

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Patriots for Perry

ADDRESS (number and street)

PO Box 147

Check if different than previously reported. (ACC)

Red Lion

PA

17356

2. FEC IDENTIFICATION NUMBER

C C00510164

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

PA

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

X

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 Lisa Stone

Signature of Treasurer Lisa Stone

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Patriots for Perry

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	55093.00	209052.14
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	55093.00	209052.14
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	30711.74	149248.93
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	30711.74	149248.93
8. Cash on Hand at Close of Reporting Period (from Line 27).....	192504.39	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Patriots for Perry

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9473.00	61173.00
(ii) Unitemized.....	7370.00	21629.14
(iii) TOTAL of contributions from individuals ▶	16843.00	82802.14
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	38250.00	126250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	55093.00	209052.14
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	14.39	63.40
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	55107.39	209115.54

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	30711.74	149248.93
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	65500.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	350.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	30711.74	215098.93

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	168108.74
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	55107.39
25. SUBTOTAL (add Line 23 and Line 24).....	223216.13
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	30711.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	192504.39

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

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

FOR LINE NUMBER: PAGE 5 OF 50
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
Patriots for Perry

A. Full Name (Last, First, Middle Initial)
FREDERICK G. CALLAHAN

Mailing Address 2830 SKY TOP TRAIL

City DOVER State PA Zip Code 17315-2540

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

Name of Employer COLONY PAPERS INC. Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 14 / 2015

Transaction ID : SA11.3110

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. ARLETTE FIGDORE

Mailing Address 475 JUG ROAD

City YORK State PA Zip Code 17404-9796

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2015

Transaction ID : SA11.3224

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GEORGE A. SPANGLER JR.

Mailing Address 1524 SCOTCH DRIVE

City YORK State PA Zip Code 17404-6470

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : SA11.3120

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 50
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Patriots for Perry

A. Full Name (Last, First, Middle Initial)
PETER P. BRUBAKER

Mailing Address 160 EDGEWOOD DRIVE

City YORK State PA Zip Code 17403-3606

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2015

Transaction ID : SA11.3165

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. SUSAN P. BYRNES

Mailing Address 745 WITMER ROAD

City YORK State PA Zip Code 17402-9373

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

Name of Employer SUSAN P BYRNES HEALTH EDU CENT Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2015

Transaction ID : SA11.3169

Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
STAN CLARK JR.

Mailing Address 915 FAIRVIEW AVENUE

City GETTYSBURG State PA Zip Code 17325-2906

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

Name of Employer PROGRESSIVE BROADCASTING CO. Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2015

Transaction ID : SA11.3190

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

950.00

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

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

FOR LINE NUMBER: PAGE 7 OF 50
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Patriots for Perry

A. Full Name (Last, First, Middle Initial)
MR. EMERY W. DOUGHERTY

Mailing Address 451 HUNTING PARK LANE

City YORK State PA Zip Code 17402-

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

Name of Employer DENTSPLY RESEARCH & DEVELOPMENT Occupation INVENTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2015

Transaction ID : SA11.3178

Amount of Each Receipt this Period
 _____ 150.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
STANTON S. LEBOUITZ M.D.

Mailing Address 175 HIDDEN HILL FARM

City YORK State PA Zip Code 17403-9362

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2015

Transaction ID : SA11.3125

Amount of Each Receipt this Period
 _____ 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STEPHEN C. LEER

Mailing Address 3 BARLO CIRCLE

City DILLSBURG State PA Zip Code 17019-1621

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

Name of Employer LEER ELECTRIC Occupation ELECTRIC CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2015

Transaction ID : SA11.3168

Amount of Each Receipt this Period
 _____ 500.00

CONTRIBUTION

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

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

_____ 900.00

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

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

FOR LINE NUMBER: PAGE 8 OF 50
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Patriots for Perry

A. Full Name (Last, First, Middle Initial)
MS. KAREN SAMPSON MOORE

Mailing Address **284 ALPAT DRIVE**

City **DILLSBURG** State **PA** Zip Code **17019-9503**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 08 / 2015

Transaction ID : SA11.3219

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

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

Mailing Address **1872 VILLA COURT**

City **LANCASTER** State **PA** Zip Code **17603-2386**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 08 / 2015

Transaction ID : SA11.3161

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MATTHEW M. SHARRER

Mailing Address **445 PLUM RUN ROAD**

City **NEW OXFORD** State **PA** Zip Code **17350-9617**

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

Name of Employer **AGCOM** Occupation **GENERAL MANAGER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 08 / 2015

Transaction ID : SA11.3221

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

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

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

650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 50
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Patriots for Perry

A. Full Name (Last, First, Middle Initial)
THOMAS C. NORRIS

Mailing Address 12 WOODLAND COURT

City YORK State PA Zip Code 17403-4443

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.3255

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOANNE A. BANKOS

Mailing Address 882 HERITAGE HILL DRIVE

City YORK State PA Zip Code 17402-8400

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

Name of Employer COLLENS-WAGNER AGENCY INC. Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11.3272

Amount of Each Receipt this Period
 400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STANLEY E. BROWN

Mailing Address P.O. BOX 268

City LOGANVILLE State PA Zip Code 17342-0268

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

Name of Employer BROWNS ORCHARDS & FARM MARKET Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
226.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11.3265

