each Disbursement this Period

6499.85

Full Name (Last, First, Middle Initial)

**B. ATCHLEY & ASSOCIATES**

Mailing Address 6850 AUSTIN CENTER BLVD STE 180

City AUSTIN State TX Zip Code 78731-3129

Purpose of Disbursement  
ACCOUNTING SERVICES

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  
12 / 02 / 2015

Transaction ID : SB21B.I16356

Amount of Each Disbursement this Period

1014.50

Full Name (Last, First, Middle Initial)

**C. BANK OF AMERICA**

Mailing Address PO BOX 25118

City TAMPA State FL Zip Code 33622-5118

Purpose of Disbursement  
BANK FEES

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  
12 / 02 / 2015

Transaction ID : SB21B.I16367

Amount of Each Disbursement this Period

41.00

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

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

7555.35

**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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address PO BOX 25118

City TAMPA State FL Zip Code 33622-5118

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2015

Transaction ID : SB21B.I16368

Amount of Each Disbursement this Period

19.95

Full Name (Last, First, Middle Initial)

**B. FED EX**

Mailing Address PO BOX 94515

City PALATINE State IL Zip Code 60094-4515

Purpose of Disbursement  
POSTAGE/SHIPPING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2015

Transaction ID : SB21B.I16388

Amount of Each Disbursement this Period

274.79

Full Name (Last, First, Middle Initial)

**C. HUCKABY DAVIS LISKER**

Mailing Address 228 S WASHINGTON ST  
STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2015

Transaction ID : SB21B.I16395

Amount of Each Disbursement this Period

7395.42

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

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

7690.16

**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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. THE MLM GROUP**

Mailing Address 1920 14TH ST NW  
APT 706

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2015

Transaction ID : **SB21B.I16402**

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**B. CITI CARDS**

Mailing Address PO BOX 6500

City SIOUX FALLS State SD Zip Code 57117-6500

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  
12 / 07 / 2015

Transaction ID : **SB21B.I16378**

Amount of Each Disbursement this Period

5996.58

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address PO BOX 619616

City DFW AIRPORT State TX Zip Code 75261-9616

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2015

Transaction ID : **SB21B.I16454**

Amount of Each Disbursement this Period

448.60

[MEMO ITEM]

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

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

9496.58

**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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. CITI CARDS**

Mailing Address PO BOX 6500

City SIOUX FALLS State SD Zip Code 57117-6500

Purpose of Disbursement  
CREDIT CARD 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  
12 / 07 / 2015

Transaction ID : **SB21B.I16583**

Amount of Each Disbursement this Period

341.56

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. DELTA AIR**

Mailing Address PO BOX 20706

City ATLANTA State GA Zip Code 30320-6001

Purpose of Disbursement  
TRAVEL

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  
12 / 07 / 2015

Transaction ID : **SB21B.I16458**

Amount of Each Disbursement this Period

564.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. DELTA AIR**

Mailing Address PO BOX 20706

City ATLANTA State GA Zip Code 30320-6001

Purpose of Disbursement  
TRAVEL

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  
12 / 07 / 2015

Transaction ID : **SB21B.I16459**

Amount of Each Disbursement this Period

564.60

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. DELTA AIR**

Mailing Address PO BOX 20706

City ATLANTA State GA Zip Code 30320-6001

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2015

Transaction ID : SB21B.I16460

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. DELTA AIR**

Mailing Address PO BOX 20706

City ATLANTA State GA Zip Code 30320-6001

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2015

Transaction ID : SB21B.I16461

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. HOUSTONIAN HOTEL**

Mailing Address PO BOX 4260

City HOUSTON State TX Zip Code 77210-4260

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2015

Transaction ID : SB21B.I16467

Amount of Each Disbursement this Period

20.57

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. RASIKA**

Mailing Address 1190 NEW HAMPSHIRE AVE NW

City WASHINGTON State DC Zip Code 20037

Purpose of Disbursement  
EVENT CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2015

