



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**JEFF PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		134866.98
(b) Cash on Hand at Beginning of Reporting Period.....	136949.95	
(c) Total Receipts (from Line 19) .....	40805.60	60805.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	177755.55	195672.58
7. Total Disbursements (from Line 31).....	42001.34	59918.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	135754.21	135754.21
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	523.80	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**JEFF PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5500.00	15500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5500.00	15500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	24000.00	34000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	29500.00	49500.00
12. Transfers From Affiliated/Other Party Committees.....	11305.60	11305.60
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	40805.60	60805.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	40805.60	60805.60

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	1024.95
(b) Other Federal Operating Expenditures .....	17001.34	32700.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	17001.34	33724.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	26193.40
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	42001.34	59918.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42001.34	58893.42

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	29500.00	49500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29500.00	49500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	17001.34	32700.02
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	17001.34	32700.02

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

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

FOR LINE NUMBER: PAGE 6 OF 23  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**JEFF PAC**

Full Name (Last, First, Middle Initial)  
**A. . SANTA YNEZ BAND OF MISSION IND**

Mailing Address 100 Viaduct Juana Road

City State Zip Code  
Santa Ynez CA 93460

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

Name of Employer Occupation  
INDIAN TRIBE SOVEREIGN NATION

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : INCA426**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B. DARRELL WILSON**

Mailing Address 605 FONTAINE ST.

City State Zip Code  
ALEXANDRIA VA 22302

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

Name of Employer Occupation  
NORFOLK SOUTHERN EXECUTIVE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : INCA425**

Amount of Each Receipt this Period  
500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 23
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JEFF PAC**

**A. ALTRIA GROUP, INC. PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 101 CONSTITUTION AVE. NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00089136

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2015

**Transaction ID : INCA405**

Amount of Each Receipt this Period  
5000.00

**B. STUPP BROS. INC. PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3800 WEBER RD.

City ST. LOUIS	State MO	Zip Code 63125
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00554097

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2015

**Transaction ID : INCA421**

Amount of Each Receipt this Period  
2500.00

**C. FEDERAL EXPRESS PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 942 S. SHADY GROVE RD. 1ST FL.

City MEMPHIS	State TN	Zip Code 38120
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00068692

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

**Transaction ID : INCA429**

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 23
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JEFF PAC**

**A. BNSF RAILPAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address P. O. BOX 961039

City FT. WORTH	State TX	Zip Code 76161
FEC ID number of contributing federal political committee. <b>C</b> C00235739	Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

Date of Receipt  
03 / 30 / 2015  
**Transaction ID : INCA432**

Amount of Each Receipt this Period  
4000.00

**B. NAT'L INDIAN GAMING ASSOC. SOVEREIGNTY PAC (NIGA)**  
Full Name (Last, First, Middle Initial)  
Mailing Address 224 SECOND ST. SE

City WASHINGTON	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. <b>C</b> C00367177	Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : INCA434**

Amount of Each Receipt this Period  
2500.00

**C. UNITED FRESH PRODUCE ASSOC. FRESHPAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1901 PENNSYLVANIA AVE. NW #1100

City WASHINGTON	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. <b>C</b> C00040725	Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : INCA435**

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	24000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 23
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JEFF PAC**

**A. DENHAM VICTORY FUND**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2150 RIVER PLAZA DR., #150

City SACRAMENTO	State CA	Zip Code 95833
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FEC ID number of contributing federal political committee. **C** C00496018

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
11305.60

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : INCA433**

Amount of Each Receipt this Period  
11305.60

TRANSFER FROM JOINT FUNDRAISER

**B. DARIUS ASSEMI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1396 W. HERNDON #101

City FRESNO	State CA	Zip Code 93711
----------------	-------------	-------------------

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

Name of Employer GRANVILLE HOMES	Occupation BUILDER
-------------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
03 / 12 / 2015  
**Transaction ID : IDTA192**

Amount of Each Receipt this Period  
5000.00

[MEMO ITEM]

**C. BENJAMIN CRANE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5500 E. SOUTH BEAR CREEK DR.

City MERCED	State CA	Zip Code 95340
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FEC ID number of contributing federal political committee. **C**

Name of Employer BERT CRANE ORCHARDS	Occupation PARTNER
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
03 / 30 / 2015  
**Transaction ID : IDTA193**

Amount of Each Receipt this Period  
400.00

[MEMO ITEM]

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11305.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 23
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JEFF PAC**

Full Name (Last, First, Middle Initial)  
**A. BERT CRANE, JR.**

Mailing Address 5500 E. SOUTH BEAR CREEK DR.

