



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**National Campaign**

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"/>	<input type="text" value="78202.74"/>	<input type="text" value="78202.74"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="78202.74"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1847583.10"/>	<input type="text" value="1847583.10"/>
(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="1925785.84"/>	<input type="text" value="1925785.84"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1511508.88"/>	<input type="text" value="1511508.88"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="414276.96"/>	<input type="text" value="414276.96"/>
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="174896.05"/>	

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

**National Campaign**

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).....	13910.00	13910.00
(ii) Unitemized .....	1833673.10	1833673.10
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1847583.10	1847583.10
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	1847583.10	1847583.10
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	1847583.10	1847583.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1847583.10	1847583.10

**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 .....	1502008.88	1502008.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1502008.88	1502008.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	9500.00
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).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1511508.88	1511508.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1511508.88	1511508.88

**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) .....	1847583.10	1847583.10
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1847583.10	1847583.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1502008.88	1502008.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1502008.88	1502008.88

**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 73  
(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)  
**National Campaign**

**A. Paul Aust**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13012 E Mission Ave  
 City State Zip Code  
 Spokane WY 99216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2015  
**Transaction ID : SA11AI.162555**  
 Amount of Each Receipt this Period  
 500.00

**B. Lamerle Ayres**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 320 S Church St Apt 1  
 City State Zip Code  
 Center TX 75935  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None None  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2015  
**Transaction ID : SA11AI.162947**  
 Amount of Each Receipt this Period  
 50.00

**C. M James Bahr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10763 N Canton Center Rd  
 City State Zip Code  
 Plymouth MI 48170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2015  
**Transaction ID : SA11AI.174581**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 73
	(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)  
**National Campaign**

Full Name (Last, First, Middle Initial)  
**A. Eleanor Bartz**

Mailing Address 4014 Reinmiller Rd

City Joplin State MO Zip Code 64804

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 ▼ **310.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 27 / 2015**

**Transaction ID : SA11AI.158034**

Amount of Each Receipt this Period  
**150.00**

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

Mailing Address 28 Greenview Ct

City Bayport State NY Zip Code 11705

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

Name of Employer Self Occupation Self

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 05 / 2015**

**Transaction ID : SA11AI.52434**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 3632 Wonderland Park Ln

City Kissimmee State FL Zip Code 34746

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

Name of Employer None Occupation None

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 03 / 2015**

**Transaction ID : SA11AI.162880**

Amount of Each Receipt this Period  
**75.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>325.00</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 8 OF 73
	<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)  
**National Campaign**

Full Name (Last, First, Middle Initial)  
**A. Diane Bourgeois**

Mailing Address 9727 Chicory Chase Ct

City Katy	State TX	Zip Code 77494
--------------	-------------	-------------------

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

Name of Employer None	Occupation Housewife
--------------------------	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11AI.98836**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2220 E Chapman Ave Unit 37

City Fullerton	State CA	Zip Code 92831
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FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation None
--------------------------	--------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : SA11AI.121824**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 268 Shawanga Lodge Rd

City Bloomingburg	State NY	Zip Code 12721
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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 ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 07 / 2015  
**Transaction ID : SA11AI.54407**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<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 9 OF 73  
(check only one)

<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)  
**National Campaign**

Full Name (Last, First, Middle Initial)  
**A. Walter Chalmers**

Mailing Address 6031 Glenway Dr Apt A

City State Zip Code  
Brook Park OH 44142

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

Name of Employer Occupation  
None None

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  
06 / 22 / 2015  
**Transaction ID : SA11AI.174140**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 86 Stonehollow Rd

City State Zip Code  
Fletcher NC 28732

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

Name of Employer Occupation  
None None

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 12 / 2015  
**Transaction ID : SA11AI.118737**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**c. Sheryll Croy**

Mailing Address 89 Calico Dr

City State Zip Code  
Climax Sprgs MO 65324

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

Name of Employer Occupation  
None None

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 22 / 2015  
**Transaction ID : SA11AI.173128**

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 73
	(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)  
**National Campaign**

Full Name (Last, First, Middle Initial) <b>A. Bruce Dale</b>		Date of Receipt
Mailing Address 2267 N Cafferty Hill Rd		<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City State Zip Code Endicott NY 13760		<b>Transaction ID : SA11AI.163933</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="275.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Carole Demkovich</b>		Date of Receipt
Mailing Address 1600 Park Dr		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City State Zip Code Benton Harbor MI 49022		<b>Transaction ID : SA11AI.161023</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer None	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="275.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Lori Field</b>		Date of Receipt
Mailing Address 6385 Torington Dr		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City State Zip Code Medina OH 44256		<b>Transaction ID : SA11AI.118739</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="75.00"/>
Name of Employer None	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="275.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="275.00"/>
<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 11 OF 73
	<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)  
**National Campaign**

Full Name (Last, First, Middle Initial)  
**A. Raymond Fink**

Mailing Address PO Box 134

City State Zip Code  
Williamston MI 48895

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

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015  
**Transaction ID : SA11AI.54140**

Amount of Each Receipt this Period  
100.00

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

Mailing Address PO Box 134

City State Zip Code  
Williamston MI 48895

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

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 25 / 2015  
**Transaction ID : SA11AI.117538**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 11552 Xavis Cir NW

City State Zip Code  
Coon Rapids MN 55433

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

Name of Employer Occupation  
None None

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 26 / 2015  
**Transaction ID : SA11AI.111214**

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 275.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 73
	(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)  
**National Campaign**

**A. Carmen Grant**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1508 Skyline Dr  
City Lincoln State NE Zip Code 68506  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation None  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 11 / 2015  
**Transaction ID : SA11AI.168343**  
Amount of Each Receipt this Period  
250.00

**B. Nell Guill**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1536 Belmar Dr  
City Gastonia State NC Zip Code 28052  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation None  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 05 / 2015  
**Transaction ID : SA11AI.119387**  
Amount of Each Receipt this Period  
100.00

**C. Nell Guill**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1536 Belmar Dr  
City Gastonia State NC Zip Code 28052  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation None  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 22 / 2015  
**Transaction ID : SA11AI.173472**  
Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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 13 OF 73  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**National Campaign**

**A. William M Haas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2945 E County Road 67  
 City Anderson State IN Zip Code 46017  
 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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 04 / 2015  
**Transaction ID : SA11AI.114240**  
 Amount of Each Receipt this Period  
 75.00

**B. Lisa Hagans**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Chenal Downs Blvd  
 City Little Rock State AR Zip Code 72223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation None  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2015  
**Transaction ID : SA11AI.168990**  
 Amount of Each Receipt this Period  
 100.00

**C. Linda Hamm**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7860 Valley View St Apt 114  
 City Buena Park State CA Zip Code 90620  
 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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2015  
**Transaction ID : SA11AI.150501**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 14 OF 73  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**National Campaign**

Full Name (Last, First, Middle Initial)  
**A. Angela Hanson**

Mailing Address 5899 Midridge Dr

City State Zip Code  
House Springs MO 63051

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

Name of Employer Occupation  
None None

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2015  
**Transaction ID : SA11AI.170959**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 59 Browning Rd

City State Zip Code  
Lancaster PA 17602

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015  
**Transaction ID : SA11AI.117831**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 414 Rollingwood Dr

