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PAGE 1 / 18

FEC FORM 3X	AND	ORT OF DISBUF er Than An Aut	RSEME	NTS		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR	PRINT V	Example: over the lin	f typing, type nes.	12FE4M5	
Chesapeake PAC						
	824 S N	/illedge Ave Ste 10 ⁴				
ADDRESS (number and stre	eet)					
Check if different than previously reported. (ACC)					GA	30605
2. FEC IDENTIFICATIO	N NUMBER	CI	TY 🔺		STATE 🔺	ZIP CODE
C C00492819		-	S THIS REPORT	NEW (N) OR	(A)	ENDED
 TYPE OF REPOR (Choose One) (a) Quarterly Reports: 	Re Du	ie On:	o 20 (M2) r 20 (M3)	May 20 (M5) Jun 20 (M6)	Sep 2	0 (M8) Nov 20 (M11) (Non-Election Year Only) 0 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Re	port (Q1)		· 20 (M4)	Jul 20 (M7)		D (M10) Jan 31 (YE)
July 15 Quarterly Rep	(C)	12-Day PRE -Election		y (12P)	General (1	
October 15 Quarterly Rep		Report for the:	Convei	ntion (12C)	Special (1)	2S)
X January 31 Year-End Rep		Election	on on	M / D D /	Y Y Y Y Y	in the State of
July 31 Mid- Report (Non- Year Only) (N	election	30-Day POST -Election Report for the:	Genera	al (30G)	Runoff (30	R) Special (30S)
Termination F (TER)	Report	Election	on on	M / D D /	Y = Y = Y = Y	in the State of
5. Covering Period		01 / Y Y Y 2015	thro	ugh 12	/ D D / 31	2015
I certify that I have examin Type or Print Name of Tre			f my knowledge	and belief it is tr	ue, correct and	complete.
Signature of Treasurer	Paul Kilgore		[Electro	nically Filed]	Date 01	/ D D / Y Y Y Y 27 2016
NOTE: Submission of false,	erroneous, or ir	complete informatic	n may subject th	e person signing t	his Report to the	e penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3X Rev. 12/2004

FEC Form 3X (Rev.		SUMMARY PAGE	Page 2
Write or Type Committee Na	ame		
Chesapeake PAC			
Report Covering the Period:	From: 07	01 / Y Y Y Y 01 2015	To: 12 31 / Y Y Y Y Y 2015
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	Y Y Y Y 2015		13643.76
(b) Cash on Hand at Beginning of Reportir	ng Period	14358.31	
(c) Total Receipts (from	Line 19)	52100.00	62100.00
(d) Subtotal (add Lines 6 6(c) for Column A an 6(a) and 6(c) for Col	d Lines	66458.31	75743.76
7. Total Disbursements (from	1 Line 31)	21144.31	30429.76
 Cash on Hand at Close of Reporting Period (subtract Line 7 from Line) 		45314.00	45314.00
9. Debts and Obligations Ov the Committee (Itemize a Schedule C and/or Sched	ll on	0.00	
10. Debts and Obligations Ov the Committee (Itemize a Schedule C and/or Sched	ll on	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 Chesapeake PAC

Repor	t Covering the Period: From: 07	01 2015 To:	12 31 2015
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Cor (a)	ntributions (other than loans) From: Individuals/Persons Other		
(u)	Than Political Committees		
	(i) Itemized (use Schedule A)	0.00	0.00
	() () ,		
	(ii) Unitemized	100.00	100.00
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)	100.00	100.00
(b)	Political Party Committees	0.00	0.00
(c)	Other Political Committees	52000.00	62000.00
	(such as PACs)	32000.00	62000.00
(d)	Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry	52100.00	62100.00
о т _{ис}	Totals to Line 33, page 5)▶ Insfers From Affiliated/Other	32100.00	
	rty Committees	0.00	0.00
rai	ty commutees	7 7 7 0.00	7 7 7
3 All	Loans Received	0.00	0.00
		7 7	7 7
4 1.00	an Repayments Received	0.00	0.00
	sets To Operating Expenditures		
	efunds, Rebates, etc.)		
	arry Totals to Line 37, page 5)	0.00	0.00
	funds of Contributions Made	4	
	Federal Candidates and Other		
Pol	litical Committees	0.00	0.00
7. Oth	ner Federal Receipts		
(Div	vidends, Interest, etc.)	0.00	0.00
3. Tra	insfers 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
9. Tota	al Receipts (add Lines 11(d),		
12,	13, 14, 15, 16, 17, and 18(c))►	52100.00	62100.00
). Tota	al Federal Receipts		
(511	btract Line 18(c) from Line 19)▶	52100.00	62100.00

