

# 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

E-PAC

ADDRESS (number and street) PO BOX 500

Check if different than previously reported. (ACC) GLEN FALLS NY 12801

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

C C00570945

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 checked="" 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 M M / D D / Y Y Y Y Y Y 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 M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 06 / 01 / 2017 through M M / D D / Y Y Y Y Y Y 06 / 30 / 2017

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

HOBBS, CABELL, , ,

Type or Print Name of Treasurer

Signature of Treasurer HOBBS, CABELL, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 07 / 17 / 2017

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

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

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**E-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="2017"/>	<input type="text" value="23062.48"/>	<input type="text" value="23062.48"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="51609.19"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="14740.60"/>	<input type="text" value="81432.22"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="66349.79"/>	<input type="text" value="104494.70"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="26330.00"/>	<input type="text" value="64474.91"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="40019.79"/>	<input type="text" value="40019.79"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

E-PAC

Report Covering the Period: From: 06 / 01 / 2017 To: 06 / 30 / 2017

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).....	0.00	8300.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	8300.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3500.00	42500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	3500.00	50800.00
12. Transfers From Affiliated/Other Party Committees.....	11240.60	30632.22
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)).....▶	14740.60	81432.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	14740.60	81432.22

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	3330.00	19974.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3330.00	19974.91
22. Transfers to Affiliated/Other Party Committees.....	23000.00	23000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	21500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	26330.00	64474.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26330.00	64474.91

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3500.00	50800.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3500.00	50800.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	3330.00	19974.91
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3330.00	19974.91

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

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

FOR LINE NUMBER: PAGE 6 OF 15  
(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)  
**E-PAC**

**A. ICE MILLER PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **ONE AMERICAN SQUARE**  
**SUITE 2900**  
 City **INDIANAPOLIS** State **IN** Zip Code **46282-0019**  
 FEC ID number of contributing federal political committee. **C C00520973**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt  
**06 / 16 / 2017**  
**Transaction ID : SA11C.12175**  
 Amount of Each Receipt this Period  
**1000.00**  
 Memo Item  
**CONTRIBUTION**

**B. UPS PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **55 GLENLAKE PKWY NE**  
 City **ATLANTA** State **GA** Zip Code **30328-3474**  
 FEC ID number of contributing federal political committee. **C C00064766**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**06 / 16 / 2017**  
**Transaction ID : SA11C.12174**  
 Amount of Each Receipt this Period  
**2500.00**  
 Memo Item  
**CONTRIBUTION**

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>3500.00</b>

**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 15
<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)  
**E-PAC**

**A. ELISE VICTORY FUND**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 500

City GLENS FALLS	State NY	Zip Code 12801-0500
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FEC ID number of contributing federal political committee. **C** C00630632

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
30632.22

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2017  
**Transaction ID : SA12.12488**

Amount of Each Receipt this Period  
11240.60

Memo Item  
TRANSFER OF NET JFC PROCEEDS

**B. KANE, JOHN, A., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 6 KIMBALL LANE

City LYNNFIELD	State MA	Zip Code 01940-2682
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)  
CATAMOUNT MGT CORPORATION EXECUTIVE

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  
06 / 16 / 2017  
**Transaction ID : SA.12173.3.0002**

Amount of Each Receipt this Period  
5000.00

Memo Item  
TRANSFER  
TRANSFER FROM ELISE VICTORY FUND

**C. LINDEN, LAWRENCE, H., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 41 RIVERSIDE DR.

City NEW YORK	State NY	Zip Code 10024-6803
------------------	-------------	------------------------

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

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

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  
04 / 20 / 2017  
**Transaction ID : SA.11913.3.0002**

Amount of Each Receipt this Period  
5000.00

Memo Item  
TRANSFER  
TRANSFER FROM ELISE VICTORY FUND

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11240.60
<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 15
<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)  
**E-PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**LOEB, DANIEL, , ,**

Mailing Address **390 PARK AVE 18TH FLOOR**

City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10022-4608</b>
-------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>THIRD POINT, LLC</b>	Occupation (for Individual) <b>CEO</b>
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**06 / 30 / 2017**

**Transaction ID : SA.12362.3.0002**

Amount of Each Receipt this Period  
**5000.00**

Memo Item  
**TRANSFER**

**TRANSFER FROM ELISE VICTORY FUND**

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>11240.60</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"/> 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)  
**E-PAC**

**A. COMPLIANCE CONSULTING CO OF VIRGINIA LLC**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.1234

Amount of Each Disbursement this Period: 550.00

Memo Item

**B. NEW FRONTIER STRATEGY**

Full Name (Last, First, Middle Initial)

Mailing Address 315 KENTUCKY AVENUE

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.1250

Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT SERVICE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 09 / 2017