City State Zip Code  
Jackson MS 39211

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

Name of Employer Occupation  
None None

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11AI.112827**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00

**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 15 OF 73  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**National Campaign**

Full Name (Last, First, Middle Initial)  
**A. John Harvey**

Mailing Address 414 Rollingwood Dr

City Jackson State MS Zip Code 39211

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

Name of Employer None Occupation None

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 26 / 2015**

**Transaction ID : SA11AI.156803**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 605 Smythe St

City Kosciusko State MS Zip Code 39090

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

Name of Employer None Occupation None

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 27 / 2015**

**Transaction ID : SA11AI.138586**

Amount of Each Receipt this Period  
**300.00**

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

Mailing Address 3411 Delaney Rd SE

City Salem State OR Zip Code 97317

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

Name of Employer None Occupation Stay at home mom

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 26 / 2015**

**Transaction ID : SA11AI.119087**

Amount of Each Receipt this Period  
**75.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **475.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 73
	<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)  
**National Campaign**

Full Name (Last, First, Middle Initial) <b>A. Catherine Hoffmeister</b>		Date of Receipt MM / DD / YYYY 05 / 27 / 2015 <b>Transaction ID : SA11AI.157861</b>
Mailing Address 7037 S Garrity Rd		Amount of Each Receipt this Period 75.00
City Seymour	State IN	Zip Code 47274
FEC ID number of contributing federal political committee. C	Name of Employer None	Occupation None
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Douglas Hope</b>		Date of Receipt MM / DD / YYYY 06 / 24 / 2015 <b>Transaction ID : SA11AI.174286</b>
Mailing Address 884 Bird Rd		Amount of Each Receipt this Period 50.00
City Lenoir City	State TN	Zip Code 37771
FEC ID number of contributing federal political committee. C	Name of Employer Retired	Occupation Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. Donna Ketterer</b>		Date of Receipt MM / DD / YYYY 05 / 26 / 2015 <b>Transaction ID : SA11AI.156824</b>
Mailing Address 408 Michael Anna St		Amount of Each Receipt this Period 100.00
City Jackson	State MO	Zip Code 63755
FEC ID number of contributing federal political committee. C	Name of Employer None	Occupation Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<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 17 OF 73
	<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)  
**National Campaign**

Full Name (Last, First, Middle Initial)  
**A. Randy Kinsey**

Mailing Address 117 Amy Rd

City Henderson State TX Zip Code 75652

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

Name of Employer Unemployed Occupation Unemployed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 27 / 2015**

**Transaction ID : SA11AI.138642**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address 21 Valleyview Dr

City Northport State NY Zip Code 11768

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

Name of Employer Norhshore Occupation Rn

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 23 / 2015**

**Transaction ID : SA11AI.174220**

Amount of Each Receipt this Period  
**10.00**

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

Mailing Address 5947 Young Rd

City Bellevue State MI Zip Code 49021

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 ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 18 / 2015**

**Transaction ID : SA11AI.114973**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>310.00</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: PAGE 18 OF 73  
(check only one)

<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)  
**National Campaign**

**A. Ronald Lehman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5947 Young Rd  
City Bellevue State MI Zip Code 49021  
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 ▼ 300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2015  
**Transaction ID : SA11AI.117935**  
Amount of Each Receipt this Period  
50.00

**B. Billy Luetge**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2901 Kingston Dr  
City Plano State TX Zip Code 75074  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation None  
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  
03 / 17 / 2015  
**Transaction ID : SA11AI.104306**  
Amount of Each Receipt this Period  
1000.00

**C. Billy Luetge**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2901 Kingston Dr  
City Plano State TX Zip Code 75074  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation None  
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  
04 / 13 / 2015  
**Transaction ID : SA11AI.129394**  
Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2050.00  
**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 19 OF 73
	<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)  
**National Campaign**

**A. Dean Magnin**  
Full Name (Last, First, Middle Initial)

Mailing Address N3027 Shore Dr

City Marinette State WI Zip Code 54143

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

Name of Employer Retired Surgeon Occupation Retired Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 24 / 2015**

**Transaction ID : SA11AI.174674**

Amount of Each Receipt this Period  
**75.00**

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

Mailing Address 11621 N Bobolink Ln

City Mequon State WI Zip Code 53092

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 ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 28 / 2015**

**Transaction ID : SA11AI.139652**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 5508 Creekwood Dr Apt 1045

City Benbrook State TX Zip Code 76109

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 ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 14 / 2015**

**Transaction ID : SA11AI.118817**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>275.00</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 20 OF 73
	<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)  
**National Campaign**

**A. Lynn D Nemiccolo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 61 Cross Brook Rd  
 City Loudon State NH Zip Code 03307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M.a.g. Occupation Sr Vp  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2015**  
**Transaction ID : SA11AI.116518**  
 Amount of Each Receipt this Period  
**100.00**

**B. Diane Neverouck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2287 Lakeshore Rd  
 City Applegate State MI Zip Code 48401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation None  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 06 / 2015**  
**Transaction ID : SA11AI.123491**  
 Amount of Each Receipt this Period  
**50.00**

**C. Antonio Quintanilla**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 820 Graceland Ave Apt 303  
 City Des Plaines State IL Zip Code 60016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation None  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 08 / 2015**  
**Transaction ID : SA11AI.165743**  
 Amount of Each Receipt this Period  
**200.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>350.00</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 21 OF 73
	<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)  
**National Campaign**

**A. Maria Ramos**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1528 N Thompson Dr  
 City Bay Shore State NY Zip Code 11706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer India Park Mach. Occupation Laborer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2015  
**Transaction ID : SA11AI.124643**  
 Amount of Each Receipt this Period  
 100.00

**B. Jennifer Richardson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2021 Cedar Ln  
 City Flourtown State PA Zip Code 19031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation None  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2015  
**Transaction ID : SA11AI.127763**  
 Amount of Each Receipt this Period  
 300.00

**C. H Riviglio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4790 Calghlin Pkwy #423  
 City Reno State NV Zip Code 89519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Self  
 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  
 03 / 21 / 2015  
**Transaction ID : SA11AI.53531**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<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 22 OF 73  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**National Campaign**

**A. Dwaine Robertson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 506  
 City State Zip Code  
 Rogersville MO 65742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Igt Software Eng  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2015  
**Transaction ID : SA11AI.140842**  
 Amount of Each Receipt this Period  
 200.00

**B. Patricia Rodenbaugh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 175 Country Ln  
 City State Zip Code  
 Phoenixville PA 19460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2015  
**Transaction ID : SA11AI.115683**  
 Amount of Each Receipt this Period  
 500.00

**c. Maartje Ryzebol**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2190 Squires Rd  
 City State Zip Code  
 Bailey MI 49303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None None  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2015  
**Transaction ID : SA11AI.88944**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 950.00  
**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 23 OF 73
	<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)  
**National Campaign**

**A. David J Sargent**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 23  
 City Sunapee State NH Zip Code 03782  
 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 **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 23 / 2015**  
**Transaction ID : SA11AI.117482**  
 Amount of Each Receipt this Period  
**200.00**

**B. Lonnie M Sebold**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 409 Mustang St  
 City Fritch State TX Zip Code 79036  
 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 **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 29 / 2015**  
**Transaction ID : SA11AI.115717**  
 Amount of Each Receipt this Period  
**100.00**