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DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	COLUMN A	Page 4
II. Disbursements	Total This Period	COLUMN B Calendar Year-to-Date
 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	14388.11	19673.56
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) 	14388.11	19673.56
Transfers to Affiliated/Other Party		
Committees Contributions to Ecoloral Condicatos/Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees Independent Expenditures	4256.20	8256.20
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
	0.00	0.00
(b) Political Party Committees(c) Other Political Committees		
(such as PACs)	2500.00	2500.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	2500.00	2500.00
Other Disbursements	0.00	0.00
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		
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	21144.31	30429.7
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	21144.31	30429.76

FE6AN026

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
 Total Contributions (other than loans) (from Line 11(d), page 3) 	52100.00	62100.00				
 Total Contribution Refunds (from Line 28(d)) 	2500.00	2500.00				
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	49600.00	59600.00				
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	14388.11	19673.56				
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00				
 Net Operating Expenditures (subtract Line 37 from Line 36) 	14388.11	19673.56				

FE6AN026

SCHEDULE A (FEC Form 3X) _____

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only 11a 13	y one)	X 11c	12	17			
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the	purpose c						
NAME OF COMMITTEE (In Full) Chesapeake PAC										
Full Name (Last, First, Middle Initial) AMERICAN ACADEMY OF FAMILY PH' Mailing Address 1133 CONNECTICUT AVE SUITE 1100 City WASHINGTON FEC ID number of contributing federal political committee. Name of Employer	NW State DC	Zip Code 20036 0411553	12 Trans	14 action ID						
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 2500.00]							
Full Name (Last, First, Middle Initial) AMERICAN ACADEMY OF NEUF Mailing Address 401 C ST NE City	ROLOGY BR	ZAINPAC Zip Code	12	Receipt	4	2015	Ŷ			
WASHINGTON	DC	20002			: SA11C.4 Receipt th					
FEC ID number of contributing federal political committee.	C coo	0435933				1000.	00			
Name of Employer	Occupation	1								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]							
Full Name (Last, First, Middle Initial) C. AMERICAN ACADEMY OF OPHTHALMOLOG		L COMMITTEE (OPHTHPAC)	Date of	Receipt						
Mailing Address 655 BEACH STREET			M M 12	/ D		2015	Y			
City SAN FRANCISCO	State CA	Zip Code 94109		Transaction ID : SA11C.4685 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C co	0196246				5000	.00			
Name of Employer	Occupation	1	_							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00]							
SUBTOTAL of Receipts This Page (optional).					1 1	8500.	00			
TOTAL This Period (last page this line number	er only)			, , ,						

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 7

OF

18

IT.		, 	Use separate schedule(s)		(check only one)							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	11b	X 11c	12	17			
	ny information copied from such Reports and for commercial purposes, other than using				for the p	ourpose	of solicitin	g contribu	tions			
	NAME OF COMMITTEE (In Full) Chesapeake PAC											
Α.	Full Name (Last, First, Middle Initial) AMERICAN ACADEMY OF OTOLARYNGO Mailing Address 1650 DIAGONAL ROAD	DLOGY-HEAD A	ND NECK SURGERY ENT PAC		Date of	· ·		/ V V	V			
					10 05 2015							
	City ALEXANDRIA	State VA	Zip Code 22314		Transaction ID : SA11C.4653 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C coo)306449			7		2500	0.00			
	Name of Employer	Occupation										
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 2500.00									
в.	Full Name (Last, First, Middle Initial) AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS	AMERICAN UROLOG	GICAL ASSOCIATION PAC (UROPAC)		Date of	Receipt						
5.	Mailing Address P.O. BOX 15441				12 ^M	/ D	D / Y	2015	Y			
	City	State DC	Zip Code 20003				: SA11C.					
	WASHINGTON FEC ID number of contributing federal political committee.						Amount of Each Receipt this Period					
	Name of Employer	Occupation										
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 1000.00										
<u>с</u> .	Full Name (Last, First, Middle Initial) AMERICAN COLLEGE OF RADIOLOGY A	ASSOCIATION F	POLITICAL ACTION COMMITTE	E	Date of	Receipt						
•.	Mailing Address 1891 PRESTON WHITE D	RIVE			10	/ D	3	2015	Y			
	City RESTON	State VA	Zip Code 20191	-			D: SA11C					
RESION V. FEC ID number of contributing federal political committee. C Name of Employer Occur			0343459		Amount	or Each	Receipt t	his Period 5000				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00									
\vdash	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line numb			•			5	8500	.00			

