



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**American Society of Association Executives APAC**

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"/>		33651.46
(b) Cash on Hand at Beginning of Reporting Period.....	33651.46	
(c) Total Receipts (from Line 19) .....	64305.91	64305.91
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	97957.37	97957.37
7. Total Disbursements (from Line 31).....	80819.13	80819.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	17138.24	17138.24
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) .....	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

**American Society of Association Executives APAC**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	39670.31	39670.31
(ii) Unitemized .....	13370.30	13370.30
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	53040.61	53040.61
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	10250.00	10250.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	63290.61	63290.61
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.....	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	15.30	15.30
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))..... ▶	64305.91	64305.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	64305.91	64305.91

**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	0.00
(b) Other Federal Operating Expenditures .....	2019.13	2019.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2019.13	2019.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	78500.00	78500.00
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 .....	300.00	300.00
(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)).....	300.00	300.00
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)) ..	80819.13	80819.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	80819.13	80819.13

**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) .....	63290.61	63290.61
34. Total Contribution Refunds (from Line 28(d)) .....	300.00	300.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	62990.61	62990.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2019.13	2019.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2019.13	2019.13



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

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

FOR LINE NUMBER: PAGE 7 OF 104  
(check only one)

<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
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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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)  
**A. Lori M. Anderson CAE**

Mailing Address 1001 N Fairfax, Suite 301

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation  
International Sign Association President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2015  
**Transaction ID : C3014522**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Carla K. Balakgie FASAE, CAE**

Mailing Address 1600 Wilson Blvd #650

City State Zip Code  
Arlington VA 22209

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

Name of Employer Occupation  
National Automatic Merchandising Assoc President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 25 / 2015  
**Transaction ID : C3014394**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**c. Carla K. Balakgie FASAE, CAE**

Mailing Address 1600 Wilson Blvd #650

City State Zip Code  
Arlington VA 22209

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

Name of Employer Occupation  
National Automatic Merchandising Assoc President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 29 / 2015  
**Transaction ID : C3014395**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**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 8 OF 104
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Society of Association Executives APAC**

**A. John D. Barnes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1005 Hardee Place  
 City Alexandria State VA Zip Code 22304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Barnes Association Consultants Occupation: President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **583.31**

Date of Receipt: **01 / 14 / 2015**  
**Transaction ID : C3014531**  
 Amount of Each Receipt this Period: **166.66**

**B. John D. Barnes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1005 Hardee Place  
 City Alexandria State VA Zip Code 22304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Barnes Association Consultants Occupation: President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **583.31**

Date of Receipt: **03 / 04 / 2015**  
**Transaction ID : C3014532**  
 Amount of Each Receipt this Period: **83.33**

**C. John D. Barnes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1005 Hardee Place  
 City Alexandria State VA Zip Code 22304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Barnes Association Consultants Occupation: President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **583.31**

Date of Receipt: **04 / 02 / 2015**  
**Transaction ID : C3014533**  
 Amount of Each Receipt this Period: **83.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>333.32</b>
<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: PAGE 9 OF 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**American Society of Association Executives APAC**

**A. John D. Barnes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1005 Hardee Place  
 City Alexandria State VA Zip Code 22304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Barnes Association Consultants Occupation: President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt: 05 / 04 / 2015  
**Transaction ID : C3039904**  
 Amount of Each Receipt this Period: 83.33

**B. John D. Barnes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1005 Hardee Place  
 City Alexandria State VA Zip Code 22304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Barnes Association Consultants Occupation: President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt: 05 / 31 / 2015  
**Transaction ID : C3039903**  
 Amount of Each Receipt this Period: 83.33

**C. John D. Barnes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1005 Hardee Place  
 City Alexandria State VA Zip Code 22304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Barnes Association Consultants Occupation: President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt: 06 / 30 / 2015  
**Transaction ID : C3044430**  
 Amount of Each Receipt this Period: 83.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 249.99  
**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:	PAGE 10 OF 104
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**American Society of Association Executives APAC**

**A. Nat Bartholomew CPA**

Full Name (Last, First, Middle Initial)  
Nat Bartholomew CPA

Mailing Address 4250 North Fairfax Drive  
Suite 1020

City Arlington State VA Zip Code 22203

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

Name of Employer CliftonLarsonAllen LLP Occupation Principal-In-Charge

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
02 / 25 / 2015  
**Transaction ID : C3014488**