Transaction ID : **SB21B.I16487**

Amount of Each Disbursement this Period

1773.90

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SEAMLESS**

Mailing Address 1065 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10018-1878

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2015

Transaction ID : **SB21B.I16492**

Amount of Each Disbursement this Period

10.44

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL CREDIT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2015

Transaction ID : **SB21B.I16528**

Amount of Each Disbursement this Period

-5.60

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2015

Transaction ID : SB21B.I16534

Amount of Each Disbursement this Period

5.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2015

Transaction ID : SB21B.I16535

Amount of Each Disbursement this Period

5.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2015

Transaction ID : SB21B.I16536

Amount of Each Disbursement this Period

5.60

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2015

Transaction ID : SB21B.I16537

Amount of Each Disbursement this Period

5.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL CREDIT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2015

Transaction ID : SB21B.I16538

Amount of Each Disbursement this Period

-5.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2015

Transaction ID : SB21B.I16539

Amount of Each Disbursement this Period

5.60

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST**

Mailing Address PO BOX 36647

City DALLAS State TX Zip Code 75235-1647

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2015

Transaction ID : SB21B.I16540

Amount of Each Disbursement this Period

5.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. THE CLOISTER**

Mailing Address PO BOX 30861

City SEA ISLAND State GA Zip Code 31561-0861

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2015

Transaction ID : SB21B.I16490

Amount of Each Disbursement this Period

144.74

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES**

Mailing Address 182 HOWARD ST STE 8

City SAN FRANCISCO State CA Zip Code 94105-1611

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2015

Transaction ID : SB21B.I16557

Amount of Each Disbursement this Period

6.10

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES**

Mailing Address 182 HOWARD ST STE 8

City State Zip Code  
SAN FRANCISCO CA 94105-1611

Purpose of Disbursement  
TRAVEL

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  
12 / 07 / 2015

Transaction ID : **SB21B.I16558**

Amount of Each Disbursement this Period

8.69

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES**

Mailing Address 182 HOWARD ST STE 8

City State Zip Code  
SAN FRANCISCO CA 94105-1611

Purpose of Disbursement  
TRAVEL

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  
12 / 07 / 2015

Transaction ID : **SB21B.I16559**

Amount of Each Disbursement this Period

7.58

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. UNITED**

Mailing Address PO BOX 66100

City State Zip Code  
CHICAGO IL 60666-0100

Purpose of Disbursement  
TRAVEL

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  
12 / 07 / 2015

Transaction ID : **SB21B.I16561**

Amount of Each Disbursement this Period

1441.10

[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"/> 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. UNITED**

Mailing Address PO BOX 66100

City CHICAGO State IL Zip Code 60666-0100

Purpose of Disbursement  
TRAVEL

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  
12 / 07 / 2015

Transaction ID : **SB21B.I16562**

Amount of Each Disbursement this Period

586.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. FP1 STRATEGIES**

Mailing Address PO BOX 16504

City ALEXANDRIA State VA Zip Code 22302-0154

Purpose of Disbursement  
FUNDRAISING 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  
12 / 07 / 2015

Transaction ID : **SB21B.I16393**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. THE SAHL COMPANY**

Mailing Address 16714 FITZHUGH RD

City DRIPPING SPRINGS State TX Zip Code 78620-5008

Purpose of Disbursement  
FUNDRAISING 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  
12 / 07 / 2015

Transaction ID : **SB21B.I16409**

Amount of Each Disbursement this Period

20000.00

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

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

25000.00

**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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. THE SAHL COMPANY**

Mailing Address 16714 FITZHUGH RD

City DRIPPING SPRINGS State TX Zip Code 78620-5008

Purpose of Disbursement  
FUNDRAISING 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  
12 / 07 / 2015

Transaction ID : SB21B.I16410

Amount of Each Disbursement this Period

101.25

Full Name (Last, First, Middle Initial)

**B. THE SAHL COMPANY**

Mailing Address 16714 FITZHUGH RD

City DRIPPING SPRINGS State TX Zip Code 78620-5008

Purpose of Disbursement  
FUNDRAISING 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  
12 / 10 / 2015