**C. Jean Sejour**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11902 229th St  
 City Cambria Hts State NY Zip Code 11411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Cab driver  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **215.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 08 / 2015**  
**Transaction ID : SA11AI.125973**  
 Amount of Each Receipt this Period  
**115.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>415.00</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: PAGE 24 OF 73  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**National Campaign**

Full Name (Last, First, Middle Initial)  
**A. Marybeth Snyder**

Mailing Address 12055 Gantry Ct

City State Zip Code  
Apple Valley MN 55124

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

Name of Employer Occupation  
None Home Maker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : SA11AI.172357**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 26571 Normandale Dr Apt 36E

City State Zip Code  
Lake Forest CA 92630

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

Name of Employer Occupation  
None None

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2015  
**Transaction ID : SA11AI.52913**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 5253 E Broad St Apt 325

City State Zip Code  
Columbus OH 43213

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

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2015  
**Transaction ID : SA11AI.156333**

Amount of Each Receipt this Period  
250.00

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 73
	<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)  
**National Campaign**

Full Name (Last, First, Middle Initial)  
**A. Martin Stevens**

Mailing Address 2318 Hemingway Dr

City Nashville State TN Zip Code 37215

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

Name of Employer None Occupation None

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : SA11AI.108906**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 3251 Indian Dr

City Portsmouth State OH Zip Code 45662

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

Name of Employer None Occupation None

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2015  
**Transaction ID : SA11AI.150162**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 2508 Union Rd Lot 31

City Cedar Falls State IA Zip Code 50613

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 ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2015  
**Transaction ID : SA11AI.142660**

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 575.00

**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 26 OF 73
	<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)  
**National Campaign**

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

Mailing Address 5 Schenck Ave Apt 3B

City State Zip Code  
Great Neck NY 11021

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

Name of Employer Occupation  
Self Realty

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  
 01 / 30 / 2015  
**Transaction ID : SA11AI.50902**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 462 Ocean Ter

City State Zip Code  
Staten Island NY 10301

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

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2015  
**Transaction ID : SA11AI.70423**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 5 Armstrong Ave

City State Zip Code  
Yonkers NY 10701

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

Name of Employer Occupation  
None None

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 08 / 2015  
**Transaction ID : SA11AI.148032**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<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 27 OF 73
	(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)  
**National Campaign**

**A. John F Townsend**  
Full Name (Last, First, Middle Initial)

Mailing Address 8306 Road 3.2 NE

City Moses Lake	State WA	Zip Code 98837
--------------------	-------------	-------------------

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 ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2015

**Transaction ID : SA11AI.53736**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 6654 Wildwood Dr

City Fort Drum	State NY	Zip Code 13603
-------------------	-------------	-------------------

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

Name of Employer Army	Occupation military
--------------------------	------------------------

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
03	/	07	/	2015

**Transaction ID : SA11AI.54426**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2122 Bellwood Dr

City Saint Albans	State WV	Zip Code 25177
----------------------	-------------	-------------------

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

Name of Employer Self	Occupation owner
--------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2015

**Transaction ID : SA11AI.99387**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<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 28 OF 73  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**National Campaign**

Full Name (Last, First, Middle Initial)  
**A. Eugene Wenger**

Mailing Address 935 Groff Ave

City Elizabethtown      State PA      Zip Code 17022

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

Name of Employer: None      Occupation: None

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2015  
**Transaction ID : SA11AI.143411**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 29565 Windy Hill Rd

City Maple Hill      State KS      Zip Code 66507

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

Name of Employer: Self employed      Occupation: Self employed

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2015  
**Transaction ID : SA11AI.149413**

Amount of Each Receipt this Period  
150.00

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

Mailing Address 15561 Highcroft Dr

City Chesterfield      State MO      Zip Code 63017

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 ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015  
**Transaction ID : SA11AI.117835**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 260.00

**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 29 OF 73
	<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)  
**National Campaign**

Full Name (Last, First, Middle Initial) <b>A. Robin Wyrick</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 27 / 2015 <b>Transaction ID : SA11Al.138675</b>
Mailing Address PO Box 732		Amount of Each Receipt this Period 100.00
City Firestone	State CO	Zip Code 80520
FEC ID number of contributing federal political committee. C	Name of Employer Homemaker	Occupation Self Employed
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. William Yadeau</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2015 <b>Transaction ID : SA11Al.118676</b>
Mailing Address 910 Bunker Ln		Amount of Each Receipt this Period 75.00
City Decatur	State IL	Zip Code 62526
FEC ID number of contributing federal political committee. C	Name of Employer None	Occupation None
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. Ralph Young</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 02 / 2015 <b>Transaction ID : SA11Al.161306</b>
Mailing Address HC 65 Box A		Amount of Each Receipt this Period 75.00
City Austin	State NV	Zip Code 89310
FEC ID number of contributing federal political committee. C	Name of Employer None	Occupation None
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	13910.00

**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)  
**National Campaign**

Full Name (Last, First, Middle Initial)

**A. Ignite Payments**

Mailing Address 4000 Coral Ridge Dr

City Coral Springs State FL Zip Code 33065

Purpose of Disbursement  
Credit card fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 09 / 2015

Transaction ID : **SB21B.179172**

Amount of Each Disbursement this Period: 376.55

Category/Type

Full Name (Last, First, Middle Initial)

**B. Ignite Payments**

Mailing Address 4000 Coral Ridge Dr

City Coral Springs State FL Zip Code 33065

Purpose of Disbursement  
Credit card fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 23 / 2015

Transaction ID : **SB21B.179173**

Amount of Each Disbursement this Period: 298.84

Category/Type

Full Name (Last, First, Middle Initial)

**C. Ignite Payments**

Mailing Address 4000 Coral Ridge Dr

City Coral Springs State FL Zip Code 33065

Purpose of Disbursement  
Credit card fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 31 / 2015

Transaction ID : **SB21B.179174**

Amount of Each Disbursement this Period: 155.05

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 830.44

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

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial)

**A. Ignite Payments**

Mailing Address 4000 Coral Ridge Dr

City State Zip Code  
Coral Springs FL 33065

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
02	/	03	/	2015

**Transaction ID : SB21B.179175**

Amount of Each Disbursement this Period

390.25
--------

Full Name (Last, First, Middle Initial)

**B. Ignite Payments**

Mailing Address 4000 Coral Ridge Dr

City State Zip Code  
Coral Springs FL 33065

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
02	/	06	/	2015

**Transaction ID : SB21B.179176**

Amount of Each Disbursement this Period

236.60
--------

Full Name (Last, First, Middle Initial)

**C. Ignite Payments**

Mailing Address 4000 Coral Ridge Dr

City State Zip Code  
Coral Springs FL 33065

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
02	/	20	/	2015

**Transaction ID : SB21B.179177**

Amount of Each Disbursement this Period

340.99
--------

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

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

967.84
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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)  
**National Campaign**

Full Name (Last, First, Middle Initial)

**A. Ignite Payments**

Mailing Address 4000 Coral Ridge Dr

City State Zip Code  
Coral Springs FL 33065

Purpose of Disbursement  
Credit card fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2015

**Transaction ID : SB21B.179178**

Amount of Each Disbursement this Period

188.31

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Ignite Payments**

Mailing Address 4000 Coral Ridge Dr

City State Zip Code  
Coral Springs FL 33065

Purpose of Disbursement  
Credit card fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

