

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Stand Up To Washington PAC

ADDRESS (number and street)

PO Box 5101

☐ Check if different than previously reported. (ACC)

Baton Rouge

LA

70821

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00559237

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M

11

D D D

04

Y Y Y Y Y Y Y Y

2014

in the
State of

(d) 30-Day

POST-Election

Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M M

D D D

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M

10

D D D

01

Y Y Y Y Y Y Y Y

2014

through

M M M

10

D D D

15

Y Y Y Y Y Y Y Y

2014

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

Type or Print Name of Treasurer Rolfe McCollister Jr.

Signature of Treasurer

Rolfe McCollister Jr.

[Electronically Filed]

Date

M M M

10

D D D

23

Y Y Y Y Y Y Y Y

2014

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Stand Up To Washington PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y Y 10 / 15 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	33122.57	
(c) Total Receipts (from Line 19)	24239.00	206900.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	57361.57	206900.10
7. Total Disbursements (from Line 31)	49202.98	198741.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8158.59	8158.59
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Stand Up To Washington PAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2014

To:

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2014

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).....

20148.00

160463.00

(ii) Unitemized

4091.00

38927.83

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

24239.00

199390.83

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

7500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

24239.00

206890.83

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

3.13

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

6.14

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))..... ▶

24239.00

206900.10

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

24239.00

206900.10

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	33236.98	161939.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	33236.98	161939.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15966.00	35802.10
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	1000.00
(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	1000.00
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)) ..	49202.98	198741.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49202.98	198741.51

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)	24239.00	206890.83
34. Total Contribution Refunds (from Line 28(d))	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24239.00	205890.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	33236.98	161939.41
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	3.13
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	33236.98	161936.28

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 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Stand Up To Washington PAC

Full Name (Last, First, Middle Initial)

A. DR. RON HARTER

Mailing Address 7825 HOLISTON CT.

City

DUBLIN

State

OH

Zip Code

43016-8659

FEC ID number of contributing
federal political committee.

C

Name of Employer

OHIO STATE UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 01 / 2014

Transaction ID : SA11.77333

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. DR. JOHN PAPPAS M.D.

Mailing Address 294 BARDEN RD

City

BLOOMFIELD HILLS

State

MI

Zip Code

48304-2711

FEC ID number of contributing
federal political committee.

C

Name of Employer

A.A.M.I.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 02 / 2014

Transaction ID : SA11.77338

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. DR. KENNETH STONE M.D.

Mailing Address 317 LAURELWOOD RD

City

ORANGE

State

CT

Zip Code

06477-1654

FEC ID number of contributing
federal political committee.

C

Name of Employer

BRIDGEPORT ANESTH ASSOCIATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 02 / 2014

Transaction ID : SA11.77339

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Stand Up To Washington PAC

Full Name (Last, First, Middle Initial)

A. DR. JOSEPH SZOKOL M.D.

Mailing Address 976 SUNSET RD

City

WINNETKA

State

IL

Zip Code

60093-3641

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTHSHORE UNIVERSITY HEALTHSYSTEM

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 04 / 2014

Transaction ID : SA11.77346

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. DR. JOHN ABENSTEIN M.D.

Mailing Address 10978 11TH AVE NW

City

ORONOCO

State

MN

Zip Code

55960-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

MAYO CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 05 / 2014

Transaction ID : SA11.77347

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. BRIAN REYNOLDS

Mailing Address 400 GALLERIA PARKWAY

City

ATLANTA

State

GA

Zip Code

30339-5980

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHATHAM CAPITAL

Occupation

MANAGING PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 06 / 2014

Transaction ID : SA11.77363

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

2500.00

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

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

FOR LINE NUMBER: PAGE 8 OF 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Stand Up To Washington PAC

Full Name (Last, First, Middle Initial)

A. MR. PAUL POMERANTZ

Mailing Address 55 W DELAWARE PL

City
CHICAGOState
ILZip Code
60610-3360FEC ID number of contributing
federal political committee.

C

Name of Employer

A.S.A.