Amount of Each Receipt this Period
 113.00

CONTRIBUTION

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

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

763.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 50
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Patriots for Perry

A. Full Name (Last, First, Middle Initial)
ROBERT J. DIETZ

Mailing Address **740 BRENTWATER ROAD**

City **CAMP HILL** State **PA** Zip Code **17011-1503**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : SA11.3271

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PAUL L MINNICH

Mailing Address **P.O. BOX 1094**

City **YORK** State **PA** Zip Code **17405-1094**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1135.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : SA11.3264

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

Mailing Address **3399 BARWOOD ROAD**

City **YORK** State **PA** Zip Code **17406-7091**

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

Name of Employer **YORK COLLEGE** Occupation **PROFESSOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : SA11.3258

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 50
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Patriots for Perry

A. Full Name (Last, First, Middle Initial)
MR. GERALD B. SCHWILLE

Mailing Address 227 AUTUMN WOODS CIRCLE

City DILLSBURG State PA Zip Code 17019-1398

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

Name of Employer NORTHEN YORK SCHOOL DISTRICT Occupation ATHLETIC DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11.3293

Amount of Each Receipt this Period
 200.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GEORGE SGAGIAS

Mailing Address 589 SALEM RD.

City ETTERS State PA Zip Code 17319-9548

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

Name of Employer HILLSIDE CAFE Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11.3262

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GEORGE A. SPANGLER JR.

Mailing Address 1524 SCOTCH DRIVE

City YORK State PA Zip Code 17404-6470

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

Name of Employer INFORMATION REQUESTED PER BEST EFF(Occupation INFORMATION REQUESTED PER BEST EFF(

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11.3294

Amount of Each Receipt this Period
 75.00

CONTRIBUTION

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

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

375.00

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

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

FOR LINE NUMBER: PAGE 12 OF 50
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Patriots for Perry

A. Full Name (Last, First, Middle Initial)
PAUL L MINNICH

Mailing Address **P.O. BOX 1094**

City **YORK** State **PA** Zip Code **17405-1094**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1135.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : SA11.3225

Amount of Each Receipt this Period
35.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. STEPHEN C. LEER

Mailing Address **3 BARLO CIRCLE**

City **DILLSBURG** State **PA** Zip Code **17019-1621**

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

Name of Employer **LEER ELECTRIC** Occupation **ELECTRIC CONTRACTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : SA11.3312

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PAUL L MINNICH

Mailing Address **P.O. BOX 1094**

City **YORK** State **PA** Zip Code **17405-1094**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1135.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : SA11.3311

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

1285.00

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

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

FOR LINE NUMBER: PAGE 13 OF 50
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Patriots for Perry

A. Full Name (Last, First, Middle Initial)
ROBERT L. MARQUETTE

Mailing Address 1530 WATERFORD

City State Zip Code
CAMP HILL PA 17011-9000

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

Name of Employer Occupation
MEMBERS 1ST FED CREDIT UNION PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11.3322

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOSEPH G. WAGMAN

Mailing Address 975 SUMMIT CIRCLE NORTH

City State Zip Code
YORK PA 17403-4427

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

Name of Employer Occupation
SELF-EMPLOYED CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11.3321

Amount of Each Receipt this Period
 1000.00
 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)

Election Cycle-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).....

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

3500.00

9473.00

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

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

FOR LINE NUMBER: PAGE 14 OF 50
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Patriots for Perry

A. Full Name (Last, First, Middle Initial)
CONCRETEPAC

Mailing Address 900 SPRING STREET

City State Zip Code
SILVER SPRING MD 20910-4017

FEC ID number of contributing federal political committee. **C C00114025**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 03 / 2015

Transaction ID : SA11.3065

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

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

Mailing Address PO BOX 7711

City State Zip Code
ARLINGTON VA 22207-0711

FEC ID number of contributing federal political committee. **C C00458588**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.3104

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARKETPLACE IDEAS AND CONSERVATIVE KNOWLEDGE PAC

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code
ALEXANDRIA VA 22314-5404

FEC ID number of contributing federal political committee. **C C00502591**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 14 / 2015

Transaction ID : SA11.3111

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 15 OF 50
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Patriots for Perry

A. Full Name (Last, First, Middle Initial)
TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING

Mailing Address 430 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003-1826

FEC ID number of contributing federal political committee. **C C00002881**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 14 / 2015

Transaction ID : SA11.3108

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING

Mailing Address 430 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003-1826

FEC ID number of contributing federal political committee. **C C00002881**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 14 / 2015

Transaction ID : SA11.3109

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 1006 PENNSYLVANIA AVE. SE

City WASHINGTON State DC Zip Code 20003-2142

FEC ID number of contributing federal political committee. **C C00295527**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 27 / 2015

Transaction ID : SA11.3223

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 50
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Patriots for Perry

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

Mailing Address P.O. BOX 618

City ALTON State IL Zip Code 62002-0618

FEC ID number of contributing federal political committee. **C** C00103937

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 27 / 2015

Transaction ID : SA11.3222

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AUTO CARE ASSOCIATION PAC

Mailing Address 7101 WISCONSIN AVENUE, SUITE 1300

City BETHESDA State MD Zip Code 20814-4866

FEC ID number of contributing federal political committee. **C** C00250753

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2015

Transaction ID : SA11.3119

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
COLUMBIA PIPELINE GROUP, INC. PAC

