

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

AX PAC

ADDRESS (number and street) PO Box 538

Check if different than previously reported. (ACC) Wausau WI 54402

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

C C00506535

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- 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 / / in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

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 Michele Reisner

Signature of Treasurer Michele Reisner [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.

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AX 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="28926.90"/> | <input type="text" value="28926.90"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="2426.74"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="64440.00"/> | <input type="text" value="95169.00"/> |
| (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="66866.74"/> | <input type="text" value="124095.90"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="48636.85"/> | <input type="text" value="105866.01"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="18229.89"/> | <input type="text" value="18229.89"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

AX 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)..... | 8000.00 | 9500.00 |
| (ii) Unitemized | 440.00 | 1669.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 8440.00 | 11169.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 56000.00 | 84000.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 64440.00 | 95169.00 |
| 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))..... ▶ | 64440.00 | 95169.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 64440.00 | 95169.00 |

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 | 46636.85 | 77866.01 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 46636.85 | 77866.01 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 20000.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 2000.00 | 8000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 48636.85 | 105866.01 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 48636.85 | 105866.01 |

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) | 64440.00 | 95169.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 64440.00 | 95169.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 46636.85 | 77866.01 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 46636.85 | 77866.01 |

**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 42 |
| | <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 | |

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)
AX PAC

A. ROBERT A. GREENHECK
 Full Name (Last, First, Middle Initial)
 Mailing Address 3810 STERNBERG AVENUE
 City WESTON State WI Zip Code 54476-2658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GREENHECK FAN CORP Occupation VICE-PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 20 / 2015
Transaction ID : SA11.49789
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION

B. MICHELE LIEBER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1515 O STREET NW APT 206
 City WASHINGTON State DC Zip Code 20005-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALLY FINANCIAL INC. Occupation FINANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 29 / 2015
Transaction ID : SA11.49804
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

C. BRANDON MOODY
 Full Name (Last, First, Middle Initial)
 Mailing Address 521 DOLORES ST
 City SAN FRANCISCO State CA Zip Code 94110-1564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AXIOM STRATEGIES Occupation VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 17 / 2015
Transaction ID : SA11.49949
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 5500.00 |
| 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 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AX PAC

A. FOREST COUNTY POTAWATOMI COMMUNITY
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 340
 City CRANDON State WI Zip Code 54520-0340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2015
Transaction ID : SA11.49798
 Amount of Each Receipt this Period
 2500.00
CONTRIBUTION

B.
 Full Name (Last, First, Middle Initial)
 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

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

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2500.00 |
| TOTAL This Period (last page this line number only).....▶ | 8000.00 |

**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 42 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" 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)
AX PAC

A. AMERICAN EXPRESS PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 PENNSYLVANIA AVENUE NW
 SUITE 650
 City WASHINGTON State DC Zip Code 20004-2673
 FEC ID number of contributing federal political committee. **C** C00040535
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2015
Transaction ID : SA11.49794
 Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. AMERICAN FINANCIAL SERVICES ASSOCIATION PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 919 18TH STREET NW
 SUITE 300
 City WASHINGTON State DC Zip Code 20006-5526
 FEC ID number of contributing federal political committee. **C** C00038604
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2015
Transaction ID : SA11.50727
 Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. ARDA ROC-PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1201 15TH STREET NW
 SUITE 400
 City WASHINGTON State DC Zip Code 20005-2899
 FEC ID number of contributing federal political committee. **C** C00129932
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11.49793
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 10000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 9 OF 42 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" 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)
AX PAC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. AT&T FEDERAL PAC | | Date of Receipt M M / D D / Y Y Y Y Y 12 / 15 / 2015 Transaction ID : SA11.50349 |
| Mailing Address 208 S AKARD STREET FRONT 3521 | | Amount of Each Receipt this Period 2500.00 |
| City DALLAS State TX Zip Code 75202-4295 | FEC ID number of contributing federal political committee. C C00109017 | CONTRIBUTION |
| Name of Employer Occupation | Aggregate Year-to-Date ▼ 2500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. BANK OF AMERICA CORPORATION FEDERAL PAC | | Date of Receipt M M / D D / Y Y Y Y Y 12 / 02 / 2015 Transaction ID : SA11.50161 |
| Mailing Address 1455 PENNSYLVANIA AVE SE | | Amount of Each Receipt this Period 2500.00 |
| City D.C. State DC Zip Code 20003-3030 | FEC ID number of contributing federal political committee. C C00364778 | CONTRIBUTION |
| Name of Employer Occupation | Aggregate Year-to-Date ▼ 2500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. CAPITAL ONE FINANCIAL PAC | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11.49797 |
| Mailing Address 1680 CAPITAL ONE DRIVE | | Amount of Each Receipt this Period 2500.00 |
| City MCLEAN State VA Zip Code 22102-3407 | FEC ID number of contributing federal political committee. C C00326595 | CONTRIBUTION |
| Name of Employer Occupation | Aggregate Year-to-Date ▼ 5000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 7500.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 10 OF 42 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" 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)
AX PAC