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b X 11c 13 14 15	12 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			rson for the purpose of soliciting	contributions
	NAME OF COMMITTEE (In Full) Chesapeake PAC				
Α.	Full Name (Last, First, Middle Initial) AMERICAN COLLEGE OF SURGEONS I Mailing Address 20 F ST NW, STE 1000 ATTN: SARA MORSE City WASHINGTON FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State DC C COO	Zip Code 20001 0382424	Date of Receipt	
в.	Full Name (Last, First, Middle Initial) AMERICAN DENTAL ASSOCIATION Mailing Address 1111 14TH STREET, NW SUITE 1100 City WASHINGTON FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State DC C Coo Occupation	Zip Code 20005 0000729	 	
C.	Full Name (Last, First, Middle Initial) AMERICAN MEDICAL ASSOCIATION Mailing Address 25 MASSACHUSETTS AVE, N° SUITE 600 City WASHINGTON FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State DC C CO Occupation	Zip Code 20001 0000422	 	
s	UBTOTAL of Receipts This Page (optional)		••••••	7	4500.00
т	OTAL This Period (last page this line number or	nly)	•••••		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 9 OF

••			Detailed Summary Page		11a 13	$\left - \right $	11b 14	X 11c	12 16	17					
	ny information copied from such Reports and S for commercial purposes, other than using the							of soliciting	contribu	tions					
	NAME OF COMMITTEE (In Full) Chesapeake PAC														
Α.	Full Name (Last, First, Middle Initial) AMERICAN SOCIETY OF ANESTHESIOL Mailing Address 520 N. NORTHWEST HIGHV		DLITICAL ACTION COMMITTE	E	Date of Receipt										
	City PARK RIDGE	State IL	Zip Code 60068		Transaction ID : SA11C.4658 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.		0255752		Amount	t of I	Each	Receipt th	is Period 2500	.00					
	Name of Employer	Occupatior	1												
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00]											
в.			Date of	f Red	ceipt										
	Mailing Address 520 N. NORTHWEST HIGHW		^M M	/	D 14		2015	Y							
	City PARK RIDGE	State IL	Zip Code 60068					: SA11C.4							
	FEC ID number of contributing federal political committee.		0255752		Amouni		Each	Receipt th	2500	_					
	Name of Employer	Occupatior	1												
	Receipt For: Primary General Other (specify) ▼]													
с.	Full Name (Last, First, Middle Initial) AMERICAN SOCIETY OF INTERV		Date of	f Red	ceipt										
	Mailing Address 2831 LONE OAK ROAD		M M 12	/	D 14		2015	Y							
	City PADUCAH	State KY	Zip Code 42003		Transaction ID : SA11C.4669 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C co	0351197				,	7	5000	_					
	Name of Employer	Occupatior	1												
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00												
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 10 OF

