

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 Working Again PAC

ADDRESS (number and street) 207 W Main St Check if different than previously reported. (ACC) Plainfield IN 46168

2. FEC IDENTIFICATION NUMBER C C00580324 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 (checked), July 31, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

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

Type or Print Name of Treasurer Nadine Maenza

Signature of Treasurer Nadine Maenza [Electronically Filed] Date 01 / 31 / 2016

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Working Again PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="298907.17"/>	<input type="text" value="298907.17"/>
(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="298907.17"/>	<input type="text" value="298907.17"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="264123.17"/>	<input type="text" value="264123.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="34784.00"/>	<input type="text" value="34784.00"/>
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="11865.54"/>	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Working Again PAC

Report Covering the Period: From: 07 / 01 / 2015 To: 12 / 31 / 2015

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).....	298907.17	298907.17
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	298907.17	298907.17
(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) .....	298907.17	298907.17
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))..... ▶	298907.17	298907.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	298907.17	298907.17

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	118815.17	118815.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	118815.17	118815.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	145308.00	145308.00
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)) ..	264123.17	264123.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	264123.17	264123.17

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	298907.17	298907.17
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	298907.17	298907.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	118815.17	118815.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	118815.17	118815.17

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 21
	<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	

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)  
**Working Again PAC**

Full Name (Last, First, Middle Initial) <b>A. Lee Beaman</b>		Date of Receipt MM / DD / YYYY 12 / 17 / 2015
Mailing Address 1525 Broadway		<b>Transaction ID : SA11AI.4160</b>
City Nashville	State TN	Zip Code 37203
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10000.00	
Name of Employer Beaman Motor Company	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) <b>B. Leslie Edelman</b>		Date of Receipt MM / DD / YYYY 07 / 22 / 2015
Mailing Address 40 Beech Road		<b>Transaction ID : SA11AI.4103</b>
City Englewood	State NJ	Zip Code 07631
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25000.00	
Name of Employer Kimber Manufacturing	Occupation Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

Full Name (Last, First, Middle Initial) <b>C. Leslie Edelman</b>		Date of Receipt MM / DD / YYYY 12 / 17 / 2015
Mailing Address 40 Beech Road		<b>Transaction ID : SA11AI.4162</b>
City Englewood	State NJ	Zip Code 07631
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20000.00	
Name of Employer Kimber Manufacturing	Occupation Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 45000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55000.00
<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 7 OF 21
	(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)  
**Working Again PAC**

**A. Foster Friess**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 9790

City Jackson State WY Zip Code 83002

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 ▼  
6907.17

Date of Receipt  
08 / 29 / 2015  
Transaction ID : SA11AI.4173

Amount of Each Receipt this Period  
6907.17

In-kind - Event hosting

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

Mailing Address 1601 Elm Street Suite 4000

City Dallas State TX Zip Code 75201

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

Name of Employer Loretto Properties LLC Occupation Founder

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
07 / 22 / 2015  
Transaction ID : SA11AI.4101

Amount of Each Receipt this Period  
100000.00

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

Mailing Address 2150 Jefferson Lane

City Huntingdon Valley State PA Zip Code 19006

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 ▼  
5000.00

Date of Receipt  
09 / 23 / 2015  
Transaction ID : SA11AI.4125

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	111907.17
<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 21
	<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)  
**Working Again PAC**

Full Name (Last, First, Middle Initial) <b>A. Mehrdad Moayed</b>		Date of Receipt MM / DD / YYYY 09 / 23 / 2015
Mailing Address 1800 Valley View Lane Suite 300		<b>Transaction ID : SA11AI.4127</b>
City Farmers Branch	State TX	Zip Code 75234
FEC ID number of contributing federal political committee.	C	
Name of Employer Centurion American	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
		Amount of Each Receipt this Period 2000.00

Full Name (Last, First, Middle Initial) <b>B. John Saeman</b>		Date of Receipt MM / DD / YYYY 07 / 22 / 2015
Mailing Address 299 Milwaukee Street Suite 300		<b>Transaction ID : SA11AI.4099</b>
City Denver	State CO	Zip Code 80206
FEC ID number of contributing federal political committee.	C	
Name of Employer Medallion Enterprises LLC	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	
		Amount of Each Receipt this Period 25000.00

Full Name (Last, First, Middle Initial) <b>C. Tito Tiberti</b>		Date of Receipt MM / DD / YYYY 09 / 23 / 2015
Mailing Address 16 Wild Dunes Court		<b>Transaction ID : SA11AI.4123</b>
City Las Vegas	State NV	Zip Code 89113
FEC ID number of contributing federal political committee.	C	
Name of Employer Tiberti Construction	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
		Amount of Each Receipt this Period 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	32000.00
<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 21  
(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)  
**Working Again PAC**

Full Name (Last, First, Middle Initial)  
**A. Kenny Troutt**

Mailing Address 10595 Strait Lane

City Dallas State TX Zip Code 75229

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 ▼  
50000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2015