Full Name (Last, First, Middle Initial)
A. CITIGROUP INC PAC

Mailing Address 1101 PENNSYLVANIA AVENUE NW
SUITE 1000

City WASHINGTON State DC Zip Code 20004-2524

FEC ID number of contributing federal political committee. **C** C00008474

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 20 / 2015

Transaction ID : SA11.50331

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. HOME DEPOT INC PAC

Mailing Address 1155 F STREET NW
SUITE 400

City WASHINGTON State DC Zip Code 20004-1346

FEC ID number of contributing federal political committee. **C** C00284885

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 06 / 2015

Transaction ID : SA11.49788

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA PAC

Mailing Address 20 F STREET, NW SUITE 610
SUITE 300

City WASHINGTON State DC Zip Code 20001-6707

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 22 / 2015

Transaction ID : SA11.49796

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 10000.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 11 OF 42 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" 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)
AX PAC

Full Name (Last, First, Middle Initial)
A. INDEPENDENT COMMUNITY BANKERS PAC

Mailing Address 1615 L ST NW
STE 900

City WASHINGTON State DC Zip Code 20036-5623

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SA11.49799

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. INDEPENDENT COMMUNITY BANKERS PAC

Mailing Address 1615 L ST NW
STE 900

City WASHINGTON State DC Zip Code 20036-5623

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2015

Transaction ID : SA11.50479

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. KOCH PAC

Mailing Address 600 14TH STREET NW
SUITE 800

City WASHINGTON State DC Zip Code 20005-2099

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2015

Transaction ID : SA11.49809

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 6000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 12 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AX PAC

Full Name (Last, First, Middle Initial)
A. KOCH PAC

Mailing Address 600 14TH STREET NW
SUITE 800

City WASHINGTON State DC Zip Code 20005-2099

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2015
Transaction ID : SA11.50481

Amount of Each Receipt this Period
4000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. NEW YORK LIFE INSURANCE PAC

Mailing Address 51 MADISON AVE
RM 1109

City NEW YORK State NY Zip Code 10010-1603

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2015
Transaction ID : SA11.50480

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. PFIZER PAC

Mailing Address 235 E 42ND ST

City NEW YORK State NY Zip Code 10017-5703

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2015
Transaction ID : SA11.49948

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 7500.00

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

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

| | | | |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 13 OF 42 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" 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)
AX PAC

A. PRICEWATERHOUSECOOPERS PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1301 K STREET NW
 SUITE 800-WEST
 City WASHINGTON State DC Zip Code 20005-3317
 FEC ID number of contributing federal political committee. **C** C00107235
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : SA11.49792
 Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. SLM CORPORATION PAC SALLIE MAE PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 CONTINENTAL DR
 City NEWARK State DE Zip Code 19713-
 FEC ID number of contributing federal political committee. **C** C00580076
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 13 / 2015
Transaction ID : SA11.50728
 Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. TUESDAY GROUP PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 209 PENNSYLVANIA AVE SE
 City WASHINGTON State DC Zip Code 20003-1107
 FEC ID number of contributing federal political committee. **C** C00433060
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : SA11.50263
 Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 7500.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 14 OF 42 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" 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)
AX PAC