'			Detailed Summary			11a 13		11b 14	X 11c		12 16	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the r					for the		pose o	f soliciting	g cor	ntribut	ions			
	NAME OF COMMITTEE (In Full) Chesapeake PAC				10 00										
A.	Full Name (Last, First, Middle Initial) FIRST COLONIES ANESTHESIA ASSOCIATES	S LLC POLI	TICAL ACTION COM	IMITTEE		Date of Receipt									
	Mailing Address 7490 NEW TECHNOLOGY WAY							M = M / D = D / Y = Y = Y = Y 12 31 2015							
	City FREDERICK	State MD	Zip Code 21703		_				: SA11C.4						
	FEC ID number of contributing federal political committee.	0	0416305			Amount	t ot	Each	Receipt th		eriod 5000.	00			
	Name of Employer	Occupation	1												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	5000.00											
B.	Full Name (Last, First, Middle Initial) MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE Mailing Address 1301 CONCORD TERRACE							ceipt		V	V	V			
		0 1 1	71.0.1			12	Í	31		20	15				
	City SUNRISE	State FL	Zip Code 33323		-				: SA11C.4 Receipt th		eriod				
	FEC ID number of contributing federal political committee.	C coo	0469205				,			5000.	00				
	Name of Employer														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	5000.00											
c.	Full Name (Last, First, Middle Initial) NATIONAL EMERGENCY MEDICINE		CAL ACTION CC	MMITTEE	=	Date of	f Re	ceipt							
	Mailing Address 1125 EXECUTIVE CIRCLE						/	D 34			ү 15	Y			
	City IRVING	State TX	Zip Code 75038		-				: SA11C. Receipt th						
	FEC ID number of contributing federal political committee.	C co	0140061				1	10001pt u		5000	.00				
	Name of Employer	Occupation													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	5000.00											
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check onl	y one)	<u> </u>		
		for each category of the Detailed Summary Page	11a	11b	X 11c	12	17
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements ma g the name and a	ay not be sold or used by any p ddress of any political committe	erson for the	purpose	of soliciting	g contribut	tions
NAME OF COMMITTEE (In Full) Chesapeake PAC							
Full Name (Last, First, Middle Initial) POLITICAL ACTION COMMITTEE OF THE AM	ERICAN ASSOCIATI	ON OF ORTHOPAEDIC SURGEONS	Date o	f Receipt			
Mailing Address 317 MASSACHUSETTS 1ST FLOOR	AVENUE, NE		08		D / Y 3	2015	Y
City WASHINGTON	State DC	Zip Code 20002			: SA11C. Receipt th		
FEC ID number of contributing federal political committee.	C coo	0343137				5000	
Name of Employer	Occupation						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00]				
Full Name (Last, First, Middle Initial) B. SPINE PAC OF THE NATIONAL A	SSOCIATION	OF SPINE SPECIALISTS	Date o	f Receipt			
Mailing Address 7075 VETERANS BLVD.	Otata	7. 0.1	12	/ D	D / Y	2015	Y
City BURR RIDGE	State IL	Zip Code 60527			: SA11C. Receipt th		
FEC ID number of contributing federal political committee.	C coo)349225				500	
Name of Employer	Occupation						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1				
Full Name (Last, First, Middle Initial)			Data a	f Deceint			
Mailing Address				f Receipt	D / Y	Y Y	Y
City	State	Zip Code	Amoun	t of Each	Receipt tl	his Period	
FEC ID number of contributing federal political committee.	С						
Name of Employer	Occupation						
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼]				
SUBTOTAL of Receipts This Page (optional	l)					5500.	.00
TOTAL This Period (last page this line nun	ber only)				- 7	52000.	.00

	CHEDULE B (FEC Form 3X)		rate schedule(s)			LINE N	-					PAC	θE	12 (DF 1	8
IT	EMIZED DISBURSEMENTS	for each	category of the	(c		k only 21b	one	e) 22		23		24		25	<u> </u>	26
		Detailed	Summary Page		\vdash	27	\square	28a		28b		28c		29	Нз	0b
	y information copied from such Reports and Stater for commercial purposes, other than using the nar															
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Chesapeake PAC															
	•															
Α.	Full Name (Last, First, Middle Initial) Professional Data Services						D	ate of	Dis	sburse	me	nt				
	Mailing Address 824 S. Milledge Ave. Ste. 101						I	м м 07	/	D 0'		/ Y)15	Y	
		a														
	City Athens	State GA	Zip Code 30605					Trans	acti	on ID	: S	B21B.4	1638	;		
	Purpose of Disbursement	07	30005													
	PAC Compliance Consulting						A	mount	of	Each	Dis	bursen	nent	this I	Period	
	Candidate Name			Cate T	egoi ype	ry/	I			,		,		500	0.00	
	Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General													
	State: District:		<i>, ,</i>													
в.	Full Name (Last, First, Middle Initial) Professional Data Services						D	ate of	Dis	sburse	me	nt				
							T.	M M	/	D		/ Y	Y	Y	Y	
	Mailing Address 824 S. Milledge Ave. Ste. 101							07		3	1		20	015		
	Athens	State GA	Zip Code 30605					Trans	acti	ion ID	: S	B21B.4	4648	3		
	Purpose of Disbursement PAC Compliance Consulting						^	mount	of	Each		buroon	oont	thin I	Dariad	
	Candidate Name			Cate			A	mount	OI	Each	DIS	bursen	ient	-).00	1
	Office Sought: House Disburse	mant Far		Ţ	ype		ł	-	-	7		- 7		000		1
	Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General													
	State: District:	Other (oper	y vily)													
<u>с</u>	Full Name (Last, First, Middle Initial) Professional Data Services						D	ate of	Dis	shurse	me	nt				
•	FIOLESSIONAL Data Services						_	M M		D		/ Y	Y	Y	Y	
	Mailing Address 824 S. Milledge Ave. Ste. 101						ŀ	08		28)15		
	City Athens	State GA	Zip Code 30605					Trans	acti	ion ID	: S	B21B.4	4650)		
	Purpose of Disbursement	0,1		_												
	PAC Compliance Consulting Candidate Name			Cate	egoi	ry/	A	mount	of	Each	Dis	bursen	nent		Period	1
				T	ype		1			7	_	- 7		500	.40	J.
	Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General													
	State: District:															
s	UBTOTAL of Disbursements This Page (optional)						ļ			т. Т.		7	_	1500	.48]
т	OTAL This Period (last page this line number only)							_	, .		7			_	