Occupation

SOCIETY C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 08 / 2014

Transaction ID : SA11.77398

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MRS. SHI BEEBE

Mailing Address P.O. BOX 292

City
HORNBECKState
LAZip Code
71439-0292FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11.77506

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. LAMMOT COPELAND JR.

Mailing Address 100 ROGERS ROAD

City
WILMINGTONState
DEZip Code
19801-5704FEC ID number of contributing
federal political committee.

C

Name of Employer

ASSOCIATES GRAPHIC SERVICES

Occupation

BUSINESS EXEC.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11.77414

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

2000.00

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 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Stand Up To Washington PAC

Full Name (Last, First, Middle Initial)

A. DR. KRAIG DE LANZAC M.D.

Mailing Address 12 TARA PLACE

City

METAIRIE

State

LA

Zip Code

70002-1559

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11.77426

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. JOHN L. HARVEY

Mailing Address 636 MOUNT LEOPARD RD

City

FLORA

State

MS

Zip Code

39071-9532

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3333.00

Date of Receipt

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

Transaction ID : SA11.77505

Amount of Each Receipt this Period

3333.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. TOMMY HARVEY

Mailing Address 33 PROVIDENT OAKS

City

BOSSIER CITY

State

LA

Zip Code

71111-5456

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3333.00

Date of Receipt

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

Transaction ID : SA11.77504

Amount of Each Receipt this Period

3333.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

6916.00

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 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Stand Up To Washington PAC

Full Name (Last, First, Middle Initial)

A. MR. TRAVIS L. HARVEY

Mailing Address 254 GLOUSCESTER DR.

City

BOSSIER CITY

State

LA

Zip Code

71111-6130

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.00

Date of Receipt

10 / 10 / 2014

Transaction ID : SA11.77508

Amount of Each Receipt this Period

3333.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. DR. LINDA MASON M.D.

Mailing Address 1665 HALSEY ST.

City

REDLANDS

State

CA

Zip Code

92373-7262

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

Transaction ID : SA11.77507

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MRS. ANNE T. OWEN

Mailing Address 2282 HIGHWAY 15

City

RAYVILLE

State

LA

Zip Code

71269-5702

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 10 / 2014

Transaction ID : SA11.77503

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

4833.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Stand Up To Washington PAC

Full Name (Last, First, Middle Initial)

A. DR. RANDALL CLARK M.D.

Mailing Address 21 HYDE PARK CIRCLE

City
DENVER

State Zip Code
CO 80209-3551

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF COLORADO

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2014

Transaction ID : SA11.77434

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. DR. JEFFREY PLAGENHOEF M.D.

Mailing Address 603 JAMESTOWN BLVD

City
DOTHAN

State Zip Code
AL 36301-6407

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA CONSULTANTS

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2014

Transaction ID : SA11.77433

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MRS. BOBBYE F. HARRIS

Mailing Address 135 WINDSOR DRIVE

City
CALHOUN

State Zip Code
GA 30701-2055

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
10 / 13 / 2014

Transaction ID : SA11.77444

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

1750.00

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 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Stand Up To Washington PAC

Full Name (Last, First, Middle Initial)

A. MRS. CHELI D. MYERS

Mailing Address 3530 PINEHURST CIRCLE

City

DALLAS

State

TX

Zip Code

75234-3834

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.00

Date of Receipt

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

Transaction ID : SA11.77440

Amount of Each Receipt this Period

199.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. ROGER P. MILLARD

Mailing Address 642 COOPER CEMETERY RD

City

LEESVILLE

State

LA

Zip Code

71446-5929

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST

EFFORTS

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
10 / 15 / 2014

Transaction ID : SA11.77455

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. ROBERT MILLS

Mailing Address P.O. BOX 5745

City

SHREVEPORT

State

LA

Zip Code

71135-5745

FEC ID number of contributing
federal political committee.

C

Name of Employer

CALUMET LUBRICANTS CO., L.P.