A. UBS AMERICAS INC. PAC
Full Name (Last, First, Middle Initial)
Mailing Address 400 ATLANTIC STREET
C O P E R D Y R V I K
City STAMFORD State CT Zip Code 06901-3512
FEC ID number of contributing federal political committee. **C** C00012245
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 20 / 2015
Transaction ID : SA11.50332
Amount of Each Receipt this Period
5000.00
CONTRIBUTION

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

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 06 / 2015
Transaction ID : SA11.49787
Amount of Each Receipt this Period
2500.00
CONTRIBUTION

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

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 7500.00 |
| TOTAL This Period (last page this line number only).....▶ | 56000.00 |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AX PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City VIENNA State VA Zip Code 22182-2245

Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I6824

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City VIENNA State VA Zip Code 22182-2245

Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I6825

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City VIENNA State VA Zip Code 22182-2245

Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I6826

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)
AX PAC

Full Name (Last, First, Middle Initial)

A. CROSBY OTTENHOFF GROUP

Mailing Address 611 PENNSYLVANIA AVENUE SE
#267

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 08 / 2015

Transaction ID : SB21B.I6827

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. HOOKS SOLUTIONS LLC

Mailing Address P.O. BOX 15474

City WASHINGTON State DC Zip Code 20003-2706

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SB21B.I6829

Amount of Each Disbursement this Period

8250.00

Full Name (Last, First, Middle Initial)

C. HOOKS SOLUTIONS LLC

Mailing Address P.O. BOX 15474

City WASHINGTON State DC Zip Code 20003-2706

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SB21B.I6830

Amount of Each Disbursement this Period

26.46

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

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

8776.46

**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)
AX PAC

Full Name (Last, First, Middle Initial)

A. HOOKS SOLUTIONS LLC

Mailing Address P.O. BOX 15474

City WASHINGTON State DC Zip Code 20003-2706

Purpose of Disbursement
DELIVERY SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SB21B.I6831

Amount of Each Disbursement this Period

72.25

Full Name (Last, First, Middle Initial)

B. HOOKS SOLUTIONS LLC

Mailing Address P.O. BOX 15474

City WASHINGTON State DC Zip Code 20003-2706

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SB21B.I6832

Amount of Each Disbursement this Period

6.50

Full Name (Last, First, Middle Initial)

C. HOOKS SOLUTIONS LLC

Mailing Address P.O. BOX 15474

City WASHINGTON State DC Zip Code 20003-2706

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SB21B.I6833

Amount of Each Disbursement this Period

85.66

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

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

164.41

**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)
AX PAC

Full Name (Last, First, Middle Initial)

A. HOOKS SOLUTIONS LLC

Mailing Address P.O. BOX 15474

City WASHINGTON State DC Zip Code 20003-2706

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : **SB21B.I6834**

Amount of Each Disbursement this Period

116.75

Full Name (Last, First, Middle Initial)

B. HOOKS SOLUTIONS LLC

Mailing Address P.O. BOX 15474

City WASHINGTON State DC Zip Code 20003-2706

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : **SB21B.I6835**

Amount of Each Disbursement this Period

442.38

Full Name (Last, First, Middle Initial)

C. RIVER VALLEY BANK CARDMEMBER SERVICES

Mailing Address P.O. BOX 790408

City ST. LOUIS State MO Zip Code 63179-4814

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : **SB21B.I6837**

Amount of Each Disbursement this Period

12.00

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

571.13

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)
AX PAC

Full Name (Last, First, Middle Initial)

A. RIVER VALLEY BANK CARDMEMBER SERVICES

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 30 | | 2015 |

Mailing Address P.O. BOX 790408

Transaction ID : SB21B.I6838

City State Zip Code
ST. LOUIS MO 63179-4814

Amount of Each Disbursement this Period

| |
|-------|
| 12.00 |
|-------|

Purpose of Disbursement
BANK FEE

| |
|--|
| |
|--|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. RIVER VALLEY BANK CARDMEMBER SERVICES

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 31 | | 2015 |

Mailing Address P.O. BOX 790408

Transaction ID : SB21B.I6839

City State Zip Code
ST. LOUIS MO 63179-4814

Amount of Each Disbursement this Period

| |
|-------|
| 12.00 |
|-------|

Purpose of Disbursement
BANK FEE

| |
|--|
| |
|--|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. RIVER VALLEY BANK CARDMEMBER SERVICES