**Transaction ID : SB21B.179179**

Amount of Each Disbursement this Period

1576.26

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Ignite Payments**

Mailing Address 4000 Coral Ridge Dr

City State Zip Code  
Coral Springs FL 33065

Purpose of Disbursement  
Credit card fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2015

**Transaction ID : SB21B.179180**

Amount of Each Disbursement this Period

1740.71

Category/  
Type

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

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

3505.28



**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)

**National Campaign**

Full Name (Last, First, Middle Initial)

**A. Ignite Payments**

Mailing Address 4000 Coral Ridge Dr

City State Zip Code  
Coral Springs FL 33065

Purpose of Disbursement  
Credit card fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2015

**Transaction ID : SB21B.179181**

Amount of Each Disbursement this Period

1833.70

**B. Ignite Payments**

Full Name (Last, First, Middle Initial)

Mailing Address 4000 Coral Ridge Dr

City State Zip Code  
Coral Springs FL 33065

Purpose of Disbursement  
Credit card fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2015

**Transaction ID : SB21B.179182**

Amount of Each Disbursement this Period

1562.56

**C. National Capital Bank**

Full Name (Last, First, Middle Initial)

Mailing Address 316 Pennsylvania Ave SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
Bank charge

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 05 / 2015

**Transaction ID : SB21B.179163**

Amount of Each Disbursement this Period

3243.92

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

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

6640.18

**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)

**National Campaign**

Full Name (Last, First, Middle Initial)

**A. National Capital Bank**

Mailing Address 316 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Bank charge

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2015

**Transaction ID : SB21B.179164**

Amount of Each Disbursement this Period

3450.86

Full Name (Last, First, Middle Initial)

**B. National Capital Bank**

Mailing Address 316 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Bank charge

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

**Transaction ID : SB21B.179165**

Amount of Each Disbursement this Period

3467.71

Full Name (Last, First, Middle Initial)

**C. National Capital Bank**

Mailing Address 316 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Bank charge

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2015

**Transaction ID : SB21B.179166**

Amount of Each Disbursement this Period

576.00

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

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

7494.57

**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)  
**National Campaign**

Full Name (Last, First, Middle Initial)

**A. National Capital Bank**

Mailing Address 316 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Bank charge

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 06 / 2015

**Transaction ID : SB21B.179167**

Amount of Each Disbursement this Period

4186.48

Full Name (Last, First, Middle Initial)

**B. National Capital Bank**

Mailing Address 316 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Bank charge

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2015

**Transaction ID : SB21B.179168**

Amount of Each Disbursement this Period

3952.18

Full Name (Last, First, Middle Initial)

**C. National Capital Bank**

Mailing Address 316 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Bank charge

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2015

**Transaction ID : SB21B.179169**

Amount of Each Disbursement this Period

3259.49

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

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

11398.15

**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)

**National Campaign**

Full Name (Last, First, Middle Initial)

**A. Pitney Bowes**

Mailing Address PO Box 371874

City Pittsburgh State PA Zip Code 15250-7874

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2015

**Transaction ID : SB21B.179183**

Amount of Each Disbursement this Period

6496.10

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Pitney Bowes**

Mailing Address PO Box 371874

City Pittsburgh State PA Zip Code 15250-7874

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

**Transaction ID : SB21B.179184**

Amount of Each Disbursement this Period

5776.16

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Pitney Bowes**

Mailing Address PO Box 371874

City Pittsburgh State PA Zip Code 15250-7874

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 06 / 2015

**Transaction ID : SB21B.179185**

Amount of Each Disbursement this Period

7478.90

Category/  
Type

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

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

19751.16

**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)  
**National Campaign**

Full Name (Last, First, Middle Initial) <b>A. Pitney Bowes</b>		Date of Disbursement MM / DD / YYYY 05 / 01 / 2015
Mailing Address PO Box 371874		<b>Transaction ID : SB21B.179186</b>
City Pittsburgh	State PA	
Purpose of Disbursement Postage	Candidate Name	Amount of Each Disbursement this Period 9144.32
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Pitney Bowes</b>		Date of Disbursement MM / DD / YYYY 05 / 29 / 2015
Mailing Address PO Box 371874		<b>Transaction ID : SB21B.179187</b>
City Pittsburgh	State PA	
Purpose of Disbursement Postage	Candidate Name	Amount of Each Disbursement this Period 3326.24
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Pitney Bowes</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2015
Mailing Address PO Box 371874		<b>Transaction ID : SB21B.179188</b>
City Pittsburgh	State PA	
Purpose of Disbursement Postage	Candidate Name	Amount of Each Disbursement this Period 3143.49
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15614.05
<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)  
**National Campaign**

Full Name (Last, First, Middle Initial)

**A. Pitney Bowes**

Mailing Address PO Box 371874

City Pittsburgh State PA Zip Code 15250-7874

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2015

Transaction ID : SB21B.179189

Amount of Each Disbursement this Period

4513.74

Full Name (Last, First, Middle Initial)

**B. Pitney Bowes**

Mailing Address PO Box 371874

City Pittsburgh State PA Zip Code 15250-7874

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2015

Transaction ID : SB21B.179190

Amount of Each Disbursement this Period

2282.79

Full Name (Last, First, Middle Initial)

**C. Pitney Bowes Presort Service, Inc**

Mailing Address PO Box 809369

City Chicago State IL Zip Code 60680-9369

Purpose of Disbursement Postage and direct mail service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2015

Transaction ID : SB21B.179191

Amount of Each Disbursement this Period

5361.15

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

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

12157.68

**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)

**National Campaign**

Full Name (Last, First, Middle Initial)

**A. Pitney Bowes Presort Service, Inc**

Mailing Address PO Box 809369

City Chicago State IL Zip Code 60680-9369

Purpose of Disbursement  
Postage and direct mail service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

**Transaction ID : SB21B.179292**

Amount of Each Disbursement this Period

5204.43

Full Name (Last, First, Middle Initial)

**B. Pitney Bowes Presort Service, Inc**

Mailing Address PO Box 809369

City Chicago State IL Zip Code 60680-9369

Purpose of Disbursement  
Postage and direct mail service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

**Transaction ID : SB21B.179293**

Amount of Each Disbursement this Period

4452.05

Full Name (Last, First, Middle Initial)

**C. Pitney Bowes Presort Service, Inc**

Mailing Address PO Box 809369

City Chicago State IL Zip Code 60680-9369

Purpose of Disbursement  
Postage and direct mail service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 06 / 2015

**Transaction ID : SB21B.179294**

Amount of Each Disbursement this Period

874.84

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

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

10531.32

**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)

**National Campaign**

Full Name (Last, First, Middle Initial)

**A. Pitney Bowes Presort Service, Inc**

Mailing Address PO Box 809369

City Chicago State IL Zip Code 60680-9369

Purpose of Disbursement  
Postage and direct mail service

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
04		20		2015

**Transaction ID : SB21B.179295**

Amount of Each Disbursement this Period

3008.32
---------

Full Name (Last, First, Middle Initial)

**B. Pitney Bowes Presort Service, Inc**

Mailing Address PO Box 809369

City Chicago State IL Zip Code 60680-9369

Purpose of Disbursement  
Postage and direct mail service

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
05		01		2015

**Transaction ID : SB21B.179296**

Amount of Each Disbursement this Period

6117.77
---------

Full Name (Last, First, Middle Initial)