FEC Identification Number: C

Transaction ID : SB21B.1249

Amount of Each Disbursement this Period: 250.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3300.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. INTUIT**

Full Name (Last, First, Middle Initial)

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement SUBSCRIPTIONS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 26 / 2017

FEC Identification Number: C

Transaction ID : SB21B.1251

Amount of Each Disbursement this Period: 30.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3330.00



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

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NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. DENHAM FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 2150 RIVER PLAZA DR #150

City SACRAMENTO State CA Zip Code 95833

Purpose of Disbursement CONTRIBUTION

Candidate Name DENHAM, JEFF, , ,

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: CA District: 10

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2017

FEC Identification Number

C

Transaction ID : SB22.1240  
Amount of Each Disbursement this Period

1000.00

Memo Item

**B. DON BACON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 391368

City OMAHA State NE Zip Code 68139

Purpose of Disbursement CONTRIBUTION

Candidate Name BACON, DON, , ,

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: NE District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2017

FEC Identification Number

C

Transaction ID : SB22.1241  
Amount of Each Disbursement this Period

1000.00

Memo Item

**C. FRIENDS OF ERIK PAULSEN**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 44369250 PRAIRIE CENTER DRI

City EDEN PRAIRIE State MN Zip Code 55344

Purpose of Disbursement CONTRIBUTION

Candidate Name PAULSEN, ERIK, , ,

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: MN District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2017

FEC Identification Number

C

Transaction ID : SB22.1242  
Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

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

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name (Last, First, Middle Initial) <b>A. KATKO FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2017
Mailing Address 228 S WASHINGTON STREET STE 115		FEC Identification Number C [ ] <b>Transaction ID : SB22.1243</b>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period [ ] 1000.00
Candidate Name <b>KATKO, JOHN, , ,</b>		Category/Type [ ]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY	District: 24	

Full Name (Last, First, Middle Initial) <b>B. MCSALLY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2017
Mailing Address PO BOX 19128		FEC Identification Number C [ ] <b>Transaction ID : SB22.1244</b>
City TUCSON	State AZ	Zip Code 85731
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period [ ] 1000.00
Candidate Name <b>MCSALLY, MARTHA, , ,</b>		Category/Type [ ]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: AZ	District: 02	

Full Name (Last, First, Middle Initial) <b>C. POLIQUIN FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2017
Mailing Address PO BOX 50		FEC Identification Number C [ ] <b>Transaction ID : SB22.1245</b>
City OAKLAND	State ME	Zip Code 04963
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period [ ] 1000.00
Candidate Name <b>POLIQUIN, BRUCE, , ,</b>		Category/Type [ ]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: ME	District: 02	

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

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

[ ] 3000.00
[ ]

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

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name (Last, First, Middle Initial) <b>A. ROSKAM FOR CONGRESS COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2017
Mailing Address PO BOX 713		FEC Identification Number C [ ] <b>Transaction ID : SB22.1246</b>
City WHEATON	State IL	Zip Code 60187
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period [ ] 1000.00
Candidate Name <b>ROSKAM, PETER, , ,</b>		Category/Type [ ]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IL	District: 06	

Full Name (Last, First, Middle Initial) <b>B. WALTERS FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2017
Mailing Address 9070 IRVINE CENTER DRIVE #150		FEC Identification Number C [ ] <b>Transaction ID : SB22.1247</b>
City IRVINE	State CA	Zip Code 92618
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period [ ] 1000.00
Candidate Name <b>WALTERS, MIMI, , ,</b>		Category/Type [ ]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA	District: 05	

Full Name (Last, First, Middle Initial) <b>C. YOUNG FOR IOWA INC</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2017
Mailing Address PO BOX 162		FEC Identification Number C [ ] <b>Transaction ID : SB22.1248</b>
City VAN METER	State IA	Zip Code 50261
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period [ ] 1000.00
Candidate Name <b>YOUNG, DAVID, , ,</b>		Category/Type [ ]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IA	District: 03	

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

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

[ ] 3000.00
[ ]

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

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NAME OF COMMITTEE (In Full)  
**E-PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN COSTELLO FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2017
Mailing Address PO BOX 3154		FEC Identification Number C [ ] <b>Transaction ID : SB22.1236</b>
City CHESTER	State PA	Zip Code 19381
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period [ ] 1000.00
Candidate Name <b>COSTELLO, RYAN, , ,</b>		Category/ Type [ ]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 06	

Full Name (Last, First, Middle Initial) <b>B. NRCC</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2017
Mailing Address 320 FIRST STREET SE		FEC Identification Number C [ ] <b>Transaction ID : SB22.1235</b>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period [ ] 10000.00
Candidate Name		Category/ Type [ ]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [ ]
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period [ ]
Candidate Name		Category/ Type [ ]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

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

[ ] 11000.00

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

[ ] 23000.00