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 30 | | 2015 |

Mailing Address P.O. BOX 790408

Transaction ID : SB21B.I6840

City State Zip Code
ST. LOUIS MO 63179-4814

Amount of Each Disbursement this Period

| |
|-------|
| 12.00 |
|-------|

Purpose of Disbursement
BANK FEE

| |
|--|
| |
|--|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

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

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

| |
|-------|
| 36.00 |
|-------|

| |
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| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AX PAC

Full Name (Last, First, Middle Initial)

A. RIVER VALLEY BANK CARDMEMBER SERVICES

Mailing Address P.O. BOX 790408

City ST. LOUIS State MO Zip Code 63179-4814

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : **SB21B.I6841**

Amount of Each Disbursement this Period

12.00

Full Name (Last, First, Middle Initial)

B. RIVER VALLEY BANK CARDMEMBER SERVICES

Mailing Address P.O. BOX 790408

City ST. LOUIS State MO Zip Code 63179-4814

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 19 / 2015

Transaction ID : **SB21B.I6842**

Amount of Each Disbursement this Period

553.00

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 01 / 2015

Transaction ID : **SB21B.I6856**

Amount of Each Disbursement this Period

178.10

[MEMO ITEM]

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

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

565.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AX PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | | 01 | | 2015 |

Transaction ID : **SB21B.I6857**

Amount of Each Disbursement this Period

| |
|-------|
| 13.96 |
|-------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | | 01 | | 2015 |

Transaction ID : **SB21B.I6858**

Amount of Each Disbursement this Period

| |
|--------|
| 237.80 |
|--------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | | 01 | | 2015 |

Transaction ID : **SB21B.I6859**

Amount of Each Disbursement this Period

| |
|-------|
| 38.00 |
|-------|

[MEMO ITEM]

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

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

| |
|------|
| 0.00 |
|------|

| |
|--|
| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AX PAC

Full Name (Last, First, Middle Initial)

A. RIVER VALLEY BANK CARDMEMBER SERVICES

Date of Disbursement

Mailing Address P.O. BOX 790408

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 01 | | 2015 |

City State Zip Code
ST. LOUIS MO 63179-4814

Transaction ID : SB21B.I6855

Purpose of Disbursement
BANK FEE

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

| |
|-------|
| 39.00 |
|-------|

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. RIVER VALLEY BANK CARDMEMBER SERVICES

Date of Disbursement

Mailing Address P.O. BOX 790408

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 07 | | 2015 |

City State Zip Code
ST. LOUIS MO 63179-4814

Transaction ID : SB21B.I6843

Purpose of Disbursement
CREDIT CARD PAYMENT

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

| |
|---------|
| 8148.42 |
|---------|

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Date of Disbursement

Mailing Address 4333 AMON CARTER BLVD

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | | 01 | | 2015 |

City State Zip Code
FORT WORTH TX 76155

Transaction ID : SB21B.I6862

Purpose of Disbursement
TRAVEL

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

| |
|--------|
| 684.66 |
|--------|

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]

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

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

| |
|---------|
| 8148.42 |
|---------|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AX PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City State Zip Code
FORT WORTH TX 76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : **SB21B.I6863**

Amount of Each Disbursement this Period

380.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City State Zip Code
FORT WORTH TX 76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : **SB21B.I6880**

Amount of Each Disbursement this Period

150.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City State Zip Code
FORT WORTH TX 76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : **SB21B.I6881**

Amount of Each Disbursement this Period

365.54

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
AX PAC

Full Name (Last, First, Middle Initial)

A. DELTA AIRLINES

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354-7561

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : **SB21B.I6864**

Amount of Each Disbursement this Period

444.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DELTA AIRLINES

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354-7561

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2015

Transaction ID : **SB21B.I6870**

Amount of Each Disbursement this Period

1552.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DELTA AIRLINES

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354-7561

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : **SB21B.I6886**

Amount of Each Disbursement this Period

28.21

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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| <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)
AX PAC

Full Name (Last, First, Middle Initial)