City Merced	State CA	Zip Code 95340
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FEC ID number of contributing federal political committee. **C**

Name of Employer BERT CRANE ORCHARDS	Occupation FARMER
---	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

**Transaction ID : IDTA194**

Amount of Each Receipt this Period  
4600.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. MATTHEW SWANSON**

Mailing Address 2205 SWAN PARK DR.

City TURLOCK	State CA	Zip Code 95382
-----------------	-------------	-------------------

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

Name of Employer SWANSON FARMS	Occupation FARMER
-----------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

**Transaction ID : IDTA195**

Amount of Each Receipt this Period  
3000.00

**[MEMO ITEM]**

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	11305.60

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**JEFF PAC**

Full Name (Last, First, Middle Initial)

**A. CHASE CARD SERVICES**

Mailing Address P. O. BOX 15153

City WILMINGTON State DE Zip Code 19886

Purpose of Disbursement  
CREDIT CARD PAYMENT

**002**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : EXPB406**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. AVIS CAR RENTAL**

Mailing Address 1805 E. SKY HARBOR CIR. SOUTH

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement  
AUTO RENTAL

**002**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : EDTB206EXPB406**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. DIANE STONE & ASSOC.**

Mailing Address 10213 WHITETAIL DR.

City OAKDALE State CA Zip Code 95361

Purpose of Disbursement  
FUNDRAISING COMMISSION

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : EXPB422**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**JEFF PAC**

Full Name (Last, First, Middle Initial)

**A. JASON LARRABEE**

Mailing Address 3204 STEPHENSON PL. NW

City WASHINGTON State DC Zip Code 20015

Purpose of Disbursement  
CAMPAIGN CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015

Transaction ID : EXPB423

Amount of Each Disbursement this Period

6750.00

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address BOX 0001

City LOS ANGELES State CA Zip Code 90096

Purpose of Disbursement  
CREDIT CARD PAYMENT

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2015

Transaction ID : EXPB424

Amount of Each Disbursement this Period

3262.05

Full Name (Last, First, Middle Initial)

**C. W CURTIS DRAPER**

Mailing Address 4916 DEL RAY AVE.

City BETHESDA State MD Zip Code 20814

Purpose of Disbursement  
SUPPLIES FOR FUNDRAISER

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2015

Transaction ID : EDTB211EXPB424

Amount of Each Disbursement this Period

560.63

[MEMO ITEM]

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

10012.05

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**JEFF PAC**

Full Name (Last, First, Middle Initial)

**A. FOX RENT A CAR**

Mailing Address 780 N. MOCDONNELL RD.

City State Zip Code  
SAN FRANCISCO CA 94128

Purpose of Disbursement  
AUTO RENTAL

**002**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : EDTB210EXPB424

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. INN AT SPANISH BAY**

Mailing Address 17 MILE DR.

City State Zip Code  
PEBBLE BEACH CA 93953

Purpose of Disbursement  
LODGING

**002**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : EDTB209EXPB424

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. RED EVENT & PROGRAM MANAGEMENT**

Mailing Address 53 CLARK LN.

City State Zip Code  
STAFFORD VA 22554

Purpose of Disbursement  
FUNDRAISING EVENT

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : EDTB208EXPB424

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**JEFF PAC**

Full Name (Last, First, Middle Initial)

**A. DAVID BAUER**

Mailing Address 2150 RIVER PLAZA DR. #150

City State Zip Code  
SACRAMENTO CA 95833

Purpose of Disbursement  
ACCOUNTING SVC.

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : EXPB428**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. CHASE CARDMEMBER SERVICES**

Mailing Address P. O. BOX 94014

City State Zip Code  
PALATINE IL 60094

Purpose of Disbursement  
CREDIT CARD PAYMENT

**002**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : EXPB431**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address DULLES AIRPORT

City State Zip Code  
ARLINGTON VA 22201

Purpose of Disbursement  
AIRFARE

**002**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : EDTB212EXPB431**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**JEFF PAC**

Full Name (Last, First, Middle Initial)

**A. THE SHORE CLUB**

Mailing Address 1901 COLLINS AVE.

City MIAMI State FL Zip Code 33139

Purpose of Disbursement  
FUNDRAISING EVENT

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : EDTB215EXPB431

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address DULLES AIRPORT

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
AIRFARE

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : EDTB213EXPB431

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CECCONI'S**

Mailing Address 4385 COLLINS AVE.