	CHEDULE B (FEC Form 3X)		arate schedule(s)				NE NUMBER: PAGE 13 OF 18										
ITI	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(c		k only 21b 27	́:	22 28a		23 28b	,		24 28c		25 29	26 30b	
	y information copied from such Reports and State for commercial purposes, other than using the na					/ perso	n for	the		pose	e of		licitin		ontribu	itions	
	NAME OF COMMITTEE (In Full) Chesapeake PAC																
Α.	Full Name (Last, First, Middle Initial) Professional Data Services Meiling Address 201.0 Milliolas And 215 101						_	M	_	sburs		D	t / _ `			Y	
	Mailing Address 824 S. Milledge Ave. Ste. 101 City	State	Zip Code					09			30)		_2	015		
	Athens Purpose of Disbursement	GA	30605	_			Т	rans	sact	ion I	D :	SB	21B.	.465	2		
	PAC Compliance Consulting Candidate Name			Cate			An	nour	it of	Eac	h [Disb	urse	men		Period 0.00	
	Senate President	ement For: Primary Other (spe	General ccify) ▼		ype					7			7				
в.	State: District: Full Name (Last, First, Middle Initial) Professional Data Services Mailing Address 824 S. Milledge Ave. Ste. 101							ite o 10		sburs	ser 30	D	t /		2015	Ŷ	
	City Athens	State GA	Zip Code 30605				٦	ran	sact	tion I	ID :	: SB	21B	.465	7		
	Purpose of Disbursement PAC Compliance Consulting Candidate Name			Cate	egor ype		An	nour	it of	Eac	h [Disb	urse	men		Period 0.00	
	Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spe	General cify) ▼		<u>, , , , , , , , , , , , , , , , , , , </u>								-				
-	Full Name (Last, First, Middle Initial)						_		_	sbure		_	t _				
	Mailing Address 100 Luna Park Dr #156						N	07	/		29				015	Y	
	City Alexandria Purpose of Disbursement	State VA	Zip Code 22305				Т	ran	sact	ion I	D :	: SB	21B	.464	0		
	See Memo Candidate Name			Cate	egor		An	nour	it of	Eac	h [Disb	urse	men	t this 1113 ⁻	Period 7.63	
	Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spe	General		<u>) </u>					7			7				
s	UBTOTAL of Disbursements This Page (optional)					• •				7					12137	7.63	
Т	OTAL This Period (last page this line number onl	y)				•	Ē			-	Ì		1				