Mailing Address 10 G STREET NE, SUITE 400

City WASHINGTON State DC Zip Code 20002-4277

FEC ID number of contributing federal political committee. **C** C00575340

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2015

Transaction ID : SA11.3118

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 50
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Patriots for Perry

Full Name (Last, First, Middle Initial)
COMCAST CORPORATION POLITICAL ACTION COMMITTEE- FEDERAL

Mailing Address 1701 JFK BLVD, 49TH FLOOR

City	State	Zip Code
PHILADELPHIA	PA	19103-2855

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2015

Transaction ID : SA11.3117

Amount of Each Receipt this Period
 _____ 1000.00
 CONTRIBUTION

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

Mailing Address 200 CIVIC CENTER DRIVE

City	State	Zip Code
COLUMBUS	OH	43215-4138

FEC ID number of contributing federal political committee. **C C00051979**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2015

Transaction ID : SA11.3116

Amount of Each Receipt this Period
 _____ 1000.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
OLDCASTLE MATERIALS INC. PAC

Mailing Address 101 CONSTITUTION AVENUE
600 W

City	State	Zip Code
WASHINGTON	DC	20001-2133

FEC ID number of contributing federal political committee. **C C00346353**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2015

Transaction ID : SA11.3115

Amount of Each Receipt this Period
 _____ 2000.00
 CONTRIBUTION

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

_____ 4000.00

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

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

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

FOR LINE NUMBER: PAGE 18 OF 50
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Patriots for Perry

A. Full Name (Last, First, Middle Initial)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION

Mailing Address P.O. BOX 1000
1 NW OOIDA DR.

City GRAIN VALLEY State MO Zip Code 64029-1000

FEC ID number of contributing federal political committee. **C** C00236778

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 6000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 24 / 2015

Transaction ID : SA11.3113

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION

Mailing Address P.O. BOX 1000
1 NW OOIDA DR.

City GRAIN VALLEY State MO Zip Code 64029-1000

FEC ID number of contributing federal political committee. **C** C00236778

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 6000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 24 / 2015

Transaction ID : SA11.3114

Amount of Each Receipt this Period
1500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION

Mailing Address 1201 15TH STREET, NW

City WASHINGTON State DC Zip Code 20005-2899

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

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

Transaction ID : SA11.3257

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 50
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Patriots for Perry

A. Full Name (Last, First, Middle Initial)
EXXON MOBIL CORPORATION POLITICAL ACTION COMMITTEE (EXXONMOB)

Mailing Address **PO BOX 20503**

City **INDIANAPOLIS** State **IN** Zip Code **46220-0503**

FEC ID number of contributing federal political committee. **C C00121368**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4000.00**

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

Transaction ID : SA11.3256

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address **1120 CONNECTICUT AVENUE NW
SUITE 600**

City **WASHINGTON** State **DC** Zip Code **20036-3971**

FEC ID number of contributing federal political committee. **C C00004275**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : SA11.3250

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ENTERPRISE HOLDINGS, INC. POLITICAL ACTION COMMITTEE

Mailing Address **600 CORPORATE PARK DRIVE**

City **ST. LOUIS** State **MO** Zip Code **63105-4204**

FEC ID number of contributing federal political committee. **C C00219642**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : SA11.3249

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 50
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Patriots for Perry

A. Full Name (Last, First, Middle Initial)
INTERNATIONAL PAPER POLITICAL ACTION COMMITTEE (IP-PAC)

Mailing Address 1101 PENNSYLVANIA AVENUE NW
SUITE 200

City WASHINGTON State DC Zip Code 20004-2514

FEC ID number of contributing federal political committee. **C** C00034405

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11.3248

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS PAC

Mailing Address 2901 TELESTAR CT.

City FALLS CHURCH State VA Zip Code 22042-1260

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11.3252

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL COURT REPORTERS ASSOCIATION PAC

Mailing Address 8224 OLD COURTHOUSE ROAD

City VIENNA State VA Zip Code 22182-3808

FEC ID number of contributing federal political committee. **C** C00146506

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11.3253

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 50
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Patriots for Perry

A. Full Name (Last, First, Middle Initial)
TRALAPAC

Mailing Address **675 N WASHINGTON STREET**
SUITE 410

City **ALEXANDRIA** State **VA** Zip Code **22314-1939**

FEC ID number of contributing federal political committee. **C C00499400**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : SA11.3251

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
VRIDE POLITICAL ACTION COMMITTEE

Mailing Address **1220 RANKIN DRIVE**

City **TROY** State **MI** Zip Code **48083-6004**

FEC ID number of contributing federal political committee. **C C00489096**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : SA11.3254

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN PHYSICAL THERAPY ASSOC PAC

Mailing Address **111 N FAIRFAX ST**

City **ALEXANDRIA** State **VA** Zip Code **22314-3301**

FEC ID number of contributing federal political committee. **C C00012880**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : SA11.3242

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 22 OF 50
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Patriots for Perry