Transaction ID : SB21B.I16411

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

**C. TSYS MERCHANT**

Mailing Address 1601 DODGE ST # 23E

City OMAHA State NE Zip Code 68102

Purpose of Disbursement  
MERCHANT FEES

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  
12 / 15 / 2015

Transaction ID : SB21B.I16417

Amount of Each Disbursement this Period

63.72

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

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

20164.97

**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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD #400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
SOFTWARE RENTAL

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  
12 / 16 / 2015

**Transaction ID : SB21B.I16384**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. ARISTEIA GROUP**

Mailing Address 1203 PORTNER RD

City ALEXANDRIA State VA Zip Code 22314-1316

Purpose of Disbursement  
FUNDRAISING CONSULTING

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  
12 / 30 / 2015

**Transaction ID : SB21B.I16352**

Amount of Each Disbursement this Period

6463.27

Full Name (Last, First, Middle Initial)

**C.**

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

Amount of Each Disbursement this Period

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

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

6713.27

284900.65

**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 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)  
**Alamo PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF KELLY AYOTTE INC**

Mailing Address PO BOX 937

City MANCHESTER State NH Zip Code 03105

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
**KELLY AYOTTE**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NH District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2015

Transaction ID : **SB23.I16422**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. GEORGIANS FOR ISAKSON**

Mailing Address PO BOX 250116

City ATLANTA State GA Zip Code 30325-1116

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
**JOHNNY ISAKSON**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: GA District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2015

Transaction ID : **SB23.I16423**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. KIRK FOR SENATE**

Mailing Address PO BOX 8

City WINNETKA State IL Zip Code 60093-0008

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
**MARK KIRK**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: IL District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2015

Transaction ID : **SB23.I16424**

Amount of Each Disbursement this Period

5000.00

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

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

15000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

**A. LISA MURKOWSKI FOR US SENATE**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 09 / 21 / 2015

Mailing Address PO BOX 100847  
Transaction ID : **SB23.I16425**

City ANCHORAGE State AK Zip Code 99510  
Amount of Each Disbursement this Period: 5000.00

Purpose of Disbursement: POLITICAL CONTRIBUTION  
Candidate Name: LISA MURKOWSKI  
Category/Type: [ ]

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: AK District: 00

**B. MIKE CRAPO FOR US SENATE**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 09 / 21 / 2015

Mailing Address P.O. BOX 1948  
Transaction ID : **SB23.I16426**

City BOISE State ID Zip Code 83701  
Amount of Each Disbursement this Period: 5000.00

Purpose of Disbursement: POLITICAL CONTRIBUTION  
Candidate Name: MIKE CRAPO  
Category/Type: [ ]

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: ID District: 00

**C. PORTMAN FOR SENATE COMMITTEE**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 09 / 21 / 2015

Mailing Address 9856 ARCHER LANE  
Transaction ID : **SB23.I16427**

City DUBLIN State OH Zip Code 43017  
Amount of Each Disbursement this Period: 5000.00

Purpose of Disbursement: POLITICAL CONTRIBUTION  
Candidate Name: ROB PORTMAN  
Category/Type: [ ]

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: OH District: 00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 15000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. RICHARD BURR COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 09 / 21 / 2015
Mailing Address POST OFFICE BOX 5928		Transaction ID : <b>SB23.I16430</b>  Amount of Each Disbursement this Period 5000.00
City WINSTON-SALEM	State NC Zip Code 27113	
Purpose of Disbursement POLITICAL CONTRIBUTION	Category/Type	
Candidate Name <b>RICHARD BURR</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 00		