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SCHEDULE B (FEC Form 3X)		FO	R LII		UMBER	:			PA	GE	14 (DF	18
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		eck (X 2 ⁻ 2 ⁻	L	one) 22 28a		23 28b		24 28c		25 29		26 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar	nents may not be sold or used ne and address of any political	l by a comr	iny p nittee	erson e to s	for the olicit co	purp	oose o utions	of so s fron	liciting n suc	g coi h co	ntribu mmitt	tions ee.	
NAME OF COMMITTEE (In Full) Chesapeake PAC													
Full Name (Last, First, Middle Initial) A. The M Group, LLC					Date o	_	burse			Y	Ŷ	Y	
Mailing Address 100 Luna Park Dr #156					07		2	9		_20)15		
Alexandria	StateZip CodeVA22305				Trans	acti	on ID	: SB	21B.	4640	.0		
Purpose of Disbursement PAC Fundraising Consulting					Amoun	t of	Each	Disb	urser	nent	this	Perio	d
Candidate Name		Categ Typ					, .		7		1250	0.00	
Office Sought: House Disburser Senate President Image: Senate	nent For: Primary General Other (specify) ▼				[MEMC) ITE	[M]						
State: District: Full Name (Last, First, Middle Initial) B. Hyatt Regency Chesapeake Bay Mailing Address 100 Heron Blvd					Date o	f Dis	D	emen 29	t / Y)15	Y	
City Cambridge	State Zip Code MD 21613				Trans	sacti	on ID) : SE	821B.	4640).1		
Purpose of Disbursement PAC Event Catering/Facility Rental Candidate Name	[Categ Typ			Amoun	t of	Each	Disb	urser	nent	this 9188		d
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) v				(MEMC) ITE	EM]						
Full Name (Last, First, Middle Initial) C. Walmart					Date o	_		_					
Mailing Address 702 SW 8th Street					м м 07	/		9	/ Y)15)	Y	
City Bentonville Purpose of Disbursement	State Zip Code AR 72716				Trans	sacti	on ID	: SE	21B.	4640).2		
PAC Event Supplies Candidate Name	[Categ Typ			Amoun	t of	Each		urser	nent		Perio 0.37	d
Office Sought: House Disburser Senate President District:	nent For: Primary General Other (specify) ▼				[МЕМС) ITE	: M]						
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)				-			7	-	7		C	.00	

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 15 OF 18
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) Chesapeake PAC			
Full Name (Last, First, Middle Initial) A. Waters Edge Event Center			Date of Disbursement
Mailing Address 4687 Millennium Dr			07 / 29 / Y Y Y Y 2015
City Selcamp Purpose of Disbursement	State Zip Code MD 21017		Transaction ID : SB21B.4640.3
PAC Event Catering Candidate Name			Amount of Each Disbursement this Period
		Category/ Type	415.42
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) v		[MEMO ITEM]
State: District: Full Name (Last, First, Middle Initial) B. The M Group, LLC Mailing Address 100 Luna Park Dr #156			Date of Disbursement
	State Zip Code		
Alexandria Purpose of Disbursement	VA 22305		Transaction ID : SB21B.4655
PAC Fundraising Consulting Candidate Name		Category/ Type	Amount of Each Disbursement this Period 750.00
Office Sought: House Disburser Senate President District:	nent For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement		<u> </u>	
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburser Senate President District:	nent For: Primary General Other (specify) v		
SUBTOTAL of Disbursements This Page (optional)			750.00
TOTAL This Period (last page this line number only)			14388.11

S	CHEDULE B (FEC Form 3X)			F)B I	INF N	UMBER:				PAGE	16	OF 18
IT	EMIZED DISBURSEMENTS		Jse separate schedule(s) (check or each category of the		only o	one)							
			Summary Page			21b 27	22 	×	23 28b	24	1 3c	25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan				any	persor	for the		oose o	of solic	iting o	contribu	itions
\square	NAME OF COMMITTEE (In Full)												
	Chesapeake PAC												
Ľ	Full Name (Last, First, Middle Initial)												
Α.	FRIENDS OF NEAL DUNN						Date o	_					
	Mailing Address 2640A MITCHAM DRIVE						м м 12	/	D 1			2015	Y
	City S TALLAHASSEE	State FL	Zip Code 32308				Trans	acti	on ID	: SB23	8.4668	3	
	Purpose of Disbursement		52300	_		_							
	Contribution			0	11		Amoun	t of	Each	Disbur	seme	nt this	Period
	Candidate Name NEAL PATRICK DUNN			Cate	egory /pe	y/						100	0.00
		ment For:	2016	.,	790))		
		Primary	General										
	State: FL District: 02	Other (spe	city) 🔻										
	Full Name (Last, First, Middle Initial)												
В.	Dr. Andrew P Harris						Date o	f Dis					
	Mailing Address PO Box 1527						^M 12	/		4 /		2015	Y
	Annapolis	State MD	Zip Code 21404				Trans	sacti	on ID	: SB2	3.468 [,]	1	
	Purpose of Disbursement In-Kind: See Memo			0)11		Amoun	t of	Fach	Disbur	seme	nt this	Period
	Candidate Name			Cate	-		, into an		Laon	Biobai			i onou
	JACKIE WALORSKI (SWIHART)				/pe	y/			7		,	55	6.20
	Senate	nent For: Primary Other (spe	2016 General cify) ▼										
_	Full Name (Last, First, Middle Initial)												
C.	Delta Airlines						Date o	f Dis					_
	Mailing Address 1030 Delta Blvd.						^M 12	/	D 1-	4 /		2015	Y
	5	State	Zip Code				Trans	sacti	on ID	: SB2	3.468 [,]	1.0	
	Atlanta Purpose of Disbursement	GA	30354										
	In-Kind: Airfare			0	11		Amoun	t of	Each	Disbur	seme	nt this	Period
				Cate		y/					-	320	0.60
	JACKIE WALORSKI (SWIHART) Office Sought: V House Disburser	ment For:	2016	IJ	ype				7		,		
	Senate President	Primary Other (spe	General				[MEMC) E	:171]				
	State: IN District: 02							_					
s	UBTOTAL of Disbursements This Page (optional)								,		,	1556	6.20
т	OTAL This Period (last page this line number only))							,		, ,		