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11.77466

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

899.00

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

20148.00

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

Stand Up To Washington PAC

A. SMS DIRECT

Category/
Type

10875.76

State: District:

B. SMS DIRECT

MM / DD / YYYY

Category/
Type

6510.25

State: District:

C. CMDI

Three digital displays are shown side-by-side. The first display shows '10' with 'M' and 'M' above it. The second display shows '06' with 'D' and 'D' above it. The third display shows '2014' with 'Y', 'Y', 'Y', and 'Y' above it. Each display has a grey border and a small grey bar above the digits.

Category/
Type

4607.09

State: District:

21993.10

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

The diagram shows a rectangular frame with 12 vertical bars and 3 horizontal bars. The frame is divided into three sections by two vertical bars. The top section is labeled '1', the middle section is labeled '2', and the bottom section is labeled '3'. The frame is shown in a perspective view, with the top and bottom edges visible. The bars are represented by small vertical lines.

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

Stand Up To Washington PAC

A. USPS

Category/
Type

1000.00

State: District:

Full Name (Last, First, Middle Initial)

B. CMDI

Date of Disbursement

M M / D D / Y Y Y Y
10 14 2014

Candidate Name

Category/
Type

Transaction ID : SB21B.I19152

Amount of Each Disbursement this Period

183.26

State: District:

Full Name (Last, First, Middle Initial)

C. WHITNEY BANK

Date of Disbursement

Candidate Name

Category/
Type

Transaction ID : SB21B.I19141

Amount of Each Disbursement this Period

364.60

State: District:

IN-KIND: PAC TRAVEL (ASTORINO FOR GOVERNOR)

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

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

1547.86

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 19

☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Stand Up To Washington PAC

Full Name (Last, First, Middle Initial)

A. DELTA AIRLINES

Mailing Address 1030 DELTA BLVD

City
ATLANTAState
GAZip Code
30354-1989Purpose of Disbursement
EVENT TRAVEL

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2014

Transaction ID : SB21B.I19159

Amount of Each Disbursement this Period

364.60

[MEMO ITEM]**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

33080.26

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Stand Up To Washington PAC

Full Name (Last, First, Middle Initial)

A. GARCIA FOR CONGRESS

Mailing Address 19 PLEASANT STREET

City CONCORD	State NH	Zip Code 03301
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Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name

MARILINDA GARCIAOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2014

Transaction ID : SB23.I19146

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

B. GUINTA FOR CONGRESS

Mailing Address 1850 ELM STREET

City MANCHESTER	State NH	Zip Code 03104
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Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name

FRANK GUINTAOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2014

Transaction ID : SB23.I19143

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

C. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM STREET

City MANCHESTER	State NH	Zip Code 03101
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Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name

SCOTT BROWNOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2014

Transaction ID : SB23.I19144

Amount of Each Disbursement this Period

2600.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7800.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Stand Up To Washington PAC

Full Name (Last, First, Middle Initial)

A. THOM TILLIS COMMITTEE

Mailing Address PO BOX 97396

City
RALEIGHState
NCZip Code
27624Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name

THOM R. TILLIS

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☐ Primary
☒ General
☐ Other (specify) ▼

State: NC

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2014

Transaction ID : SB23.I19145

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. NEW HAMPSHIRE REPUBLICAN PARTY

Mailing Address 10 WATER STREET

City
CONCORDState
NHZip Code
03301Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary
☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2014

Transaction ID : SB23.I19147

Amount of Each Disbursement this Period

6666.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary
☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

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

8166.00

15966.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Stand Up To Washington PAC

Full Name (Last, First, Middle Initial)

A. ASTORINO FOR GOVERNOR

Mailing Address PO BOX 14

City
SOUTH SALEMState
NYZip Code
10590-0014Purpose of Disbursement
IN-KIND: SEE CC PAYMENT 10/14/2014 (WHITNEY BANK)

Candidate Name

ROB ASTORINOOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2014

Transaction ID : SB21B.I19142

Amount of Each Disbursement this Period

364.60

[MEMO ITEM]**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

0.00
