

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

Kelly PAC

ADDRESS (number and street) 901 N Washington Street

Check if different than previously reported. (ACC) Suite 700

Alexandria VA 22314-1535

2. **FEC IDENTIFICATION NUMBER ▼** C00493411 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day **PRE-Election** Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on MM / DD / YYYY in the State of  

- (d) 30-Day **POST-Election** Report for the:
- |   |                                       |  |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on 11 / 04 / 2014 in the State of NH

5. Covering Period MM / DD / YYYY through MM / DD / YYYY

10 / 16 / 2014 through 11 / 24 / 2014

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 Theodore V. Koch

Signature of Treasurer Theodore V. Koch *[Electronically Filed]* Date MM / DD / YYYY

12 / 04 / 2014

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									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Kelly 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="2014"/>		118411.3
(b) Cash on Hand at Beginning of Reporting Period.....	97324.66	
(c) Total Receipts (from Line 19) .....	22500	311916.79
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	119824.66	430328.09
7. Total Disbursements (from Line 31).....	54740.14	365243.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	65084.52	65084.52
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	3750	

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

Kelly PAC

Report Covering the Period: From: 10 / 16 / 2014 To: 11 / 24 / 2014

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

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).....	0	15500
(ii) Unitemized .....	0	12
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	0	15512
(b) Political Party Committees .....	0	2404.79
(c) Other Political Committees (such as PACs).....	22500	294000
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	22500	311916.79
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received .....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5) .....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	22500	311916.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	22500	311916.79

**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	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	34490.14	150293.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	34490.14	150293.57
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000	182500
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements .....	250	32450
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	54740.14	365243.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54740.14	365243.57

**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) .....	22500	311916.79
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22500	311916.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	34490.14	150293.57
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ▶	34490.14	150293.57

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
<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

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)  
**Kelly PAC**

Full Name (Last, First, Middle Initial) <b>A. American Dental Association PAC</b>		Date of Receipt
Mailing Address 1111 14th Street NW Suite 1100		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20005-5627
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00000729"/>	<b>Transaction ID : 948-1172-c</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="2000"/>
		Contribution

Full Name (Last, First, Middle Initial) <b>B. American Hospital Association PAC</b>		Date of Receipt
Mailing Address 325 7th Street NW Suite 700		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20004-2801
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00106146"/>	<b>Transaction ID : 753-1170-c</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="2000"/>
		Contribution

Full Name (Last, First, Middle Initial) <b>C. American Society of Anesthesiologists PAC</b>		Date of Receipt
Mailing Address 520 N Northwest Highway		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City Park Ridge	State IL	Zip Code 60068-2538
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00255752"/>	<b>Transaction ID : 272-1163-c</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="5000"/>
		Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="9000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 15
<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)  
**Kelly PAC**

Full Name (Last, First, Middle Initial) <b>A. BluePAC - Blue Cross Blue Shield Assoc. PAC</b>		Date of Receipt
Mailing Address 1310 G Street NW		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City	State	Zip Code
Washington	DC	20005-3000
FEC ID number of contributing federal political committee.		<b>Transaction ID : 279-1166-c</b>
FEC ID number of contributing federal political committee. <b>C</b> C00194746		Amount of Each Receipt this Period
		<input type="text" value="2000"/>
Name of Employer	Occupation	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000"/>	

Full Name (Last, First, Middle Initial) <b>B. DLA Piper LLP (US) PAC</b>		Date of Receipt
Mailing Address 500 8th Street NW		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Washington	DC	20004-2131
FEC ID number of contributing federal political committee.		<b>Transaction ID : 439-1164-c</b>
FEC ID number of contributing federal political committee. <b>C</b> C00151340		Amount of Each Receipt this Period
		<input type="text" value="500"/>
Name of Employer	Occupation	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500"/>	

Full Name (Last, First, Middle Initial) <b>C. KPMG Partners / Principals &amp; Employees PAC</b>		Date of Receipt
Mailing Address 1801 K Street NW		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Washington	DC	20006-1302
FEC ID number of contributing federal political committee.		<b>Transaction ID : 263-1165-c</b>
FEC ID number of contributing federal political committee. <b>C</b> C00280222		Amount of Each Receipt this Period
		<input type="text" value="3000"/>
Name of Employer	Occupation	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3000"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="5500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 15
<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)  
**Kelly PAC**

Full Name (Last, First, Middle Initial) <b>A. Microsoft Corporation PAC</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014 <b>Transaction ID : 259-1167-c</b>
Mailing Address 16011 NE 36th Way # 97017		Amount of Each Receipt this Period 2500
City Redmond	State WA	Zip Code 98052-6301
FEC ID number of contributing federal political committee.	C C00227546	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000	

Full Name (Last, First, Middle Initial) <b>B. Owner-Operator Independent Drivers Assn Inc. PAC</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014 <b>Transaction ID : 382-1168-c</b>
Mailing Address PO Box 1000 1 NW Ooida Dr		Amount of Each Receipt this Period 3000
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000	

Full Name (Last, First, Middle Initial) <b>C. United Parcel Service Inc. PAC</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014 <b>Transaction ID : 348-1169-c</b>
Mailing Address 55 Glenlake Parkway NE		Amount of Each Receipt this Period 2500
City Atlanta	State GA	Zip Code 30328-3474
FEC ID number of contributing federal political committee.	C C00064766	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	22500.00