Amount of Each Receipt this Period  
250.00

**B. Nat Bartholomew CPA**

Full Name (Last, First, Middle Initial)  
Nat Bartholomew CPA

Mailing Address 4250 North Fairfax Drive  
Suite 1020

City Arlington State VA Zip Code 22203

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

Name of Employer CliftonLarsonAllen LLP Occupation Principal-In-Charge

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
04 / 14 / 2015  
**Transaction ID : C3014489**

Amount of Each Receipt this Period  
150.00

**C. Barbara S. Belmont FASAE, CAE**

Full Name (Last, First, Middle Initial)  
Barbara S. Belmont FASAE, CAE

Mailing Address 228 South Alfred St  
Suite 120

City Alexandria State VA Zip Code 22314

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

Name of Employer School Nutrition Association Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
02 / 25 / 2015  
**Transaction ID : C3014378**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<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: PAGE 11 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)  
**A. Barbara J. Benton CAE**

Mailing Address PO Box 1810

City State Zip Code  
Dublin OH 43017-7810

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

Name of Employer Occupation  
Ohio Society of CPAs Vice President of Governmental Affairs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : C3014358**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Suzanne C. Berry MBA, CAE**

Mailing Address 8951 Bonita Beach Road  
Suite 525, #402

City State Zip Code  
Bonita Springs FL 34135-4208

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

Name of Employer Occupation  
Berry2 and Associates LLC Principal

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2015  
**Transaction ID : C3014443**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Susan Bitter Smith FASAE, CAE**

Mailing Address 4350 East Camelback Rd #G-200

City State Zip Code  
Phoenix AZ 85018

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

Name of Employer Occupation  
Southwest Cable Communications Associa Executive Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : C3014416**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**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:	PAGE 13 OF 104
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)  
**A. Shawn E. Boynes CAE**

Mailing Address 9650 Rockville Pk

City State Zip Code  
Bethesda MD 20814

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

Name of Employer Occupation  
American Association of Anatomists Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 09 / 2015  
**Transaction ID : C3014484**

Amount of Each Receipt this Period  
150.00

Full Name (Last, First, Middle Initial)  
**B. Dan S. Brandenburg JD**

Mailing Address 1919 Pennsylvania Ave NW  
Suite 550

City State Zip Code  
Washington DC 20006-3434

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

Name of Employer Occupation  
Saul Ewing LLP Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 26 / 2015  
**Transaction ID : C3039886**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 5457 Twin Knolls Rd #400

City State Zip Code  
Columbia MD 21045

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

Name of Employer Occupation  
Protech Associates Inc CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2015  
**Transaction ID : C3014502**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<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 14 OF 104
	<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)  
**American Society of Association Executives APAC**

**A. Janet A Carl**  
Full Name (Last, First, Middle Initial)

Mailing Address 5201 Lower Beaver Rd

City Des Moines	State IA	Zip Code 50310
--------------------	-------------	-------------------

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

Name of Employer Grinnell College	Occupation Director, Writing Center
--------------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2015

**Transaction ID : C3009501**

Amount of Each Receipt this Period  

300.00
--------

**B. Lawrence F. Carl CAE**  
Full Name (Last, First, Middle Initial)

Mailing Address 5201 Lower Beaver Rd

City Des Moines	State IA	Zip Code 50310-4352
--------------------	-------------	------------------------

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

Name of Employer Iowa Dental Association	Occupation Executive Director
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2015

**Transaction ID : C3039884**

Amount of Each Receipt this Period  

300.00
--------

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

Mailing Address 218 North Lee St #206A

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

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

Name of Employer Epic PR Group	Occupation President
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2015

**Transaction ID : C3014503**

Amount of Each Receipt this Period  

250.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<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: PAGE 15 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)  
**A. Henry Hooper Chamberlain APR, FASAE**

Mailing Address 1101 15th St NW #800

City Washington State DC Zip Code 20005

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

Name of Employer Building Owners and Managers Associati Occupation President and Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2015  
**Transaction ID : C3014431**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Christopher Clark CAE**

Mailing Address 600 Maryland Ave SW #825 W

City Washington State DC Zip Code 20024-2520

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

Name of Employer North American Millers' Association Occupation VP, Communications & Administration

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : C3014562**

Amount of Each Receipt this Period  
 150.00

Full Name (Last, First, Middle Initial)  
**c. Christopher Clark CAE**

Mailing Address 600 Maryland Ave SW #825 W

City Washington State DC Zip Code 20024-2520

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

Name of Employer North American Millers' Association Occupation VP, Communications & Administration

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : C3014563**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00

**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 16 OF 104
	<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)  
**American Society of Association Executives APAC**

**A. James L. Clarke CAE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1575 I St NW #1100

City Washington State DC Zip Code 20005-1103

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

Name of Employer ASAE: The Center for Association Leade Occupation Senior Vice President, Public Policy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 07 / 2015  
Transaction ID : C3039885