A. JETBLUE

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code
LONG ISLAND CITY NY 11101

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : **SB21B.I6865**

Amount of Each Disbursement this Period

21.07

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JETBLUE

Mailing Address 27-01 QUEENS PLAZA N

City State Zip Code
LONG ISLAND CITY NY 11101

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : **SB21B.I6866**

Amount of Each Disbursement this Period

402.24

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. LUXE SUNSET BLVD HOTEL

Mailing Address 11461 SUNSET BLVD

City State Zip Code
LOS ANGELES CA 90049

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2015

Transaction ID : **SB21B.I6872**

Amount of Each Disbursement this Period

221.76

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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| <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)
AX PAC

Full Name (Last, First, Middle Initial)

A. LUXE SUNSET BLVD HOTEL

Mailing Address 11461 SUNSET BLVD

City LOS ANGELES State CA Zip Code 90049

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2015

Transaction ID : **SB21B.I6873**

Amount of Each Disbursement this Period

30.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. LUXE SUNSET BLVD HOTEL

Mailing Address 11461 SUNSET BLVD

City LOS ANGELES State CA Zip Code 90049

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2015

Transaction ID : **SB21B.I6874**

Amount of Each Disbursement this Period

9.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. OSTERIA MORINI

Mailing Address 218 LAFAYETTE ST

City NEW YORK State NY Zip Code 10012

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2015

Transaction ID : **SB21B.I6876**

Amount of Each Disbursement this Period

112.50

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AX PAC

Full Name (Last, First, Middle Initial)

A. RIVER VALLEY BANK CARDMEMBER SERVICES

Date of Disbursement

Mailing Address P.O. BOX 790408

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | | 03 | | 2015 |

City State Zip Code
ST. LOUIS MO 63179-4814

Transaction ID : SB21B.I6878

Purpose of Disbursement
INTEREST

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

| |
|--------|
| 124.25 |
|--------|

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. RIVER VALLEY BANK CARDMEMBER SERVICES

Date of Disbursement

Mailing Address P.O. BOX 790408

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 01 | | 2015 |

City State Zip Code
ST. LOUIS MO 63179-4814

Transaction ID : SB21B.I6887

Purpose of Disbursement
INTEREST

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

| |
|--------|
| 138.58 |
|--------|

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. RIVER VALLEY BANK CARDMEMBER SERVICES

Date of Disbursement

Mailing Address P.O. BOX 790408

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 06 | | 2015 |

City State Zip Code
ST. LOUIS MO 63179-4814

Transaction ID : SB21B.I6888

Purpose of Disbursement
INTEREST

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

| |
|--------|
| 221.31 |
|--------|

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

[MEMO ITEM]

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

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|------|
| 0.00 |
|------|

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AX PAC

Full Name (Last, First, Middle Initial)

A. THE CAPITOL LOUNGE

Mailing Address 229 PENNSYLVANIA AVENUE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
CATERING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2015

Transaction ID : **SB21B.I6879**

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address 233 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606-1604

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : **SB21B.I6867**

Amount of Each Disbursement this Period

444.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address 233 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606-1604

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : **SB21B.I6868**

Amount of Each Disbursement this Period

129.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
AX PAC

Full Name (Last, First, Middle Initial)

A. RIVER VALLEY BANK CARDMEMBER SERVICES

Mailing Address P.O. BOX 790408

City ST. LOUIS State MO Zip Code 63179-4814

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 07 | | | 2015 | | | |

Transaction ID : SB21B.I6844

Amount of Each Disbursement this Period

| |
|---------|
| 9300.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. PARK HYATT CHICAGO

Mailing Address 800 N MICHIGAN AVE

City CHICAGO State IL Zip Code 60611

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 07 | | | 2015 | | | |

Transaction ID : SB21B.I6934

Amount of Each Disbursement this Period

| |
|---------|
| 5866.32 |
|---------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. PARK HYATT CHICAGO

Mailing Address 800 N MICHIGAN AVE

City CHICAGO State IL Zip Code 60611

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 04 | | | 2015 | | | |

Transaction ID : SB21B.I6935

Amount of Each Disbursement this Period

| |
|---------|
| 3433.68 |
|---------|

[MEMO ITEM]