City MIAMI BEACH State FL Zip Code 33140

Purpose of Disbursement  
MEALS

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : EDTB214EXPB431

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**JEFF PAC**

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST AIRLINES**

Mailing Address SACRAMENTO INT'L AIRPORT

City SACRAMENTO State CA Zip Code 95838

Purpose of Disbursement  
AIRFARE

**002**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 30 / 2015

Transaction ID : EDTB218EXPB431

Amount of Each Disbursement this Period

235.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST AIRLINES**

Mailing Address SACRAMENTO INT'L AIRPORT

City SACRAMENTO State CA Zip Code 95838

Purpose of Disbursement  
AIRFARE

**002**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 30 / 2015

Transaction ID : EDTB216EXPB431

Amount of Each Disbursement this Period

83.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. UNITED AIRLINES**

Mailing Address AVIATION DR.

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
AIRFARE

**002**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 30 / 2015

Transaction ID : EDTB217EXPB431

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**JEFF PAC**

Full Name (Last, First, Middle Initial)

**A. UNITED AIRLINES**

Mailing Address AVIATION DR.

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
AIRFARE

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : EDTB219EXPB431

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. DELUXE BUSINESS FORMS**

Mailing Address P. O. BOX 64468

City ST. PAUL State MN Zip Code 55164

Purpose of Disbursement  
SUPPLIES

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : EXPB438

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**JEFF PAC**

Full Name (Last, First, Middle Initial)

**A. DAVID VALADAO FOR CONGRESS**

Mailing Address 2308 MOUNT VERNON AVE. #3337

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement

011

Candidate Name  
**DAVID VALADAO**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 21

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 09 / 2015

Transaction ID : EXPB417

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. DOLD FOR CONGRESS**

Mailing Address 1001 PENNSYLVANIA AVE. NW #1300 NO

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement

011

Candidate Name  
**WILLIAM DOLD**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 10

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 09 / 2015

Transaction ID : EXPB411

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF FRANK GUINTA**

Mailing Address 1006 PENDLETON ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

011

Candidate Name  
**FRANK GUINTA**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NH District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 09 / 2015

Transaction ID : EXPB412

Amount of Each Disbursement this Period

1000.00

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

11000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**JEFF PAC**

Full Name (Last, First, Middle Initial)

**A. HURD FOR CONGRESS**

Mailing Address 526 6TH ST. SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**WILL HURD**

Office Sought:  House  
 Senate  
 President  
State: TX District: 23

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2015

Transaction ID : EXPB420

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. KATKO FOR CONGRESS**

Mailing Address P. O. BOX 133

City CAMILLUS State NY Zip Code 13031

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**JOHN KATKO**

Office Sought:  House  
 Senate  
 President  
State: NY District: 24

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2015

Transaction ID : EXPB414

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MCSALLY FOR CONGRESS**

Mailing Address 412 SOUTH CAPITOL ST. SE STE B

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**MARTHA MCSALLY**

Office Sought:  House  
 Senate  
 President  
State: AZ District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2015

Transaction ID : EXPB415

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**JEFF PAC**

Full Name (Last, First, Middle Initial)

## A. POLIQUIN FOR CONGRESS

Mailing Address 499 SOUTH CAPITOL ST. SW STE 420

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name  
**BRUCE POLIQUIN**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: ME District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2015

Transaction ID : EXPB416

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## B. YOUNG FOR IOWA

Mailing Address 217 3RD ST. SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name  
**DAVID YOUNG**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IA District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2015

Transaction ID : EXPB418

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## C. ZELDIN FOR CONGRESS

Mailing Address 412 SOUTH CAPITOL ST. SE STE B

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name  
**LEE ZELDIN**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2015

Transaction ID : EXPB419

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**JEFF PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF SCOTT DESJARLAIS**

Mailing Address P. O. BOX 90133

City NASHVILLE State TN Zip Code 37209

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**SCOTT DESJARLAIS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TN District: 04

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 26 / 2015

**Transaction ID : EXPB430**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

5000.00

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

25000.00

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 23 OF 23
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**JEFF PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CHASE CARDMEMBER SERVICES</b>	Nature of Debt (Purpose): TRAVEL FOR DEMAIO
Mailing Address P. O. BOX 94014	
City State Zip Code PALATINE IL 60094	

Outstanding Balance Beginning This Period <input type="text" value="523.80"/>	<b>Transaction ID : PAYD368</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="523.80"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

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

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="523.80"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="523.80"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="523.80"/>