**C. Pitney Bowes Presort Service, Inc**

Mailing Address PO Box 809369

City Chicago State IL Zip Code 60680-9369

Purpose of Disbursement  
Postage and direct mail service

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
05		27		2015

**Transaction ID : SB21B.179297**

Amount of Each Disbursement this Period

3044.80
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

12170.89
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**TOTAL** This Period (last page this line number only)..... ▶

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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)

**National Campaign**

Full Name (Last, First, Middle Initial)

**A. Pitney Bowes Presort Service, Inc**

Mailing Address PO Box 809369

City Chicago State IL Zip Code 60680-9369

Purpose of Disbursement  
Postage and direct mail service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2015

**Transaction ID : SB21B.179298**

Amount of Each Disbursement this Period

2944.00

Full Name (Last, First, Middle Initial)

**B. Pitney Bowes Presort Service, Inc**

Mailing Address PO Box 809369

City Chicago State IL Zip Code 60680-9369

Purpose of Disbursement  
Postage and direct mail service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2015

**Transaction ID : SB21B.179299**

Amount of Each Disbursement this Period

3039.60

Full Name (Last, First, Middle Initial)

**C. Pitney Bowes Presort Service, Inc**

Mailing Address PO Box 809369

City Chicago State IL Zip Code 60680-9369

Purpose of Disbursement  
Postage and direct mail service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2015

**Transaction ID : SB21B.179300**

Amount of Each Disbursement this Period

2638.40

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

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

8622.00

**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)  
**National Campaign**

Full Name (Last, First, Middle Initial)

**A. PMK Accounting**

Mailing Address 1201 N. Orange St Ste 700 #7427

City State Zip Code  
Wilmington DE 19801-1186

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 / D D / Y Y Y Y Y Y  
03 / 09 / 2015

Transaction ID : SB21B.179170

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. PMK Accounting**

Mailing Address 1201 N. Orange St Ste 700 #7427

City State Zip Code  
Wilmington DE 19801-1186

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 / D D / Y Y Y Y Y Y  
06 / 25 / 2015

Transaction ID : SB21B.179171

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Political Issue Advocacy LLC**

Mailing Address 1741 S. Cleveland Ave., Suite 199

City State Zip Code  
Sioux Falls SD 57103

Purpose of Disbursement  
Phone banks

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  
02 / 27 / 2015

Transaction ID : SB21B.179199

Amount of Each Disbursement this Period

75151.44

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

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

80151.44

**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)

**National Campaign**

Full Name (Last, First, Middle Initial)

**A. Political Issue Advocacy LLC**

Mailing Address 1741 S. Cleveland Ave., Suite 199

City State Zip Code  
Sioux Falls SD 57103

Purpose of Disbursement  
Direct mail 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
03	/	09	/	2015

Transaction ID : SB21B.179201

Amount of Each Disbursement this Period

6,880.23
----------

Full Name (Last, First, Middle Initial)

**B. Political Issue Advocacy LLC**

Mailing Address 1741 S. Cleveland Ave., Suite 199

City State Zip Code  
Sioux Falls SD 57103

Purpose of Disbursement  
Phone banks

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
03	/	09	/	2015

Transaction ID : SB21B.179202

Amount of Each Disbursement this Period

8,279.06
----------

Full Name (Last, First, Middle Initial)

**C. Political Issue Advocacy LLC**

Mailing Address 1741 S. Cleveland Ave., Suite 199

City State Zip Code  
Sioux Falls SD 57103

Purpose of Disbursement  
Phone banks

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
03	/	09	/	2015

Transaction ID : SB21B.179203

Amount of Each Disbursement this Period

4,785.76
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

13,753.05
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**TOTAL** This Period (last page this line number only)..... ▶

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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)

**National Campaign**

Full Name (Last, First, Middle Initial)

**A. Political Issue Advocacy LLC**

Mailing Address 1741 S. Cleveland Ave., Suite 199

City State Zip Code  
Sioux Falls SD 57103

Purpose of Disbursement  
Direct mail services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

**Transaction ID : SB21B.179289**

Amount of Each Disbursement this Period

6419.70

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Political Issue Advocacy LLC**

Mailing Address 1741 S. Cleveland Ave., Suite 199

City State Zip Code  
Sioux Falls SD 57103

Purpose of Disbursement  
Phone banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

**Transaction ID : SB21B.179290**

Amount of Each Disbursement this Period

72009.38

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Political Issue Advocacy LLC**

Mailing Address 1741 S. Cleveland Ave., Suite 199

City State Zip Code  
Sioux Falls SD 57103

Purpose of Disbursement  
Phone banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

**Transaction ID : SB21B.179291**

Amount of Each Disbursement this Period

77554.26

Category/  
Type

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

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

155983.34

**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)

**National Campaign**

Full Name (Last, First, Middle Initial)

**A. Political Issue Advocacy LLC**

Mailing Address 1741 S. Cleveland Ave., Suite 199

City State Zip Code  
Sioux Falls SD 57103

Purpose of Disbursement  
Phone banks

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2015

**Transaction ID : SB21B.179211**

Amount of Each Disbursement this Period

33299.12

Full Name (Last, First, Middle Initial)

**B. Political Issue Advocacy LLC**

Mailing Address 1741 S. Cleveland Ave., Suite 199

City State Zip Code  
Sioux Falls SD 57103

Purpose of Disbursement  
Phone banks

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2015

**Transaction ID : SB21B.179212**

Amount of Each Disbursement this Period

84369.60

Full Name (Last, First, Middle Initial)

**C. Political Issue Advocacy LLC**

Mailing Address 1741 S. Cleveland Ave., Suite 199

City State Zip Code  
Sioux Falls SD 57103

Purpose of Disbursement  
Direct mail services

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2015

**Transaction ID : SB21B.179213**

Amount of Each Disbursement this Period

7154.07

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

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

124822.79

**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)

**National Campaign**

Full Name (Last, First, Middle Initial)

**A. Political Issue Advocacy LLC**

Mailing Address 1741 S. Cleveland Ave., Suite 199

City State Zip Code  
Sioux Falls SD 57103

Purpose of Disbursement  
Phone banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2015

**Transaction ID : SB21B.179214**

Amount of Each Disbursement this Period

74497.50

Full Name (Last, First, Middle Initial)

**B. Political Issue Advocacy LLC**

Mailing Address 1741 S. Cleveland Ave., Suite 199

City State Zip Code  
Sioux Falls SD 57103

Purpose of Disbursement  
Phone banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2015

**Transaction ID : SB21B.179215**

Amount of Each Disbursement this Period

33225.44

Full Name (Last, First, Middle Initial)

**C. Political Issue Advocacy LLC**

Mailing Address 1741 S. Cleveland Ave., Suite 199

City State Zip Code  
Sioux Falls SD 57103

Purpose of Disbursement  
Phone banks

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2015

**Transaction ID : SB21B.179268**

Amount of Each Disbursement this Period

900.00

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

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

108622.94

**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)

**National Campaign**

Full Name (Last, First, Middle Initial)

