

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

GOPAC Election Fund

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="2016"/>		10274.58
(b) Cash on Hand at Beginning of Reporting Period.....	6574.00	
(c) Total Receipts (from Line 19)	41313.30	183938.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	47887.30	194212.88
7. Total Disbursements (from Line 31).....	28863.96	175189.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	19023.34	19023.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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
GOPAC Election Fund

Report Covering the Period: From: M M / D D / Y Y Y Y 03 / 01 / 2016 To: M M / D D / Y Y Y Y 03 / 31 / 2016

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).....	1305.00	1305.00
(ii) Unitemized	5008.30	6033.30
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6313.30	7338.30
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	6313.30	9838.30
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.).....	35000.00	174100.00
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))..... ▶	41313.30	183938.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	41313.30	183938.30

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	226.95	923.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	226.95	923.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	11500.00
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	23637.01	162766.15
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)) ..	28863.96	175189.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28863.96	175189.54

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)	6313.30	9838.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6313.30	9838.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	226.95	923.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	226.95	923.39

**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 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
GOPAC Election Fund

A. MRS. ALLEN K. HARROLD
 Full Name (Last, First, Middle Initial)
 Mailing Address 848 CHERRY STREET
 City ADAMS State NE Zip Code 68301-6013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 08 / 2016
Transaction ID : SA11.831135
 Amount of Each Receipt this Period 200.00
 Memo Item
 CONTRIBUTION

B. MR. RICHARD C. MARX
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 440
 City WAPPINGERS FALLS State NY Zip Code 12590-0440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 03 / 15 / 2016
Transaction ID : SA11.831160
 Amount of Each Receipt this Period 105.00
 Memo Item
 CONTRIBUTION

C. MR. JOHN MCMULLAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1209 THE BY WAY NE
 City ATLANTA State GA Zip Code 30306-2611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 24 / 2016
Transaction ID : SA11.831247
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	805.00
TOTAL This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

A. MR. JOSEPH A. PERRICONE
Full Name (Last, First, Middle Initial)

Mailing Address 18 OLD COURSE DRIVE

City NEWPORT BEACH State CA Zip Code 92660-4276

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

Name of Employer PERRICONE INVESTMENTS Occupation CHAIRMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 15 / 2016
Transaction ID : SA11.831177

Amount of Each Receipt this Period 200.00

Memo Item CONTRIBUTION

B. MRS. NANCY B. ROTH
Full Name (Last, First, Middle Initial)

Mailing Address 8545 CARMEL VALLEY ROAD

City CARMEL State CA Zip Code 93923-9556

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 15 / 2016
Transaction ID : SA11.831174

Amount of Each Receipt this Period 200.00

Memo Item CONTRIBUTION

C. MR. HENRY SMITHIES
Full Name (Last, First, Middle Initial)

Mailing Address 4031 KENNETT PIKE
APARTMENT 16

City WILMINGTON State DE Zip Code 19807-2031

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 15 / 2016
Transaction ID : SA11.831175

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	1305.00

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

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

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NAME OF COMMITTEE (In Full)
GOPAC Election Fund

A. GOPAC
Full Name (Last, First, Middle Initial)
Mailing Address 2300 CLARENDON BLVD
STE 1305
City ARLINGTON State VA Zip Code 22201
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
174000.00

Date of Receipt
03 / 08 / 2016
Transaction ID : SA.392990
Amount of Each Receipt this Period
15000.00
 Memo Item
NON FEDERAL RECEIPT

B. GOPAC
Full Name (Last, First, Middle Initial)
Mailing Address 2300 CLARENDON BLVD
STE 1305
City ARLINGTON State VA Zip Code 22201
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
174000.00

Date of Receipt
03 / 25 / 2016
Transaction ID : SA.392990 B
Amount of Each Receipt this Period
10000.00
 Memo Item
NON FEDERAL RECEIPT

C. GOPAC
Full Name (Last, First, Middle Initial)
Mailing Address 2300 CLARENDON BLVD
STE 1305
City ARLINGTON State VA Zip Code 22201
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
174000.00

Date of Receipt
03 / 31 / 2016
Transaction ID : SA.392990_B_B
Amount of Each Receipt this Period
10000.00
 Memo Item
NON FEDERAL RECEIPT

SUBTOTAL of Receipts This Page (optional).....▶	35000.00
TOTAL This Period (last page this line number only).....▶	35000.00

**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)
GOPAC Election Fund

A. BB&T

Full Name (Last, First, Middle Initial)

Mailing Address 2200 WILSON BLVD, STE 100

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement BANK CHARGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 21 / 2016

Transaction ID : SB.8

Amount of Each Disbursement this Period: 200.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 200.00

TOTAL This Period (last page this line number only)..... ▶ 200.00

**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)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)
A. ERIN HOUCHIN FOR CONGRESS

Mailing Address PO BOX 234

City SALEM State IN Zip Code 47167

Purpose of Disbursement CONTRIBUTION

Candidate Name **ERIN HOUCHIN**

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: IN District: 09

Date of Disbursement: 03 / 23 / 2016

Transaction ID : **SB.11**

Amount of Each Disbursement this Period: 2500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. GOWAN FOR ARIZONA INC.

Mailing Address PO BOX 1985

City SIERRA VISTA State AZ Zip Code 85636

Purpose of Disbursement CONTRIBUTION

Candidate Name **DAVID GOWAN**

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: AZ District: 01

Date of Disbursement: 03 / 29 / 2016

Transaction ID : **SB.12**

Amount of Each Disbursement this Period: 2500.00

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
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**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)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO ELECT MARY WHITEFORD

Mailing Address PO BOX 324

City ALLEGAN State MI Zip Code 49010

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2016

Transaction ID : SB.3

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO ELECT GARY HOWELL

Mailing Address 407 CLAY STREET

City LAPEER State MI Zip Code 48446

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2016

Transaction ID : SB.4

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO ELECT ERIC NELSON

Mailing Address PO BOX 186

City CHARLESTON State WV Zip Code 25321

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2016

Transaction ID : SB.6

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

2000.00

**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)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. DEIDRE HENDERSON FOR UT STATE SENATE

Mailing Address 462 RIVERCROSS ROAD

City SPANISH FORK State UT Zip Code 84660

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2016

Transaction ID : **SB.7**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JEN GIATTINO FOR CITY COUNCIL

Mailing Address 216 SEVENTH STREET

City HOBOKEN State NJ Zip Code 07030

Purpose of Disbursement
VOID CHECK - NOT REPLACED

Candidate Name

JEN GIATTINO FOR CITY COUNCIL

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2016

Transaction ID : **SBV.2929292**

Amount of Each Disbursement this Period

-2600.00

Memo Item

CHECK VOIDED / CONTRIBUTION NOT REISSUED

Full Name (Last, First, Middle Initial)

C. KENTUCKY REPUBLICAN SENATE CAUCUS CAMPAIGN CMTE

Mailing Address PO BOX 1068

City FRANKFORT State KY Zip Code 40602

Purpose of Disbursement
NON FEDERAL DISBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2016

Transaction ID : **SB.10**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

1900.00

**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)
GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. THE POLITICAL FIRM

Mailing Address 5555 HILTON AVENUE #203

City State Zip Code
BATON ROUGE LA 70808

Purpose of Disbursement
DIRECT MAIL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
03 / 08 / 2016

Transaction ID : SB.5

Amount of Each Disbursement this Period

11237.01

Memo Item

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

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

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

11237.01

23637.01