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

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

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|---------|
| 9300.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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| <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)
AX PAC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. RIVER VALLEY BANK CARDMEMBER SERVICES | | Date of Disbursement MM / DD / YYYY 10 / 07 / 2015 |
| Mailing Address P.O. BOX 790408 | | Transaction ID : SB21B.I6845 |
| City ST. LOUIS | State MO | |
| Zip Code 63179-4814 | Purpose of Disbursement CREDIT CARD PAYMENT | Amount of Each Disbursement this Period 5000.00 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES | | Date of Disbursement MM / DD / YYYY 11 / 04 / 2015 |
| Mailing Address 4333 AMON CARTER BLVD | | Transaction ID : SB21B.I6928 |
| City FORT WORTH | State TX | |
| Zip Code 76155 | Purpose of Disbursement TRAVEL | Amount of Each Disbursement this Period 718.60 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. CORNER BAKERY | | Date of Disbursement MM / DD / YYYY 10 / 05 / 2015 |
| Mailing Address 12700 PARK CENTRAL DR. #1300 | | Transaction ID : SB21B.I6907 |
| City DALLAS | State TX | |
| Zip Code 75251 | Purpose of Disbursement TRAVEL | Amount of Each Disbursement this Period 207.70 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... ▶ | 5000.00 |
| 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)

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
AX PAC

Full Name (Last, First, Middle Initial)

A. DELTA AIRLINES

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354-7561

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : **SB21B.I6932**

Amount of Each Disbursement this Period

892.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. PARK HYATT CHICAGO

Mailing Address 800 N MICHIGAN AVE

City CHICAGO State IL Zip Code 60611

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : **SB21B.I6913**

Amount of Each Disbursement this Period

138.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. PARK HYATT CHICAGO

Mailing Address 800 N MICHIGAN AVE

City CHICAGO State IL Zip Code 60611

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : **SB21B.I6914**

Amount of Each Disbursement this Period

11.84

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AX PAC

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) A. PARK HYATT CHICAGO | | Date of Disbursement MM / DD / YYYY 10 / 07 / 2015 |
| Mailing Address 800 N MICHIGAN AVE | | Transaction ID : SB21B.I6933 |
| City CHICAGO | State IL | |
| Purpose of Disbursement TRAVEL | Candidate Name | Amount of Each Disbursement this Period 2500.00 |
| 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. RIVER VALLEY BANK CARDMEMBER SERVICES | | Date of Disbursement MM / DD / YYYY 10 / 06 / 2015 |
| Mailing Address P.O. BOX 790408 | | Transaction ID : SB21B.I6921 |
| City ST. LOUIS | State MO | |
| Purpose of Disbursement BANK FEE | Candidate Name | Amount of Each Disbursement this Period 10.00 |
| 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) C. RIVER VALLEY BANK CARDMEMBER SERVICES | | Date of Disbursement MM / DD / YYYY 10 / 07 / 2015 |
| Mailing Address P.O. BOX 790408 | | Transaction ID : SB21B.I6925 |
| City ST. LOUIS | State MO | |
| Purpose of Disbursement BANK FEE | Candidate Name | Amount of Each Disbursement this Period 39.00 |
| 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: | | |

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| 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)
AX PAC

Full Name (Last, First, Middle Initial)

A. VICTORY GARDENS THEATRE

Mailing Address 2433 N LINCOLN AVE

City State Zip Code
CHICAGO IL 60614

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | / | 07 | / | 2015 |

Transaction ID : **SB21B.I6926**

Amount of Each Disbursement this Period

| |
|--------|
| 202.50 |
|--------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. RIVER VALLEY BANK CARDMEMBER SERVICES

Mailing Address P.O. BOX 790408

City State Zip Code
ST. LOUIS MO 63179-4814

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | / | 02 | / | 2015 |

Transaction ID : **SB21B.I6846**

Amount of Each Disbursement this Period

| |
|-------|
| 26.95 |
|-------|

Full Name (Last, First, Middle Initial)