**A. Political Issue Advocacy LLC**

Mailing Address 1741 S. Cleveland Ave., Suite 199

City State Zip Code  
Sioux Falls SD 57103

Purpose of Disbursement  
Phone banks

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
0	6		2	5		2	0	1	5

**Transaction ID : SB21B.179269**

Amount of Each Disbursement this Period

1	1	4	7	5	8	.	9	1
---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Political Issue Advocacy LLC**

Mailing Address 1741 S. Cleveland Ave., Suite 199

City State Zip Code  
Sioux Falls SD 57103

Purpose of Disbursement  
Direct mail services

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
0	6		2	5		2	0	1	5

**Transaction ID : SB21B.179270**

Amount of Each Disbursement this Period

3	3	0	9	.	8	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. RFP Services, LLC**

Mailing Address 615 S Dupont Highway

City State Zip Code  
Wilmington DE 19801-1186

Purpose of Disbursement  
Phone banks

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
0	1		2	3		2	0	1	5

**Transaction ID : SB21B.179192**

Amount of Each Disbursement this Period

8	8	0	7	5	.	2	6
---	---	---	---	---	---	---	---

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

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

2	0	6	1	4	3	.	9	7
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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)  
**National Campaign**

Full Name (Last, First, Middle Initial) <b>A. RFP Services, LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2015
Mailing Address 615 S Dupont Highway		<b>Transaction ID : SB21B.179193</b>
City Wilmington	State DE	
Purpose of Disbursement Phone banks		Amount of Each Disbursement this Period 23429.40
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RFP Services, LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2015
Mailing Address 615 S Dupont Highway		<b>Transaction ID : SB21B.179194</b>
City Wilmington	State DE	
Purpose of Disbursement Phone banks		Amount of Each Disbursement this Period 46344.38
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>C. RFP Services, LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2015
Mailing Address 615 S Dupont Highway		<b>Transaction ID : SB21B.179195</b>
City Wilmington	State DE	
Purpose of Disbursement Phone banks		Amount of Each Disbursement this Period 38733.42
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	108507.20
<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)

**National Campaign**

Full Name (Last, First, Middle Initial)

**A. RFP Services, LLC**

Mailing Address 615 S Dupont Highway

City Wilmington State DE Zip Code 19801-1186

Purpose of Disbursement  
Phone banks

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2015

**Transaction ID : SB21B.179196**

Amount of Each Disbursement this Period

79459.38

Full Name (Last, First, Middle Initial)

**B. RFP Services, LLC**

Mailing Address 615 S Dupont Highway

City Wilmington State DE Zip Code 19801-1186

Purpose of Disbursement  
Direct mail services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2015

**Transaction ID : SB21B.179197**

Amount of Each Disbursement this Period

6645.14

Full Name (Last, First, Middle Initial)

**C. RFP Services, LLC**

Mailing Address 615 S Dupont Highway

City Wilmington State DE Zip Code 19801-1186

Purpose of Disbursement  
Phone banks

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2015

**Transaction ID : SB21B.179220**

Amount of Each Disbursement this Period

93121.88

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

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

179226.40

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial)

**A. RFP Services, LLC**

Mailing Address 615 S Dupont Highway

City Wilmington State DE Zip Code 19801-1186

Purpose of Disbursement  
Phone banks

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2015

Transaction ID : SB21B.179221

Amount of Each Disbursement this Period

73605.42

Full Name (Last, First, Middle Initial)

**B. RFP Services, LLC**

Mailing Address 615 S Dupont Highway

City Wilmington State DE Zip Code 19801-1186

Purpose of Disbursement  
Direct mail services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2015

Transaction ID : SB21B.179222

Amount of Each Disbursement this Period

6839.07

Full Name (Last, First, Middle Initial)

**C. RFP Services, LLC**

Mailing Address 615 S Dupont Highway

City Wilmington State DE Zip Code 19801-1186

Purpose of Disbursement  
Phone banks

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2015

Transaction ID : SB21B.179223

Amount of Each Disbursement this Period

33447.27

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

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

113891.76

**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)  
**National Campaign**

Full Name (Last, First, Middle Initial)

**A. RFP Services, LLC**

Mailing Address 615 S Dupont Highway

City Wilmington State DE Zip Code 19801-1186

Purpose of Disbursement  
Phone banks

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2015

Transaction ID : **SB21B.179271**

Amount of Each Disbursement this Period

77673.75

Full Name (Last, First, Middle Initial)

**B. RFP Services, LLC**

Mailing Address 615 S Dupont Highway

City Wilmington State DE Zip Code 19801-1186

Purpose of Disbursement  
Direct mail services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2015

Transaction ID : **SB21B.179272**

Amount of Each Disbursement this Period

3055.20

Full Name (Last, First, Middle Initial)

**C. RFP Services, LLC**

Mailing Address 615 S Dupont Highway

City Wilmington State DE Zip Code 19801-1186

Purpose of Disbursement  
Phone banks

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2015

Transaction ID : **SB21B.179273**

Amount of Each Disbursement this Period

39753.03

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

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

120481.98

**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)  
**National Campaign**

Full Name (Last, First, Middle Initial)

**A. US Postal Service**

Mailing Address 900 Brentwood Rd NE

City Washington State DC Zip Code 20066

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2015

**Transaction ID : SB21B.179198**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. US Postal Service**

Mailing Address 900 Brentwood Rd NE

City Washington State DC Zip Code 20066

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2015

**Transaction ID : SB21B.179204**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. US Postal Service**

Mailing Address 900 Brentwood Rd NE

City Washington State DC Zip Code 20066

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 24 / 2015

**Transaction ID : SB21B.179205**

Amount of Each Disbursement this Period

3272.50

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

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

13272.50

**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)  
**National Campaign**

Full Name (Last, First, Middle Initial)

**A. US Postal Service**

Mailing Address 900 Brentwood Rd NE

City Washington State DC Zip Code 20066

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : SB21B.179206

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. US Postal Service**

Mailing Address 900 Brentwood Rd NE

City Washington State DC Zip Code 20066

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : SB21B.179207

Amount of Each Disbursement this Period

1441.50

Full Name (Last, First, Middle Initial)

**C. US Postal Service**

Mailing Address 900 Brentwood Rd NE

City Washington State DC Zip Code 20066

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2015

Transaction ID : SB21B.179216

Amount of Each Disbursement this Period

3558.50

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

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

10000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**National Campaign**

Full Name (Last, First, Middle Initial)

**A. US Postal Service**

Mailing Address 900 Brentwood Rd NE

City Washington State DC Zip Code 20066

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2015

Transaction ID : SB21B.179217

Amount of Each Disbursement this Period

3396.00

Full Name (Last, First, Middle Initial)

**B. US Postal Service**

Mailing Address 900 Brentwood Rd NE

City Washington State DC Zip Code 20066

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2015

Transaction ID : SB21B.179219

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. US Postal Service**

Mailing Address 900 Brentwood Rd NE

City Washington State DC Zip Code 20066

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2015

Transaction ID : SB21B.179225

Amount of Each Disbursement this Period

3455.50

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

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

11851.50

**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)  
**National Campaign**

Full Name (Last, First, Middle Initial)

**A. US Postal Service**

Mailing Address 900 Brentwood Rd NE

City Washington State DC Zip Code 20066

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2015

Transaction ID : **SB21B.179226**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. US Postal Service**