**Transaction ID : SA11AI.4129**

Amount of Each Receipt this Period  
50000.00

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

Mailing Address 10595 Strait Lane

City Dallas State TX Zip Code 75229

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 ▼  
50000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2015

**Transaction ID : SA11AI.4131**

Amount of Each Receipt this Period  
50000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	298907.17

**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)  
**Working Again PAC**

Full Name (Last, First, Middle Initial) <b>A. Brabender Cox LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 1218 Grandview Ave		<b>Transaction ID : SB21B.4135</b>
City Pittsburgh	State PA	
Purpose of Disbursement Consulting	Candidate Name	Amount of Each Disbursement this Period 5500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Brabender Cox LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 07 / 2015
Mailing Address 1218 Grandview Ave		<b>Transaction ID : SB21B.4141</b>
City Pittsburgh	State PA	
Purpose of Disbursement Communications consulting	Candidate Name	Amount of Each Disbursement this Period 5500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Brabender Cox LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2015
Mailing Address 1218 Grandview Ave		<b>Transaction ID : SB21B.4149</b>
City Pittsburgh	State PA	
Purpose of Disbursement Communications consulting	Candidate Name	Amount of Each Disbursement this Period 5500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	16500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Working Again PAC**

Full Name (Last, First, Middle Initial) <b>A. Brabender Cox LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 24 / 2015
Mailing Address 1218 Grandview Ave		<b>Transaction ID : SB21B.4169</b>
City Pittsburgh	State PA	
Zip Code 15211	Purpose of Disbursement Consulting	Amount of Each Disbursement this Period 20390.00
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Foley &amp; Lardner LLP</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 3000 K Street NW Suite 600		<b>Transaction ID : SB21B.4105</b>
City Washington	State DC	
Zip Code 20007	Purpose of Disbursement Legal consulting	Amount of Each Disbursement this Period 2508.00
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Foley &amp; Lardner LLP</b>		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 3000 K Street NW Suite 600		<b>Transaction ID : SB21B.4140</b>
City Washington	State DC	
Zip Code 20007	Purpose of Disbursement Legal consulting	Amount of Each Disbursement this Period 792.00
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	23690.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Working Again PAC**

Full Name (Last, First, Middle Initial)

**A. Foley & Lardner LLP**

Mailing Address 3000 K Street NW  
Suite 600

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Legal consulting

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4145**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Foley & Lardner LLP**

Mailing Address 3000 K Street NW  
Suite 600

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Legal consulting

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4165**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Foster Friess**

Mailing Address PO Box 9790

City Jackson State WY Zip Code 83002

Purpose of Disbursement  
In-kind - Event hosting

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4175**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Working Again PAC**

Full Name (Last, First, Middle Initial)

**A. Nadine Maenza**

Mailing Address 207 W Main St

City Plainfield State IN Zip Code 46168

Purpose of Disbursement  
Campaign consulting

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4109**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Nadine Maenza**

Mailing Address 207 W Main St

City Plainfield State IN Zip Code 46168

Purpose of Disbursement  
Campaign consulting

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4137**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Nadine Maenza**

Mailing Address 207 W Main St

City Plainfield State IN Zip Code 46168

Purpose of Disbursement  
Campaign consulting

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4143**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Working Again PAC**

Full Name (Last, First, Middle Initial)

**A. Nadine Maenza**

Mailing Address 207 W Main St

City Plainfield State IN Zip Code 46168

Purpose of Disbursement  
Campaign consulting

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2015

Transaction ID : SB21B.4151

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Nadine Maenza**

Mailing Address 207 W Main St

City Plainfield State IN Zip Code 46168

Purpose of Disbursement  
Campaign consulting

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 24 / 2015

Transaction ID : SB21B.4164

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Omni Compliance Services**

Mailing Address 207 W Main St

City Plainfield State IN Zip Code 46168

Purpose of Disbursement  
Accounting and compliance services

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2015

Transaction ID : SB21B.4112

Amount of Each Disbursement this Period

500.00

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

10500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Working Again PAC**

Full Name (Last, First, Middle Initial)

**A. Omni Compliance Services**

Mailing Address 207 W Main St

City Plainfield State IN Zip Code 46168

Purpose of Disbursement  
Accounting and compliance services

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2015

Transaction ID : SB21B.4139

Amount of Each Disbursement this Period

1012.00

Full Name (Last, First, Middle Initial)

**B. Omni Compliance Services**

Mailing Address 207 W Main St

City Plainfield State IN Zip Code 46168

Purpose of Disbursement  
Accounting and compliance services

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 10 / 2015

Transaction ID : SB21B.4153

Amount of Each Disbursement this Period

1863.00

Full Name (Last, First, Middle Initial)

**C. Opinion Access Corp.**

Mailing Address 47-10 32nd Place

City Long Island City State NY Zip Code 11101

Purpose of Disbursement  
Online interviewing

005

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : SB21B.4146

Amount of Each Disbursement this Period

7200.00

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

10075.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Working Again PAC**

Full Name (Last, First, Middle Initial)