C. RIVER VALLEY BANK CARDMEMBER SERVICES

Mailing Address P.O. BOX 790408

City State Zip Code
ST. LOUIS MO 63179-4814

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 11 | / | 2015 |

Transaction ID : **SB21B.I6847**

Amount of Each Disbursement this Period

| |
|---------|
| 6034.34 |
|---------|

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

| |
|---------|
| 6061.29 |
|---------|

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AX PAC

Full Name (Last, First, Middle Initial)

A. BALENA

Mailing Address 1633 N HALSTED ST

City CHICAGO State IL Zip Code 60614

Purpose of Disbursement
CATERING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I6897**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CAPITOL HILL CLUB

Mailing Address 300 FIRST STRET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
CATERING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I6898**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. PACIFIO CANTINO

Mailing Address 514 8TH ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
CATERING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I6892**

Amount of Each Disbursement this Period

[MEMO ITEM]

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)
AX PAC

Full Name (Last, First, Middle Initial)

A. RIVER VALLEY BANK CARDMEMBER SERVICES

Date of Disbursement

Mailing Address P.O. BOX 790408

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 06 | | 2015 |

City State Zip Code
ST. LOUIS MO 63179-4814

Transaction ID : SB21B.I6889

Purpose of Disbursement
BANK FEE

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

| |
|-------|
| 39.00 |
|-------|

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. RIVER VALLEY BANK CARDMEMBER SERVICES

Date of Disbursement

Mailing Address P.O. BOX 790408

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 05 | | 2015 |

City State Zip Code
ST. LOUIS MO 63179-4814

Transaction ID : SB21B.I6894

Purpose of Disbursement
BANK FEE

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

| |
|-------|
| 39.00 |
|-------|

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. RIVER VALLEY BANK CARDMEMBER SERVICES

Date of Disbursement

Mailing Address P.O. BOX 790408

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 05 | | 2015 |

City State Zip Code
ST. LOUIS MO 63179-4814

Transaction ID : SB21B.I6895

Purpose of Disbursement
INTEREST

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

| |
|--------|
| 255.56 |
|--------|

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

[MEMO ITEM]

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

| |
|------|
| 0.00 |
|------|

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AX PAC

Full Name (Last, First, Middle Initial)

A. RIVER VALLEY BANK CARDMEMBER SERVICES

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 03 | | 2015 |

Mailing Address P.O. BOX 790408

Transaction ID : SB21B.I6899

City State Zip Code
ST. LOUIS MO 63179-4814

Amount of Each Disbursement this Period

| |
|--------|
| 132.42 |
|--------|

Purpose of Disbursement
INTEREST

| |
|-------------------|
| Category/ Type |
|-------------------|

Candidate Name

[MEMO ITEM]

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

Full Name (Last, First, Middle Initial)

B. RIVER VALLEY BANK CARDMEMBER SERVICES

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 30 | | 2015 |

Mailing Address P.O. BOX 790408

Transaction ID : SB21B.I6848

City State Zip Code
ST. LOUIS MO 63179-4814

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

Purpose of Disbursement
CREDIT CARD PAYMENT

| |
|-------------------|
| Category/ Type |
|-------------------|

Candidate Name

[MEMO ITEM]

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

Full Name (Last, First, Middle Initial)

C. DELTA AIRLINES

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 05 | | 2015 |

Mailing Address 1030 DELTA BLVD

Transaction ID : SB21B.I6904

City State Zip Code
ATLANTA GA 30354-7561

Amount of Each Disbursement this Period

| |
|--------|
| 701.20 |
|--------|

Purpose of Disbursement
TRAVEL

| |
|-------------------|
| Category/ Type |
|-------------------|

Candidate Name

[MEMO ITEM]

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

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

| |
|---------|
| 1500.00 |
|---------|

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

| |
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| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AX PAC

Full Name (Last, First, Middle Initial)

A. DELTA AIRLINES

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354-7561

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : **SB21B.I6905**

Amount of Each Disbursement this Period

651.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DELTA AIRLINES

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354-7561

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : **SB21B.I6906**

Amount of Each Disbursement this Period

79.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address 233 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606-1604

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : **SB21B.I6901**

Amount of Each Disbursement this Period

3.99

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AX PAC

Full Name (Last, First, Middle Initial)