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

Mailing Address **PO BOX 878**

City **PROVIDENCE** State **RI** Zip Code **02901-0878**

FEC ID number of contributing federal political committee. **C C00123612**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : SA11.3247

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AIR LINE PILOTS ASSOCIATION PAC

Mailing Address **1625 MASSACHUSETTS AVE. NW**

City **WASHINGTON** State **DC** Zip Code **20036-2212**

FEC ID number of contributing federal political committee. **C C00035451**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5500.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : SA11.3314

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AIR LINE PILOTS ASSOCIATION PAC

Mailing Address **1625 MASSACHUSETTS AVE. NW**

City **WASHINGTON** State **DC** Zip Code **20036-2212**

FEC ID number of contributing federal political committee. **C C00035451**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5500.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : SA11.3315

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 50
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Patriots for Perry

A. Full Name (Last, First, Middle Initial)
BRYAN CAVE LLP POLITICAL FUND

Mailing Address 1155 F STREET NW
SUITE 700

City WASHINGTON State DC Zip Code 20004-1312

FEC ID number of contributing federal political committee. **C** C00332643

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11.3319

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PHILIPS ELECTRONICS NORTH AMERICA CORP PAC

Mailing Address 1050 K STREET, NW
SUITE 900

City WASHINGTON State DC Zip Code 20001-4460

FEC ID number of contributing federal political committee. **C** C00239780

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11.3318

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PPL PEOPLE FOR GOOD GOVERNMENT

Mailing Address TWO NORTH NINTH STREET
GENTW2

City ALLENTOWN State PA Zip Code 18101-1139

FEC ID number of contributing federal political committee. **C** C00228106

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11.3316

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

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

3250.00

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

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

FOR LINE NUMBER: PAGE 24 OF 50
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Patriots for Perry

A. Full Name (Last, First, Middle Initial)
TEXTILEPAC

Mailing Address **PO BOX 1090**

City **CHERRYVILLE** State **NC** Zip Code **28021-1090**

FEC ID number of contributing federal political committee. **C C00405555**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : SA11.3320

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTI

Mailing Address **805 FIFTEENTH ST NW SUITE 430**

City **WASHINGTON** State **DC** Zip Code **20005-2273**

FEC ID number of contributing federal political committee. **C C00147173**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : SA11.3313

Amount of Each Receipt this Period
2000.00
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)

Election Cycle-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).....

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

3000.00

38250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 50			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Patriots for Perry

Full Name (Last, First, Middle Initial) A. COMPLETE CAMPAIGNS		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 3625 RUFFIELD		Amount of Each Disbursement this Period 95.00
City SAN DIEGO	State CA	Zip Code 92122
Purpose of Disbursement EMAIL EXPENSE	Category/Type	
Candidate Name	Transaction ID : SB17.I1124	
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) B. SUMMIT FAMILY RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 2210 GETTYSBURG PIKE		Amount of Each Disbursement this Period 29.85
City CAMP HILL	State PA	Zip Code 17011
Purpose of Disbursement TRAVEL- MEALS	Category/Type	
Candidate Name	Transaction ID : SB17.I1166	
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. DELUXE BUSINESS SYSTEMS		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 3680 VICTORIA ST NORTH		Amount of Each Disbursement this Period 43.57
City SHOREVIEW	State MN	Zip Code 55126
Purpose of Disbursement DEPOSIT SLIPS	Category/Type 001	
Candidate Name	Transaction ID : SB17.I1155	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	73.42
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 50			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Patriots for Perry

Full Name (Last, First, Middle Initial) A. RED, WHITE AND BLUE LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 5316 CASTLESTONE DR		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.I1057
City BALTIMORE	State MD	
Zip Code 21237-4901	Purpose of Disbursement ADMINISTRATIVE CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address PO BOX 25505		Amount of Each Disbursement this Period 153.80 Transaction ID : SB17.I1131
City LEHIGH VALLEY	State PA	
Zip Code 18002-5505	Purpose of Disbursement CELLULAR PHONE SERVICE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2015
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 798.00 Transaction ID : SB17.I1160
City TYSONS CORNER	State VA	
Zip Code 22182	Purpose of Disbursement DATABASE MANAGEMENT	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	DATABASE MANAGEMENT

SUBTOTAL of Disbursements This Page (optional).....	1251.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 50	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Patriots for Perry

Full Name (Last, First, Middle Initial) A. INTUIT		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 1.60
City MOUNTAIN VIEW	State CA Zip Code 94043	
Purpose of Disbursement PROCESSING FEE	Category/Type 001	Transaction ID : SB17.I1156
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PROCESSING FEE
State: District:		

Full Name (Last, First, Middle Initial) B. NEWEGG.COM		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 16839 E GALE AVENUE		Amount of Each Disbursement this Period 64.99
City CITY OF INDUSTRY	State CA Zip Code 91745	
Purpose of Disbursement COMPUTER EQUIPMENT	Category/Type	Transaction ID : SB17.I1159
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	COMPUTER EQUIPMENT
State: District:		

Full Name (Last, First, Middle Initial) C. WILLIAM H. & VIRGINI WESSELS		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 811 ROUTE 15 NORTH		Amount of Each Disbursement this Period 325.00
City DILLSBURG	State PA Zip Code 17019	
Purpose of Disbursement RENT	Category/Type 001	Transaction ID : SB17.I1089
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	391.59
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 50			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Patriots for Perry

