

# 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

Chesapeake PAC

ADDRESS (number and street) 824 S Milledge Ave Ste 101

Check if different than previously reported. (ACC)

Athens GA 30605

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

C C00492819

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

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

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y Y in the State of  

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

General (30G)  Runoff (30R)  Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y Y

01 / 01 / 2015 through 06 / 30 / 2015

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

Type or Print Name of Treasurer Paul Kilgore

Signature of Treasurer *Paul Kilgore* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y Y

07 / 10 / 2015

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Chesapeake PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="13643.76"/>	<input type="text" value="13643.76"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="13643.76"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="10000.00"/>	<input type="text" value="10000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="23643.76"/>	<input type="text" value="23643.76"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9285.45"/>	<input type="text" value="9285.45"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="14358.31"/>	<input type="text" value="14358.31"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**Chesapeake PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2015 To: M M / D D / Y Y Y Y 06 / 30 / 2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	10000.00	10000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	10000.00	10000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10000.00	10000.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	5285.45	5285.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	5285.45	5285.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	4000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9285.45	9285.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9285.45	9285.45

**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) .....	10000.00	10000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10000.00	10000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	5285.45	5285.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5285.45	5285.45

**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 11
<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)  
**Chesapeake PAC**

**A. AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 520 N. NORTHWEST HIGHWAY  
 City PARK RIDGE State IL Zip Code 60068  
 FEC ID number of contributing federal political committee. **C** C00255752  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : SA11C.4639**  
 Amount of Each Receipt this Period 2500.00

**B. HUNTINGTON INGALLS INDUSTRIES POLITICAL ACTION COMMITTEE (SHIPAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 M STREET S.E. SUITE 350  
 City WASHINGTON State DC Zip Code 20003  
 FEC ID number of contributing federal political committee. **C** C00325092  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 13 / 2015  
**Transaction ID : SA11C.4631**  
 Amount of Each Receipt this Period 2500.00

**C. KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 14TH STREET, NW SUITE 800  
 City WASHINGTON State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C** C00236489  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 29 / 2015  
**Transaction ID : SA11C.4636**  
 Amount of Each Receipt this Period 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	10000.00

**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)  
**Chesapeake PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Andrew P Harris**

Mailing Address PO Box 1527

City Annapolis State MD Zip Code 21404

Purpose of Disbursement  
See Memo

Candidate Name

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2015

**Transaction ID : SB21B.4617**

Amount of Each Disbursement this Period

734.20

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Delta Airlines**

Mailing Address 1030 Delta Blvd.

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
PAC Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2015

**Transaction ID : SB21B.4617.0**

Amount of Each Disbursement this Period

734.20

Category/  
Type

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Dr. Andrew P Harris**

Mailing Address PO Box 1527

City Annapolis State MD Zip Code 21404

Purpose of Disbursement  
PAC Car Rental - No Itemization Necessary

Candidate Name

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2015

**Transaction ID : SB21B.4620**

Amount of Each Disbursement this Period

37.88

Category/  
Type

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

772.08

**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)  
**Chesapeake PAC**

Full Name (Last, First, Middle Initial)

**A. Professional Data Services**

Mailing Address 2470 Daniells Bridge Rd Ste 121

City Athens State GA Zip Code 30606

Purpose of Disbursement  
PAC Compliance Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2015

Transaction ID : **SB21B.4605**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Professional Data Services**

Mailing Address 2470 Daniells Bridge Rd Ste 121

City Athens State GA Zip Code 30606

Purpose of Disbursement  
PAC Compliance Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2015

Transaction ID : **SB21B.4616**

Amount of Each Disbursement this Period

510.49

Full Name (Last, First, Middle Initial)

**C. Professional Data Services**

Mailing Address 2470 Daniells Bridge Rd Ste 121

City Athens State GA Zip Code 30606

Purpose of Disbursement  
PAC Compliance Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2015

Transaction ID : **SB21B.4625**

Amount of Each Disbursement this Period

500.48

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

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

1510.97



**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)  
**Chesapeake PAC**

Full Name (Last, First, Middle Initial)

**A. Professional Data Services**

Mailing Address 2470 Daniells Bridge Rd Ste 121

City Athens State GA Zip Code 30606

Purpose of Disbursement  
PAC Compliance Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 23 / 2015

Transaction ID : **SB21B.4633**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Professional Data Services**

Mailing Address 2470 Daniells Bridge Rd Ste 121

City Athens State GA Zip Code 30606

Purpose of Disbursement  
PAC Compliance Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2015

Transaction ID : **SB21B.4635**

Amount of Each Disbursement this Period

502.40

Full Name (Last, First, Middle Initial)

**C. Amy Shuster**

Mailing Address 135 E Clement St

City Baltimore State MD Zip Code 21230

Purpose of Disbursement  
PAC Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2015

Transaction ID : **SB21B.4604**

Amount of Each Disbursement this Period

500.00

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

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

1502.40

**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)  
**Chesapeake PAC**

Full Name (Last, First, Middle Initial)

**A. The M Group, LLC**

Mailing Address 100 Luna Park Dr #156

City Alexandria State VA Zip Code 22305

Purpose of Disbursement  
See Memo

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2015

**Transaction ID : SB21B.4613**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Hyatt Regency Cambridge**

Mailing Address 575 Memorial Dr.

City Cambridge State ME Zip Code 02139

Purpose of Disbursement  
PAC Event Facility Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2015

**Transaction ID : SB21B.4613.0**

Amount of Each Disbursement this Period

1500.00

**[MEMO ITEM]**

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

1500.00

5285.45

**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)  
**Chesapeake PAC**

Full Name (Last, First, Middle Initial)

**A. BENISHEK FOR CONGRESS, INC.**

Mailing Address PO BOX 108

City State Zip Code  
GLADSTONE MI 49837

Purpose of Disbursement  
Contribution

011

Candidate Name

**DANIEL J BENISHEK M.D.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

**Transaction ID : SB23.4630**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. COMSTOCK FOR CONGRESS**

Mailing Address PO BOX 71596

City State Zip Code  
RICHMOND VA 23255

Purpose of Disbursement  
Contribution

011

Candidate Name

**BARBARA J COMSTOCK**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: VA District: 10

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

**Transaction ID : SB23.4628**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MOONEY FOR CONGRESS**

Mailing Address 151 CAMELOT BLVD

City State Zip Code  
FALLING WATERS WV 25419

Purpose of Disbursement  
Contribution

011

Candidate Name

**ALEXANDER XAVIER MOONEY**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WV District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : SB23.4624**

Amount of Each Disbursement this Period

2000.00

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

4000.00

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

4000.00