**A. The Clapham Group**

Mailing Address 5272 Lyngate Court  
Suite 200

City State Zip Code  
Burke VA 22015

Purpose of Disbursement  
Communications consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**004**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4107**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. The Clapham Group**

Mailing Address 5272 Lyngate Court  
Suite 200

City State Zip Code  
Burke VA 22015

Purpose of Disbursement  
Communications consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4136**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. The Clapham Group**

Mailing Address 5272 Lyngate Court  
Suite 200

City State Zip Code  
Burke VA 22015

Purpose of Disbursement  
Communications consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4142**

Amount of Each Disbursement this Period

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

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



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Working Again PAC**

Full Name (Last, First, Middle Initial)

**A. The Clapham Group**

Mailing Address 5272 Lyngate Court  
Suite 200

City State Zip Code  
Burke VA 22015

Purpose of Disbursement  
Communications consulting

001  
Category/  
Type

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  
11 / 06 / 2015

**Transaction ID : SB21B.4150**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. The Clapham Group**

Mailing Address 5272 Lyngate Court  
Suite 200

City State Zip Code  
Burke VA 22015

Purpose of Disbursement  
Communications consulting

001  
Category/  
Type

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  
11 / 24 / 2015

**Transaction ID : SB21B.4167**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Virginia Davis Partners LLC**

Mailing Address 10 Hathaway Circle

City State Zip Code  
Havertown PA 19096

Purpose of Disbursement  
Communications consulting

004  
Category/  
Type

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  
07 / 27 / 2015

**Transaction ID : SB21B.4110**

Amount of Each Disbursement this Period

2000.00

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

12000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Working Again PAC**

Full Name (Last, First, Middle Initial)

**A. Virginia Davis Partners LLC**

Mailing Address 10 Hathaway Circle

City State Zip Code  
Havertown PA 19096

Purpose of Disbursement  
Communications consulting

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2015

**Transaction ID : SB21B.4138**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Virginia Davis Partners LLC**

Mailing Address 10 Hathaway Circle

City State Zip Code  
Havertown PA 19096

Purpose of Disbursement  
Communications consulting

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2015

**Transaction ID : SB21B.4144**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Virginia Davis Partners LLC**

Mailing Address 10 Hathaway Circle

City State Zip Code  
Havertown PA 19096

Purpose of Disbursement  
Communications consulting

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2015

**Transaction ID : SB21B.4152**

Amount of Each Disbursement this Period

2000.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working Again PAC**

Full Name (Last, First, Middle Initial)

**A. Virginia Davis Partners LLC**

Mailing Address 10 Hathaway Circle

City Havertown State PA Zip Code 19096

Purpose of Disbursement  
Communications consulting

001

Category/  
Type

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 Y Y  
11 / 24 / 2015

**Transaction ID : SB21B.4168**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

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 Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

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 Y Y

Amount of Each Disbursement this Period

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

2000.00

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

118728.17

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 21
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Working Again PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Nadine Maenza</b>	Nature of Debt (Purpose): Travel Reimbursement
Mailing Address 207 W Main St	
City State Zip Code Plainfield IN 46168	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD10.4172</b>	
Amount Incurred This Period <input type="text" value="11865.54"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="11865.54"/>

B. 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 <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

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 <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="11865.54"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="11865.54"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="11865.54"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Working Again PAC
FEC IDENTIFICATION NUMBER C C00580324
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Brabender Cox LLC
Mailing Address: 1218 Grandview Ave
City: Pittsburgh, State: PA, Zip Code: 15211
Purpose of Expenditure: Production and online dissemination of video
Category/Type: 004
Date of Public Distribution/Dissemination: 07/27/2015
Amount: 55623.00
Transaction ID: SE.4114
Date of Disbursement or Obligation: 07/24/2015
Name of Federal Candidate: RICHARD J. SANTORUM
Support: [X] Oppose: [ ]
Office Sought: [X] President [ ] Senate
Disbursement For: [X] Primary [ ] General
Calendar Year-To-Date Per Election for Office Sought: 55623.00

Full Name of Payee: Brabender Cox LLC
Mailing Address: 1218 Grandview Ave
City: Pittsburgh, State: PA, Zip Code: 15211
Purpose of Expenditure: Production and dissemination of advertising
Category/Type: 004
Date of Public Distribution/Dissemination: 12/14/2015
Amount: 89685.00
Transaction ID: SE.4154
Date of Disbursement or Obligation: 12/10/2015
Name of Federal Candidate: RICHARD J. SANTORUM
Support: [X] Oppose: [ ]
Office Sought: [X] President [ ] Senate
Disbursement For: [X] Primary [ ] General
Calendar Year-To-Date Per Election for Office Sought: 89685.00

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures: 145308.00
(b) SUBTOTAL of Unitemized Independent Expenditures:
(c) TOTAL Independent Expenditures: 145308.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nadine Maenza
[Electronically Filed]
Date: 01/31/2016
Signature