Mailing Address 900 Brentwood Rd NE

City Washington State DC Zip Code 20066

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2015

Transaction ID : **SB21B.179267**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. US Postal Service**

Mailing Address 900 Brentwood Rd NE

City Washington State DC Zip Code 20066

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2015

Transaction ID : **SB21B.179274**

Amount of Each Disbursement this Period

3498.25

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

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

13498.25

**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)

**National Campaign**

Full Name (Last, First, Middle Initial)

**A. US Postal Service**

Mailing Address 900 Brentwood Rd NE

City Washington State DC Zip Code 20066

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2015

**Transaction ID : SB21B.179275**

Amount of Each Disbursement this Period

4405.25

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. US Postal Service**

Mailing Address 900 Brentwood Rd NE

City Washington State DC Zip Code 20066

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2015

**Transaction ID : SB21B.179276**

Amount of Each Disbursement this Period

3619.25

Category/  
Type

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) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Category/  
Type

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

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

8024.50

1501701.18



**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)

**National Campaign**

Full Name (Last, First, Middle Initial)

**A. ANDY HARRIS FOR CONGRESS**

Mailing Address PO BOX 426

City State Zip Code  
Stevensville MD 21666

Purpose of Disbursement  
Political Contribution

011

Candidate Name  
**Andy Harris**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MD District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 11 / 2015

**Transaction ID : SB23.179254**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. BOB GIBBS FOR CONGRESS**

Mailing Address PO Box 21

City State Zip Code  
LAKEVILLE OH 44638

Purpose of Disbursement  
Political Contribution

011

Candidate Name  
**Bob Gibbs**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 11 / 2015

**Transaction ID : SB23.179247**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. CHARLES BOUSTANY JR. MD FOR CONGRESS**

Mailing Address PO BOX 80126

City State Zip Code  
LAFAYETTE LA 70598

Purpose of Disbursement  
Political Contribution

011

Candidate Name  
**Charles Boustany Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: LA District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 11 / 2015

**Transaction ID : SB23.179255**

Amount of Each Disbursement this Period

250.00

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

750.00

**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)

**National Campaign**

Full Name (Last, First, Middle Initial)

## A. DIANE BLACK FOR CONGRESS

Mailing Address PO BOX 1437

City State Zip Code  
GALLATIN TN 37066

Purpose of Disbursement  
Political Contribution

011

Candidate Name  
**Diane Black**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TN District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	1			2	0	1	5		

Transaction ID : SB23.179230

Amount of Each Disbursement this Period

2	5	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

## B. DOUG LAMALFA COMMITTEE

Mailing Address 1900 Oro Dam Blvd E, Ste 12-254

City State Zip Code  
Oroville CA 95966

Purpose of Disbursement  
Political Contribution

011

Candidate Name  
**Doug LaMalfa**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	1			2	0	1	5		

Transaction ID : SB23.179258

Amount of Each Disbursement this Period

2	5	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

## C. EMMER FOR CONGRESS

Mailing Address PO BOX 998

City State Zip Code  
ANOKA MN 55303

Purpose of Disbursement  
Political Contribution

011

Candidate Name  
**Tom Emmer**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MN District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	1			2	0	1	5		

Transaction ID : SB23.179249

Amount of Each Disbursement this Period

2	5	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

7	5	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

7	5	0	.	0	0
---	---	---	---	---	---

**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)

**National Campaign**

Full Name (Last, First, Middle Initial)

**A. FORBES FOR CONGRESS**

Mailing Address 524 Johnstown Rd

City CHESAPEAKE State VA Zip Code 23322

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Randy J Forbes**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: VA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

Transaction ID : SB23.179240

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JIM BRIDENSTINE**

Mailing Address PMB 230  
8086 SOUTH YALE

City TULSA State OK Zip Code 74136

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Jim Bridenstine**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OK District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

Transaction ID : SB23.179245

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. FRIENDS OF RICH NUGENT**

Mailing Address PO BOX 15668

City BROOKSVILLE State FL Zip Code 34604

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Richard Nugent**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

Transaction ID : SB23.179257

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7	5	0	0	0	0	0	0	0	0
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2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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)

**National Campaign**

Full Name (Last, First, Middle Initial)

**A. Glenn Grothman for Congress**

Mailing Address PO Box 1215

City State Zip Code  
Fond du Lac WI 54936

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Glenn Grothman**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WI District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 11 / 2015

**Transaction ID : SB23.179250**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. HUDSON FOR CONGRESS**

Mailing Address PO BOX 5053

City State Zip Code  
CONCORD NC 28027

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Richard Hudson**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 11 / 2015

**Transaction ID : SB23.179238**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. JASON SMITH FOR CONGRESS**

Mailing Address PO BOX 1324

City State Zip Code  
CAPE GIRARDEAU MO 63702

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Jason Smith**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MO District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 11 / 2015

**Transaction ID : SB23.179261**

Amount of Each Disbursement this Period

250.00

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

750.00

**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)

**National Campaign**

Full Name (Last, First, Middle Initial)

**A. JEFF DUNCAN FOR CONGRESS**

Mailing Address PO BOX 845

City LAURENS State SC Zip Code 29360

Purpose of Disbursement  
Political Contribution

011

Candidate Name  
**Jeff Duncan**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: SC District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

**Transaction ID : SB23.179241**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. Jenkins for Congress**

Mailing Address PO Box 727

City Huntington State WV Zip Code 25711

Purpose of Disbursement  
Political Contribution

011

Candidate Name  
**Evan Jenkins**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WV District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

**Transaction ID : SB23.179232**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. JIM JORDAN FOR CONGRESS**

Mailing Address 1709 STATE ROUTE 560 SOUTH

City URBANA State OH Zip Code 43078

Purpose of Disbursement  
Political Contribution

011

Candidate Name  
**Jim Jordan**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 04

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

**Transaction ID : SB23.179228**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7	5	0	0	0	0	0	0	0	0
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2	5	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input 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)

**National Campaign**

Full Name (Last, First, Middle Initial)

**A. JOHN KLINE FOR CONGRESS**

Mailing Address 350 W BURNSVILLE PKWY  
STE 375

City BURNSVILLE State MN Zip Code 55337

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**John Kline**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MN District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2015

**Transaction ID : SB23.179246**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. JOHN MICA FOR CONGRESS**

Mailing Address P. O. BOX 181546

City CASSELBERRY State FL Zip Code 32718

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**John Mica**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 07

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2015

**Transaction ID : SB23.179252**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. JOHNSON FOR CONGRESS**

Mailing Address PO BOX 129

City Groveport State OH Zip Code 43125

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Bill Johnson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2015

**Transaction ID : SB23.179262**

Amount of Each Disbursement this Period

250.00

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

750.00

**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)

**National Campaign**

Full Name (Last, First, Middle Initial)

**A. MIKE KELLY FOR CONGRESS**

Mailing Address PO BOX 476

City LYNDORA State PA Zip Code 16045

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Mike Kelly**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2015

**Transaction ID : SB23.179231**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. OLSON FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 16381

City SUGAR LAND State TX Zip Code 77496

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Pete Olson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 22

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2015

**Transaction ID : SB23.179260**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. POMPEO FOR CONGRESS**

Mailing Address PO BOX 780146

City WICHITA State KS Zip Code 67278

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Mike Pompeo**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2015