Full Name (Last, First, Middle Initial) A. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2015
Mailing Address 300 FIRST STREET, SE		Amount of Each Disbursement this Period 375.90
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FOOD AND BEVERAGE	Transaction ID : SB17.I1090
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. LAUREN MUGLIA		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2015
Mailing Address 712 FERRIS WAY		Amount of Each Disbursement this Period 111.00
City HERSHEY	State PA	
Zip Code 17033	Purpose of Disbursement REIMBURSED EXPENSES-FOOD AND BEVERAGE	Transaction ID : SB17.I1087
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) C. BOB REILLY		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2015
Mailing Address 4342 WEBSTER DRIVE, N		Amount of Each Disbursement this Period 48.87
City YORK	State PA	
Zip Code 17402	Purpose of Disbursement TRAVEL REIMBURSEMENT-MILEAGE	Transaction ID : SB17.I1078
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:		

SUBTOTAL of Disbursements This Page (optional).....	535.77
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 50			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Patriots for Perry

Full Name (Last, First, Middle Initial) A. CAPITOL HILL CLUB			Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2015
Mailing Address 300 FIRST STREET, SE			Amount of Each Disbursement this Period 375.90 Transaction ID : SB17.I1079
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement FOOD AND BEVERAGE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. COLD SPARK MEDIA			Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2015
Mailing Address 307 FOURTH AVENUE SUITE 920			Amount of Each Disbursement this Period 2995.47 Transaction ID : SB17.I1080
City PITTSBURGH	State PA	Zip Code 15222	
Purpose of Disbursement FUNDRAISING CONSULTING AND MAILING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. GULA GRAHAM			Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2015
Mailing Address 499 S CAPITOL ST SW SUITE 420			Amount of Each Disbursement this Period 378.70 Transaction ID : SB17.I1081
City WASHINGTON	State DC	Zip Code 20003-4013	
Purpose of Disbursement FUNDRAISING EXPENSES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	3750.07
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 50	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Patriots for Perry

Full Name (Last, First, Middle Initial) A. COMPLETE CAMPAIGNS		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2015
Mailing Address 3625 RUFFIELD		Amount of Each Disbursement this Period 95.00
City SAN DIEGO	State CA	Zip Code 92122
Purpose of Disbursement EMAIL EXPENSES	Category/Type	
Candidate Name	Transaction ID : SB17.I1082	
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) B. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2015
Mailing Address 942 SHADY GROVE LANE		Amount of Each Disbursement this Period 18.80
City MEMPHIS	State TN	Zip Code 38120
Purpose of Disbursement SHIPPING	Category/Type	
Candidate Name	Transaction ID : SB17.I1084	
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. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2015
Mailing Address 942 SHADY GROVE LANE		Amount of Each Disbursement this Period 18.80
City MEMPHIS	State TN	Zip Code 38120
Purpose of Disbursement SHIPPING	Category/Type	
Candidate Name	Transaction ID : SB17.I1085	
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).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 50			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Patriots for Perry

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 942 SHADY GROVE LANE

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement SHIPPING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 30 / 2015

Amount of Each Disbursement this Period: 24.10

Transaction ID : SB17.I1086

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. WE THE PIZZA

Mailing Address 305 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FUNDRAISING CATERING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 08 / 2015

Amount of Each Disbursement this Period: 222.00

Transaction ID : SB17.I1083

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. COLD SPARK MEDIA

Mailing Address 307 FOURTH AVENUE SUITE 920

City PITTSBURGH State PA Zip Code 15222

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 22 / 2015

Amount of Each Disbursement this Period: 279.69

Transaction ID : SB17.I1130

SUBTOTAL of Disbursements This Page (optional)..... 279.69

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 50			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Patriots for Perry

Full Name (Last, First, Middle Initial) A. GULA GRAHAM			Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2015	
Mailing Address 499 S CAPITOL ST SW SUITE 420			Amount of Each Disbursement this Period 8348.92	
City WASHINGTON	State DC	Zip Code 20003-4013	Transaction ID : SB17.I1113	
Purpose of Disbursement FUNDRAISING EXPENSES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. GULA GRAHAM			Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2015	
Mailing Address 499 S CAPITOL ST SW SUITE 420			Amount of Each Disbursement this Period 4775.00	
City WASHINGTON	State DC	Zip Code 20003-4047	Transaction ID : SB17.I1129	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. ACQUA AL 2			Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2015	
Mailing Address 212 7TH ST SE			Amount of Each Disbursement this Period 1950.00	
City D.C.	State DC	Zip Code 20003	Transaction ID : SB17.I1118	
Purpose of Disbursement CATERING		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	8348.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 50	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Patriots for Perry