A. RIVER VALLEY BANK CARDMEMBER SERVICES

Mailing Address P.O. BOX 790408

City ST. LOUIS State MO Zip Code 63179-4814

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 29 / 2015

Transaction ID : SB21B.I6849

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. PARK HYATT CHICAGO

Mailing Address 800 N MICHIGAN AVE

City CHICAGO State IL Zip Code 60611

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I6936

Amount of Each Disbursement this Period

1839.24

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. PARK HYATT CHICAGO

Mailing Address 800 N MICHIGAN AVE

City CHICAGO State IL Zip Code 60611

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I6937

Amount of Each Disbursement this Period

598.34

[MEMO ITEM]

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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)
AX PAC

Full Name (Last, First, Middle Initial)

A. PARK HYATT CHICAGO

Mailing Address 800 N MICHIGAN AVE

City CHICAGO State IL Zip Code 60611

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 05 | | | 2015 | | | |

Transaction ID : **SB21B.I6938**

Amount of Each Disbursement this Period

| |
|--------|
| 121.82 |
|--------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. RIVER VALLEY BANK CARDMEMBER SERVICES

Mailing Address P.O. BOX 790408

City ST. LOUIS State MO Zip Code 63179-4814

Purpose of Disbursement
INTEREST

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 04 | | | 2015 | | | |

Transaction ID : **SB21B.I6939**

Amount of Each Disbursement this Period

| |
|--------|
| 213.84 |
|--------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. RIVER VALLEY BANK CARDMEMBER SERVICES

Mailing Address P.O. BOX 790408

City ST. LOUIS State MO Zip Code 63179-4814

Purpose of Disbursement
INTEREST

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 04 | | | 2015 | | | |

Transaction ID : **SB21B.I6940**

Amount of Each Disbursement this Period

| |
|--------|
| 117.60 |
|--------|

[MEMO ITEM]

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

| |
|------|
| 0.00 |
|------|

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AX PAC

Full Name (Last, First, Middle Initial)

A. RIVER VALLEY BANK CARDMEMBER SERVICES

Mailing Address P.O. BOX 790408

City ST. LOUIS State MO Zip Code 63179-4814

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : **SB21B.I6850**

Amount of Each Disbursement this Period

2752.14

Full Name (Last, First, Middle Initial)

B. OSTERIA MORINI

Mailing Address 218 LAFAYETTE ST

City NEW YORK State NY Zip Code 10012

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : **SB21B.I6945**

Amount of Each Disbursement this Period

224.81

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. THE CAPITOL LOUNGE

Mailing Address 229 PENNSYLVANIA AVENUE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
CATERING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2015

Transaction ID : **SB21B.I6946**

Amount of Each Disbursement this Period

2527.33

[MEMO ITEM]

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

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

2752.14

**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)
AX PAC

Full Name (Last, First, Middle Initial)

A. RIVER VALLEY BANK CARDMEMBER SERVICES

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2015 |

Mailing Address P.O. BOX 790408

Transaction ID : SB21B.I6851

City State Zip Code
ST. LOUIS MO 63179-4814

Amount of Each Disbursement this Period

| |
|-------|
| 12.00 |
|-------|

Purpose of Disbursement
BANK FEE

| |
|--|
| |
|--|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | / | | / | |

Mailing Address

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

City State Zip Code

Purpose of Disbursement

| |
|--|
| |
|--|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | / | | / | |

Mailing Address

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

City State Zip Code

Purpose of Disbursement

| |
|--|
| |
|--|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

| |
|-------|
| 12.00 |
|-------|

| |
|----------|
| 46636.85 |
|----------|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AX PAC

Full Name (Last, First, Middle Initial)

A. DOLD FOR CONGRESS

Mailing Address 326 S MILWAUKEE AVE

City LIBERTYVILLE State IL Zip Code 60048-2819

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name

ROBERT JAMES DOLD JR.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : **SB23.I6828**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. POLIQUIN FOR CONGRESS

Mailing Address 123 SNOW POND RD

City OAKLAND State ME Zip Code 04963

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name

BRUCE L POLIQUIN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ME District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : **SB23.I6836**

Amount of Each Disbursement this Period

1000.00

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 M / D 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)..... ▶

2000.00