Full Name (Last, First, Middle Initial) <b>B. RON JOHNSON FOR SENATE</b>		Date of Disbursement MM / DD / YYYY 09 / 21 / 2015
Mailing Address 601 OREGON ST STE B		Transaction ID : <b>SB23.I16431</b>  Amount of Each Disbursement this Period 5000.00
City OSHKOSH	State WI Zip Code 54902-5979	
Purpose of Disbursement POLITICAL CONTRIBUTION	Category/Type	
Candidate Name <b>RONALD JOHNSON</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI District: 00		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF JOE HECK</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2015
Mailing Address PO BOX 753908		Transaction ID : <b>SB23.I16421</b>  Amount of Each Disbursement this Period 5000.00
City LAS VEGAS	State NV Zip Code 89136	
Purpose of Disbursement POLITICAL CONTRIBUTION	Category/Type	
Candidate Name <b>JOE HECK</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV District:		

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

15000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial)

**A. REPUBLICAN NATIONAL COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2015

Mailing Address 310 1ST ST SE

**Transaction ID : SB23.116428**

City WASHINGTON State DC Zip Code 20003-1885

Amount of Each Disbursement this Period

15000.00
----------

Purpose of Disbursement  
POLITICAL CONTRIBUTION

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Other

State: District:

Full Name (Last, First, Middle Initial)

**B. BOOZMAN FOR ARKANSAS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2015

Mailing Address 11300 FINANCIAL CENTRE PKWY  
STE. 1200

**Transaction ID : SB23.116420**

City LITTLE ROCK State AR Zip Code 72211-3746

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
POLITICAL CONTRIBUTION

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AR District: 00

Full Name (Last, First, Middle Initial)

**C. REPUBLICAN PARTY OF TEXAS - FEDERAL**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		01		2015

Mailing Address 900 CONGRESS AVE STE 300

**Transaction ID : SB23.116429**

City AUSTIN State TX Zip Code 78701-2432

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
POLITICAL CONTRIBUTION

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Other

State: District:

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

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

25000.00
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70000.00
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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 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 checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. BORDER HEALTH FEDERAL PAC**

Mailing Address 612 W. NOLANA SUITE 340

City State Zip Code  
MCALLEN TX 78504

Purpose of Disbursement  
CONTRIBUTION REFUND

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  
11 / 29 / 2015

Transaction ID : SB28C.I16565

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. ACE CASH EXPRESS INC. PAC**

Mailing Address 1231 GREENWAY DR STE 600

City State Zip Code  
IRVING TX 75038-2511

Purpose of Disbursement  
CONTRIBUTION REFUND

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  
12 / 02 / 2015

Transaction ID : SB28C.I16441

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**C.**

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

Amount of Each Disbursement this Period

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

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

8500.00

8500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. TEXAS ALLIANCE FOR LIFE**

Mailing Address 8000 CENTRE PARK DRIVE

City AUSTIN State TX Zip Code 78754

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2015

Transaction ID : SB29.I16432

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. TEXAS RIGHT TO LIFE**

Mailing Address 6776 SOUTHWEST FWY STE 430

City HOUSTON State TX Zip Code 77074-2111

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2015

Transaction ID : SB29.I16433

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**C. TX FEDERATION OF REPUBLICAN WOMEN**

Mailing Address 1108 LAVACA ST STE 505

City AUSTIN State TX Zip Code 78701-2125

Purpose of Disbursement  
NON FED. POLITICAL CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2015

Transaction ID : SB29.I16437

Amount of Each Disbursement this Period

10000.00

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

25000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. REPUBLICAN PARTY OF TEXAS - STATE**

Mailing Address 1108 LAVACA ST STE 500

City AUSTIN State TX Zip Code 78701-2125

Purpose of Disbursement  
NON FED. POLITICAL CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 01 / 2015

Transaction ID : SB29.I16436

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**B. HARRIS COUNTY GOP**

Mailing Address 3311 RICHMOND AVE STE 218

City HOUSTON State TX Zip Code 77098-3024

Purpose of Disbursement  
NON FED. POLITICAL CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB29.I16435

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. BILL KING FOR MAYOR**

Mailing Address 5900 MEMORIAL DRIVE STE 101B

City HOUSTON State TX Zip Code 77008

Purpose of Disbursement  
NON FED. POLITICAL CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2015

Transaction ID : SB29.I16434

Amount of Each Disbursement this Period

5000.00

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

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

20000.00

45000.00