**Transaction ID : SB23.179242**

Amount of Each Disbursement this Period

250.00

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

750.00

**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)

**National Campaign**

Full Name (Last, First, Middle Initial)

**A. RANDY HULTGREN FOR CONGRESS**

Mailing Address PO BOX 717

City ST CHARLES State IL Zip Code 60174

Purpose of Disbursement Political Contribution

011

Candidate Name

**Randy Hultgren**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IL District: 14

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2015

Transaction ID : SB23.179243

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Rick W Allen for Congress**

Mailing Address PO Box 338

City Augusta State GA Zip Code 30903

Purpose of Disbursement Political Contribution

011

Candidate Name

**Rick Allen**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: GA District: 12

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2015

Transaction ID : SB23.179236

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. ROB BISHOP FOR CONGRESS**

Mailing Address PO BOX 1776

City BRIGHAM CITY State UT Zip Code 84302

Purpose of Disbursement Political Contribution

011

Candidate Name

**Rob Bishop**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: UT District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2015

Transaction ID : SB23.179248

Amount of Each Disbursement this Period

250.00

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

750.00

**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)

**National Campaign**

Full Name (Last, First, Middle Initial)

**A. ROBERT HURT FOR CONGRESS**

Mailing Address PO BOX 8

City CHATHAM State VA Zip Code 24531

Purpose of Disbursement  
Political Contribution

011

Candidate Name  
**Robert Hurt**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: VA District: 05

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

Transaction ID : SB23.179239

Amount of Each Disbursement this Period

2	5	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. Stephen Fincher for Congress**

Mailing Address PO Box 11153

City Jackson State TN Zip Code 38308

Purpose of Disbursement  
Political Contribution

011

Candidate Name  
**Stephen Lee Fincher**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TN District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

Transaction ID : SB23.179234

Amount of Each Disbursement this Period

2	5	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. THOMAS MASSIE FOR CONGRESS**

Mailing Address PO BOX 821

City Newport State KY Zip Code 41072

Purpose of Disbursement  
Political Contribution

011

Candidate Name  
**Thomas Massie**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: KY District: 04

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

Transaction ID : SB23.179244

Amount of Each Disbursement this Period

2	5	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7	5	0	0	0	0
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7	5	0	0	0	0
---	---	---	---	---	---

**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)

**National Campaign**

Full Name (Last, First, Middle Initial)

**A. Tom Cole for Congress**

Mailing Address PO Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Tom Cole**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OK District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

**Transaction ID : SB23.179237**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. VICKY HARTZLER FOR CONGRESS**

Mailing Address PO Box 531

City Harrisonville State MO Zip Code 64701

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Vicky Hartzler**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

**Transaction ID : SB23.179229**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. WEBER FOR CONGRESS**

Mailing Address PO BOX 1327

City FRIENDSWOOD State TX Zip Code 77549

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Randy K Weber Sr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

**Transaction ID : SB23.179233**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7	5	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

7	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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)

**National Campaign**

Full Name (Last, First, Middle Initial)

**A. WENSTRUP FOR CONGRESS**

Mailing Address PO BOX 9551

City CINCINNATI State OH Zip Code 45209

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Brad Wenstrup**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SB23.179264

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**B. WESTERMAN FOR CONGRESS**

Mailing Address PO BOX 21097

City HOT SPRINGS State AR Zip Code 71903

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Bruce Westerman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AR District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SB23.179263

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

500.00

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

9500.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 70 OF 73
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Campaign**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Political Issue Advocacy LLC</b>	Nature of Debt (Purpose): Phone banks
Mailing Address 1741 S. Cleveland Ave., Suite 199	
City State Zip Code Sioux Falls SD 57103	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.179303</b>	
Amount Incurred This Period 52029.81	Payment This Period 0.00	Outstanding Balance at Close of This Period 52029.81

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Political Issue Advocacy LLC</b>	Nature of Debt (Purpose): Direct mail services
Mailing Address 1741 S. Cleveland Ave., Suite 199	
City State Zip Code Sioux Falls SD 57103	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.179305</b>	
Amount Incurred This Period 1868.90	Payment This Period 0.00	Outstanding Balance at Close of This Period 1868.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RFP Services, LLC</b>	Nature of Debt (Purpose): Phone banks
Mailing Address 615 S Dupont Highway	
City State Zip Code Wilmington DE 19801-1186	

Outstanding Balance Beginning This Period 23429.40	<b>Transaction ID : SD10.47160</b>	
Amount Incurred This Period 0.00	Payment This Period 23429.40	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	53898.71
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 71 OF 73
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Campaign**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RFP Services, LLC</b>	Nature of Debt (Purpose): Phone banks
Mailing Address 615 S Dupont Highway	
City State Zip Code Wilmington DE 19801-1186	

Outstanding Balance Beginning This Period 88075.26	<b>Transaction ID : SD10.47161</b>	
Amount Incurred This Period 0.00	Payment This Period 88075.26	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RFP Services, LLC</b>	Nature of Debt (Purpose): Direct mail services
Mailing Address 615 S Dupont Highway	
City State Zip Code Wilmington DE 19801-1186	

Outstanding Balance Beginning This Period 6645.14	<b>Transaction ID : SD10.49655</b>	
Amount Incurred This Period 0.00	Payment This Period 6645.14	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RFP Services, LLC</b>	Nature of Debt (Purpose): Phone banks
Mailing Address 615 S Dupont Highway	
City State Zip Code Wilmington DE 19801-1186	

Outstanding Balance Beginning This Period 46344.38	<b>Transaction ID : SD10.49656</b>	
Amount Incurred This Period 0.00	Payment This Period 46344.38	Outstanding Balance at Close of This Period 0.00

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 72 OF 73
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Campaign**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RFP Services, LLC</b>	Nature of Debt (Purpose): Phone banks
Mailing Address 615 S Dupont Highway	
City State Zip Code Wilmington DE 19801-1186	

Outstanding Balance Beginning This Period <input type="text" value="38733.42"/>	<b>Transaction ID : SD10.49657</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="38733.42"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RFP Services, LLC</b>	Nature of Debt (Purpose): Phone banks
Mailing Address 615 S Dupont Highway	
City State Zip Code Wilmington DE 19801-1186	

Outstanding Balance Beginning This Period <input type="text" value="79459.38"/>	<b>Transaction ID : SD10.49658</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="79459.38"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RFP Services, LLC</b>	Nature of Debt (Purpose): Phone banks
Mailing Address 615 S Dupont Highway	
City State Zip Code Wilmington DE 19801-1186	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD10.179301</b>	
Amount Incurred This Period <input type="text" value="82453.14"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="82453.14"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="82453.14"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 73 OF 73
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**National Campaign**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RFP Services, LLC</b>	Nature of Debt (Purpose): Phone banks
Mailing Address 615 S Dupont Highway	
City State Zip Code Wilmington DE 19801-1186	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.179302</b>	
Amount Incurred This Period 34384.41	Payment This Period 0.00	Outstanding Balance at Close of This Period 34384.41

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RFP Services, LLC</b>	Nature of Debt (Purpose): Direct mail services
Mailing Address 615 S Dupont Highway	
City State Zip Code Wilmington DE 19801-1186	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.179304</b>	
Amount Incurred This Period 4159.79	Payment This Period 0.00	Outstanding Balance at Close of This Period 4159.79

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	38544.20
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	174896.05
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	174896.05