**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)  
**Kelly PAC**

Full Name (Last, First, Middle Initial)

**A. Koch & Hoos, LLC**

Mailing Address 901 N Washington Street  
Suite 700

City Alexandria State VA Zip Code 22314-1535

Purpose of Disbursement  
PAC Accounting/Compliance Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2014

Transaction ID : SB21B-500-1171-e

Amount of Each Disbursement this Period

2350.13

Full Name (Last, First, Middle Initial)

**B. LVH Consulting**

Mailing Address 2119 Paul Spring Road

City Alexandria State VA Zip Code 22307-1803

Purpose of Disbursement  
PAC Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 14 / 2014

Transaction ID : SB21B-368-1175-e

Amount of Each Disbursement this Period

200

Full Name (Last, First, Middle Initial)

**C. Mint Bistro**

Mailing Address 1105 Elm Street

City Manchester State NH Zip Code 03101-1505

Purpose of Disbursement  
PAC Food & Beverage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2014

Transaction ID : SB21B-949-1174-e

Amount of Each Disbursement this Period

263.45

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

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

2813.58

**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)  
**Kelly PAC**

Full Name (Last, First, Middle Initial)

**A. The Gula Graham Group**

Mailing Address 499 S Capitol Street SW  
Suite 420

City Washington State DC Zip Code 20003-4027

Purpose of Disbursement  
PAC Event/Food & Beverage/Travel/Fax/Email/Shipping

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2014

Transaction ID : SB21B-271-1154-e

Amount of Each Disbursement this Period

18521.19

Full Name (Last, First, Middle Initial)

**B. The Gula Graham Group**

Mailing Address 499 S Capitol Street SW  
Suite 420

City Washington State DC Zip Code 20003-4027

Purpose of Disbursement  
PAC Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2014

Transaction ID : SB21B-271-1158-e

Amount of Each Disbursement this Period

6437.5

Full Name (Last, First, Middle Initial)

**C. The Gula Graham Group**

Mailing Address 499 S Capitol Street SW  
Suite 420

City Washington State DC Zip Code 20003-4027

Purpose of Disbursement  
PAC Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 28 / 2014

Transaction ID : SB21B-271-1162-e

Amount of Each Disbursement this Period

2250

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

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

27208.69

# 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)

**Kelly PAC**

Full Name (Last, First, Middle Initial)

### A. The Gula Graham Group

Mailing Address 499 S Capitol Street SW  
Suite 420

City Washington State DC Zip Code 20003-4027

Purpose of Disbursement  
PAC Event/Food & Beverage/Travel/Fax/Email/Shipping

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B-271-1173-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

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)  
**Kelly PAC**

Full Name (Last, First, Middle Initial)

**A. Cory Gardner for Senate**

Mailing Address 9227 E Lincoln Avenue  
# 200-234

City Lone Tree State CO Zip Code 80124-5506

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Cory Gardner**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CO District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

Transaction ID : SB23-945-1156-e

Amount of Each Disbursement this Period

5000

Full Name (Last, First, Middle Initial)

**B. Kansas Republican Party**

Mailing Address PO Box 4157

City Topeka State KS Zip Code 66604-0157

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Kansas Republican Party**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 28 / 2014

Transaction ID : SB23-947-1161-e

Amount of Each Disbursement this Period

5000

Full Name (Last, First, Middle Initial)

**C. Republican Party of Kentucky**

Mailing Address PO Box 1068

City Frankfort State KY Zip Code 40602-1068

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Republican Party of Kentucky**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

Transaction ID : SB23-946-1157-e

Amount of Each Disbursement this Period

5000

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

15000.00

**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

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)  
**Kelly PAC**

Full Name (Last, First, Middle Initial)

**A. Thom Tillis Committee**

Mailing Address PO Box 97396

City Raleigh State NC Zip Code 27624-7396

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Thom R. Tillis**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2014

Transaction ID : SB23-865-1160-e

Amount of Each Disbursement this Period

5000

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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)..... ▶

20000.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Nackey S. Loeb School of Communications, Inc.**

Mailing Address 749 E Industrial Park Drive

City Manchester State NH Zip Code 03109-5618

Purpose of Disbursement  
Donation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB29-772-1155-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Tim Dillon for Executive Council**

Mailing Address 54 Bow Street

City Concord State NH Zip Code 03301-2721

Purpose of Disbursement  
Void Check

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB29-773-1159-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

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 D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 15
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Gula Graham Group</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: PAC Event/Food & Beverage/Travel/Fax/Email/Shipping
Mailing Address 499 S Capitol Street SW Suite 420	
City State Zip Code Washington DC 20003-4027	

Outstanding Balance Beginning This Period <input type="text" value="18521.19"/>	<b>Transaction ID : SD10-DEBT1154</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="18521.19"/>	Outstanding Balance at Close of This Period <input type="text" value="0"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Forward Strategy Partners, LLC</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: PAC Fundraising Consulting
Mailing Address 526 Daroco Avenue	
City State Zip Code Coral Gables FL 33146-2713	

Outstanding Balance Beginning This Period <input type="text" value="0"/>	<b>Transaction ID : SD10-DEBT1176</b>	
Amount Incurred This Period <input type="text" value="3750"/>	Payment This Period <input type="text" value="0"/>	Outstanding Balance at Close of This Period <input type="text" value="3750"/>

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="3750.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="3750.00"/>
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="3750.00"/>