Full Name (Last, First, Middle Initial) A. AMERICAN TRUCKING ASSOCIATION		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2015
Mailing Address 950 N GLEBE RD, SUITE 210		Amount of Each Disbursement this Period 200.00
City ARLINGTON State VA Zip Code 22203	Purpose of Disbursement FACILITY RENTAL	
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)	Transaction ID : SB17.I1117 [MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. ASSOC. OF AMERICAN RAILROADS		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2015
Mailing Address 425 3RD STREET SW		Amount of Each Disbursement this Period 150.00
City WASHINGTON State DC Zip Code 20024	Purpose of Disbursement FACILITY RENTAL	
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)	Transaction ID : SB17.I1122 [MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. COMPLETE CAMPAIGNS		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 3625 RUFFIELD		Amount of Each Disbursement this Period 95.00
City SAN DIEGO State CA Zip Code 92122	Purpose of Disbursement EMAIL EXPENSES	
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)	Transaction ID : SB17.I1114 [MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 50			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Patriots for Perry

A. COMPLETE CAMPAIGNS

Full Name (Last, First, Middle Initial)
Mailing Address 3625 RUFFIELD

City SAN DIEGO State CA Zip Code 92122

Purpose of Disbursement EMAIL EXPENSES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 01 / 2015

Amount of Each Disbursement this Period: 105.00

Transaction ID : SB17.I1120

[MEMO ITEM]

B. FEDEX

Full Name (Last, First, Middle Initial)
Mailing Address 942 SHADY GROVE LANE

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement SHIPPING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 31 / 2015

Amount of Each Disbursement this Period: 23.75

Transaction ID : SB17.I1115

[MEMO ITEM]

C. FEDEX

Full Name (Last, First, Middle Initial)
Mailing Address 942 SHADY GROVE LANE

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement SHIPPING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 07 / 2015

Amount of Each Disbursement this Period: 18.89

Transaction ID : SB17.I1121

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 50	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Patriots for Perry

Full Name (Last, First, Middle Initial)
A. FRESH CONNECTIONS CATERING

Mailing Address 25387 PLEASANT VALLEY ROAD

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement CATERING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
05 / 20 / 2015

Amount of Each Disbursement this Period: 396.90

Transaction ID : SB17.I1123

[MEMO ITEM]

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

Mailing Address 655 TAYLOR STREET, NE

City WASHINGTON State DC Zip Code 20017

Purpose of Disbursement CATERING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
04 / 17 / 2015

Amount of Each Disbursement this Period: 384.38

Transaction ID : SB17.I1116

[MEMO ITEM]

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

Mailing Address 20 F STREET NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement FACILITY RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
04 / 30 / 2015

Amount of Each Disbursement this Period: 250.00

Transaction ID : SB17.I1119

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 50	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Patriots for Perry

Full Name (Last, First, Middle Initial) A. LAUREN MUGLIA		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2015
Mailing Address 712 FERRIS WAY		Amount of Each Disbursement this Period 217.25
City HERSHEY	State PA	
Zip Code 17033	Purpose of Disbursement REIMBURSED EXPENSES	Transaction ID : SB17.I1105
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. UNITED STATES FLAG.COM		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2015
Mailing Address 1000 WESTINGHOUSE DRIVE		Amount of Each Disbursement this Period 141.83
City NEW STANTON	State PA	
Zip Code 15672	Purpose of Disbursement CONSTITUENT GIFTS	Transaction ID : SB17.I1106
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. MEMORY LANE PIZZA LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2015
Mailing Address 162 MEMORY LN		Amount of Each Disbursement this Period 75.42
City EAST YORK	State PA	
Zip Code 17402	Purpose of Disbursement INTERN LUNCHEON	Transaction ID : SB17.I1132
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	217.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 50			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Patriots for Perry

Full Name (Last, First, Middle Initial) A. SENATE REPUBLICAN CAMPAIGN COMMITTEE			Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2015
Mailing Address 112 STATE STREET			Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.I1108
City HARRISBURG	State PA	Zip Code 17101	
Purpose of Disbursement NON-FEDERAL CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. ADAMS COUNTY REPUBLICAN COMMITTEE			Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2015
Mailing Address P.O. BOX 3415			Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.I1107
City GETTYSBURG	State PA	Zip Code 17325	
Purpose of Disbursement NON-FEDERAL CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. HARRISBURG PAL			Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2015
Mailing Address PO BOX 5102			Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.I1109
City HARRISBURG	State PA	Zip Code 17110	
Purpose of Disbursement CHARITABLE CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	2585.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 50			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Patriots for Perry

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2015
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 798.00
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement DATABASE MANAGEMENT	Category/Type	Transaction ID : SB17.I1161
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	DATABASE MANAGEMENT
State: District:		

Full Name (Last, First, Middle Initial) B. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2015
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 1.60
City MOUNTAIN VIEW	State CA Zip Code 94043	
Purpose of Disbursement PROCESSING FEE	Category/Type	Transaction ID : SB17.I1157
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PROCESSING FEE
State: District:		

Full Name (Last, First, Middle Initial) C. RED, WHITE AND BLUE LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2015
Mailing Address 5316 CASTLESTONE DR		Amount of Each Disbursement this Period 300.00
City BALTIMORE	State MD Zip Code 21237-4901	
Purpose of Disbursement ADMINISTRATIVE CONSULTING	Category/Type	Transaction ID : SB17.I1162
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	ADMINISTRATIVE CONSULTING
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1099.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 50	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Patriots for Perry