	CHEDULE B (FEC Form 3X)		arate schedule(s)				NE NUMBER: PAGE 17 OF									
IT	EMIZED DISBURSEMENTS	for each	category of the	(c	hec	k only 21b										
		Detailed	Summary Page			27	28a		28b		28c	29				
	y information copied from such Reports and State for commercial purposes, other than using the nar															
\backslash	NAME OF COMMITTEE (In Full)															
	Chesapeake PAC															
Α.	Full Name (Last, First, Middle Initial) United Airlines						Date	of Di	sburse	ement						
	Mailing Address 233 South Wacker Drive						M 12		D 1	D / 4	Y	2015				
	City Chicago	State IL	Zip Code 60606				Tra	nsact	ion ID	: SB2	3.46	81.1				
	Purpose of Disbursement In-Kind: Airfare)11		Amou	int of	Fach	Diebu	reom	ont th	s Period			
	Candidate Name						Amot		Lacii	DISDU	ISEIII		IS Fellou			
	JACKIE WALORSKI (SWIHART)			Cate T	ype				7		7	2	235.60			
	Senate X President	ment For: 2 Primary Other (spe	General				(MEN	ΙΟ ΙΤ	EM]							
	State: IN District: 02															
В.	Full Name (Last, First, Middle Initial) KATHY FOR MARYLAND								sburse		_					
	Mailing Address PO BOX 43516						1 ⁻		D 1	2	Y	2015				
	NOTTINGHAM	State MD	Zip Code 21236				Tra	nsact	ion ID	: SB2	23.46	63				
	Purpose of Disbursement Contribution			()11		Amou	nt of	Each	Disbu	rsem	ent th	s Period			
	Candidate Name KATHY SZELIGA			Cate								2	700.00			
	Office Sought: House Disburse	ment For: Primary Other (spe	General	1	ype						7		<u>.</u>			
	State: MD District: 00															
C.	Full Name (Last, First, Middle Initial)						Date	of Di	sburse	ement	- V	Y				
	Mailing Address						IVI -									
	City	State	Zip Code													
	Purpose of Disbursement															
	Candidate Name			Cate	ego ype		Amou	nt of	Each	Disbu	rsem	ent th	is Period			
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼													
								-		-						
s	UBTOTAL of Disbursements This Page (optional)					• ▶	_	-	3	-	7	27	00.00			
т	OTAL This Period (last page this line number only)				•			7		7	42	256.20			

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 18 OF 18
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b X 28c 29 30t
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	nents may not be sold or used e and address of any political	by any perso committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Chesapeake PAC			
Full Name (Last, First, Middle Initial) A. AMERICAN SOCIETY OF ANESTHESIOLOGIS	STS POLITICAL ACTION CO	OMMITTEE	Date of Disbursement
Mailing Address 520 N. NORTHWEST HIGHWAY	7'- 0- 1-		12 31 2015
PARK RIDGE	State Zip Code IL 60068		Transaction ID : SB28C.4701
Purpose of Disbursement Refund	[010	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2500.00
	nent For: Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			
B			Date of Disbursement
Mailing Address			
,	State Zip Code		
Purpose of Disbursement	[Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
	nent For: Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			
C			Date of Disbursement
Mailing Address			
City S	State Zip Code		
Purpose of Disbursement	[Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
	nent For: Primary General Other (specify) v		
SUBTOTAL of Disbursements This Page (optional)			2500.00
TOTAL This Period (last page this line number only).		····· •	2500.00