Full Name (Last, First, Middle Initial) A. GETTYSBURG FOUNDATION		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2015
Mailing Address 1195 BALTIMORE PIKE		Amount of Each Disbursement this Period 240.00
City GETTYSBURG	State PA	
Zip Code 17325	Purpose of Disbursement VENUE DEPOSIT - CONGRESSIONAL DELEGATION VISIT	Transaction ID : SB17.I1163
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. WILLIAM H. & VIRGINI WESSELS		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address 811 ROUTE 15 NORTH		Amount of Each Disbursement this Period 325.00
City DILLSBURG	State PA	
Zip Code 17019	Purpose of Disbursement RENT	Transaction ID : SB17.I1112
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. COLD SPARK MEDIA		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address 307 FOURTH AVENUE SUITE 920		Amount of Each Disbursement this Period 2381.08
City PITTSBURGH	State PA	
Zip Code 15222	Purpose of Disbursement FUNDRAISING CONSULTING	Transaction ID : SB17.I1111
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:		

SUBTOTAL of Disbursements This Page (optional).....	2946.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 50			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Patriots for Perry

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address PO BOX 25505		Amount of Each Disbursement this Period 154.45
City LEHIGH VALLEY	State PA	
Zip Code 18002-5505	Purpose of Disbursement CELLULAR PHONE SERVICE	Transaction ID : SB17.I1110
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. GETTYSBURG GROUP RESERVATIONS		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2015
Mailing Address 789 BALTIMORE ST, SUITE 200		Amount of Each Disbursement this Period 603.75
City GETTYSBURG	State PA	
Zip Code 17325	Purpose of Disbursement CONGRESSIONAL DELEGATION TOUR	Transaction ID : SB17.I1133
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) C. DOBBIN HOUSE		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address 89 STEINWEHR AVE		Amount of Each Disbursement this Period 392.50
City GETTYSBURG	State PA	
Zip Code 17325	Purpose of Disbursement MEALS CONGRESSIONAL DELEGATION VISIT	Transaction ID : SB17.I1165
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:		

SUBTOTAL of Disbursements This Page (optional).....	1150.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 50		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Patriots for Perry

Full Name (Last, First, Middle Initial) A. ERNIE'S LUNCH		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address 58 CHAMBERSBURG ST		Amount of Each Disbursement this Period 82.25
City GETTYSBURG	State PA	
Zip Code 17325	Purpose of Disbursement MEALS CONGRESSIONAL DELEGATION VISIT	Transaction ID : SB17.I1164
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. RED, WHITE AND BLUE LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address 5316 CASTLESTONE DR		Amount of Each Disbursement this Period 300.00
City BALTIMORE	State MD	
Zip Code 21237-4901	Purpose of Disbursement ADMINISTRATIVE CONSULTING	Transaction ID : SB17.I1136
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) C. SCM ASSOCIATES, INC.		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address 1283 MAIN STREET PO BOX 254		Amount of Each Disbursement this Period 1913.89
City DUBLIN	State NH	
Zip Code 03444	Purpose of Disbursement FUNDRAISING DIRECT MAIL	Transaction ID : SB17.I1104
Candidate Name	Category/ Type 003	
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).....	2296.14
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 50			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Patriots for Perry

Full Name (Last, First, Middle Initial) A. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2015
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 1.60
City MOUNTAIN VIEW	State CA Zip Code 94043	
Purpose of Disbursement PROCESSING FEE	Candidate Name	Transaction ID : SB17.I1158
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	PROCESSING FEE

Full Name (Last, First, Middle Initial) B. BOB REILLY		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address 4342 WEBSTER DRIVE, N		Amount of Each Disbursement this Period 34.50
City YORK	State PA Zip Code 17402	
Purpose of Disbursement TRAVEL REIMBURSEMENT-MILEAGE	Candidate Name	Transaction ID : SB17.I1100
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. WILLIAM H. & VIRGINI WESSELS		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address 811 ROUTE 15 NORTH		Amount of Each Disbursement this Period 325.00
City DILLSBURG	State PA Zip Code 17019	
Purpose of Disbursement RENT	Candidate Name	Transaction ID : SB17.I1098
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....	361.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 50			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Patriots for Perry

Full Name (Last, First, Middle Initial)
A. COLD SPARK MEDIA

Mailing Address 307 FOURTH AVENUE
SUITE 920

City PITTSBURGH State PA Zip Code 15222

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 03 / 2015

Amount of Each Disbursement this Period: 2029.00

Transaction ID : SB17.I1102

Full Name (Last, First, Middle Initial)
B. FLINCHBAUGH'S ORCHARD AND FARM MARKET

Mailing Address 110 DUCKTOWN ROAD

City HELLAM State PA Zip Code 17406

Purpose of Disbursement FACILITY RENTAL DEPOSIT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 03 / 2015

Amount of Each Disbursement this Period: 35.00

Transaction ID : SB17.I1099

Full Name (Last, First, Middle Initial)
C. HAMPDEN TOWNSHIP VETERANS COMMITTEE

Mailing Address 3830 PAMAY DRIVE

City MECHANICSBURG State PA Zip Code 17050

Purpose of Disbursement NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 03 / 2015

Amount of Each Disbursement this Period: 100.00

Transaction ID : SB17.I1101

SUBTOTAL of Disbursements This Page (optional)..... 2164.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 50	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Patriots for Perry

Full Name (Last, First, Middle Initial) A. SCM ASSOCIATES, INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address 1283 MAIN STREET PO BOX 254		Amount of Each Disbursement this Period 1018.94
City DUBLIN	State NH Zip Code 03444	
Purpose of Disbursement FUNDRAISING DIRECT MAIL	Category/Type 003	Transaction ID : SB17.I1103
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2015
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 798.00
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement DATABASE MANAGEMENT	Category/Type	Transaction ID : SB17.I1167
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	DATABASE MANAGEMENT
State: District:		

Full Name (Last, First, Middle Initial) C. YANKEE DOODLE DINER		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2015
Mailing Address 902 N. FRONT STREET		Amount of Each Disbursement this Period 15.77
City WOEMLEYSBURG	State PA Zip Code 17043	
Purpose of Disbursement FOOD AND BEVERAGE	Category/Type	Transaction ID : SB17.I1168
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1832.71
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 50	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Patriots for Perry

Full Name (Last, First, Middle Initial) A. REPUBLICAN FEDERAL COMMITTEE OF PENNSYLVANIA			Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015
Mailing Address 112 STATE STREET			Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.I1135
City HARRISBURG	State PA	Zip Code 17101	
Purpose of Disbursement CONTRIBUTION		Category/ Type 011	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. YORK COUNTY REPUBLICAN COMMITTEE			Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2015
Mailing Address 2453 KINGSTON COURT SUITE 101			Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.I1134
City YORK	State PA	Zip Code 17401	
Purpose of Disbursement NON-FEDERAL CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. DILLSBURG COMMUNITY FAIR ASSOCIATION			Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address PO BOX 502			Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.I1145
City DILLSBURG	State PA	Zip Code 17019-0502	
Purpose of Disbursement PARADE REGISTRATION		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	625.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 50			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Patriots for Perry

Full Name (Last, First, Middle Initial) A. GULA GRAHAM		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address 499 S CAPITOL ST SW SUITE 420		Amount of Each Disbursement this Period 252.90
City WASHINGTON State DC Zip Code 20003-4013	Purpose of Disbursement FUNDRAISING EXPENSES	
Candidate Name	Category/Type	Transaction ID : SB17.I1138
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. COMPLETE CAMPAIGNS		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2015
Mailing Address 3625 RUFFIELD		Amount of Each Disbursement this Period 75.00
City SAN DIEGO State CA Zip Code 92122	Purpose of Disbursement EMAIL EXPENSES	
Candidate Name	Category/Type	Transaction ID : SB17.I1139 [MEMO ITEM]
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. COMPLETE CAMPAIGNS		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address 3625 RUFFIELD		Amount of Each Disbursement this Period 85.00
City SAN DIEGO State CA Zip Code 92122	Purpose of Disbursement EMAIL EXPENSES	
Candidate Name	Category/Type	Transaction ID : SB17.I1142 [MEMO ITEM]
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).....	252.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 50			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Patriots for Perry

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 942 SHADY GROVE LANE		Amount of Each Disbursement this Period 18.80
City MEMPHIS	State TN	
Zip Code 38120	Purpose of Disbursement SHIPPING EXPENSE	Transaction ID : SB17.I1140
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) B. FEDEX		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 942 SHADY GROVE LANE		Amount of Each Disbursement this Period 24.10
City MEMPHIS	State TN	
Zip Code 38120	Purpose of Disbursement SHIPPING EXPENSE	Transaction ID : SB17.I1143
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. GULA GRAHAM		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 499 S CAPITOL ST SW SUITE 420		Amount of Each Disbursement this Period 50.00
City WASHINGTON	State DC	
Zip Code 20003-4013	Purpose of Disbursement FUNDRAISING EVENT REIMBURSEMENT	Transaction ID : SB17.I1141
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).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 50	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Patriots for Perry

Full Name (Last, First, Middle Initial) A. HANOVER AREA JAYCEES		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address PO BOX 368		Amount of Each Disbursement this Period 50.00
City HANOVER	State PA	
Zip Code 17331	Purpose of Disbursement PARADE REGISTRATION	Transaction ID : SB17.I1144
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. YWCA YORK		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address 320 E MARKET ST		Amount of Each Disbursement this Period 500.00
City YORK	State PA	
Zip Code 17403-5613	Purpose of Disbursement DONATION: DOMESTIC VIOLENCE AWARENESS	Transaction ID : SB17.I1137
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) C.		Date of Disbursement M M / D D / 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: <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).....	550.00
TOTAL This Period (last page this line number only).....	30711.74

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Patriots for Perry

Transaction ID : **SC/10.4813**

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Scott Perry

Primary
 General
 Other (specify) ▼

Mailing Address
155 Warrington Road

City State ZIP Code
Dillsburg PA 17019

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
10000.00 10000.00 0.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 04 / D 03 / Y 2012 M 12 / D 31 / Y 2012 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 0.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Patriots for Perry

Transaction ID : **SC/10.6868**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Scott Perry

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
155 Warrington Raod

City State ZIP Code
Dillsburg PA 17019

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
1051.00 1051.00 0.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 01 / D 29 / Y 2013 M 06 / D 01 / Y 2013 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 0.00
TOTALS This Period (last page in this line only)..... ▶ 0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.