Amount of Each Receipt this Period 250.00

**B. Kristina C. Cook CAE**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 North Columbus St #203

City Alexandria State VA Zip Code 22314-3143

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

Name of Employer National Affordable Housing Management Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 20 / 2015  
Transaction ID : C3014420

Amount of Each Receipt this Period 250.00

**C. Dawn Crowell Murphy Esq.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1200 17th St NW

City Washington State DC Zip Code 20036

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

Name of Employer Pillsbury Winthrop Shaw Pittman, LLP Occupation Associate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2015  
Transaction ID : C3044431

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**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: PAGE 17 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)  
**A. Matthew R. D'Uva FASAE, CAE**

Mailing Address 625 North Washington St #304

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation  
Society of Consumer Affairs Profession President and CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
287.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 07 / 2015  
**Transaction ID : C3014444**

Amount of Each Receipt this Period  
41.00

Full Name (Last, First, Middle Initial)  
**B. Matthew R. D'Uva FASAE, CAE**

Mailing Address 625 North Washington St #304

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation  
Society of Consumer Affairs Profession President and CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
287.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 02 / 2015  
**Transaction ID : C3014445**

Amount of Each Receipt this Period  
41.00

Full Name (Last, First, Middle Initial)  
**C. Matthew R. D'Uva FASAE, CAE**

Mailing Address 625 North Washington St #304

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation  
Society of Consumer Affairs Profession President and CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
287.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : C3014446**

Amount of Each Receipt this Period  
41.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 123.00

**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: PAGE 18 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)  
**A. Matthew R. D'Uva FASAE, CAE**

Mailing Address 625 North Washington St #304

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation  
Society of Consumer Affairs Profession President and CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
287.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2015  
**Transaction ID : C3014447**

Amount of Each Receipt this Period  
41.00

Full Name (Last, First, Middle Initial)  
**B. Matthew R. D'Uva FASAE, CAE**

Mailing Address 625 North Washington St #304

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation  
Society of Consumer Affairs Profession President and CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
287.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2015  
**Transaction ID : C3039895**

Amount of Each Receipt this Period  
41.00

Full Name (Last, First, Middle Initial)  
**C. Matthew R. D'Uva FASAE, CAE**

Mailing Address 625 North Washington St #304

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation  
Society of Consumer Affairs Profession President and CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
287.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2015  
**Transaction ID : C3039894**

Amount of Each Receipt this Period  
41.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 123.00

**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 19 OF 104
	<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)  
**American Society of Association Executives APAC**

**A. Matthew R. D'Uva FASAE, CAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 625 North Washington St #304  
 City Alexandria State VA Zip Code 22314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Society of Consumer Affairs Profession Occupation President and CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 287.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : C3044417**  
 Amount of Each Receipt this Period 41.00

**B. Francesca M. Dea MBA, CAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8757 Georgia Ave # 1320  
 City Silver Spring State MD Zip Code 20910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Obesity Society Occupation Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 03 / 2015  
**Transaction ID : C3014568**  
 Amount of Each Receipt this Period 50.00

**C. Francesca M. Dea MBA, CAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8757 Georgia Ave # 1320  
 City Silver Spring State MD Zip Code 20910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Obesity Society Occupation Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : C3014569**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 341.00  
**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: PAGE 20 OF 104  
(check only one)

<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
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NAME OF COMMITTEE (In Full)  
**American Society of Association Executives APAC**

**A. Loretta Monterastelli DeLuca FASAE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8380 Colesville Rd #550  
City Silver Spring State MD Zip Code 20910  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DelCor Technology Solutions Occupation CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2015  
**Transaction ID : C3014454**  
Amount of Each Receipt this Period 250.00

**B. Thomas C. Dolan Ph.D., FAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 339 Cottage Hill Ave  
City Elmhurst State IL Zip Code 60126-3332  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American College of Healthcare Executi Occupation President Emeritus  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2015  
**Transaction ID : C3014347**  
Amount of Each Receipt this Period 500.00

**C. Mark N. Dorsey MBA, FASAE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 133 South Van Gordon St #200  
City Lakewood State CO Zip Code 80228-1706  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Snowsports Education Associat Occupation Chief Executive Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 27 / 2015  
**Transaction ID : C3014467**  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**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: PAGE 21 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Society of Association Executives APAC**

**A. Mark N. Dorsey MBA, FASAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 133 South Van Gordon St #200  
 City State Zip Code  
 Lakewood CO 80228-1706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Snowsports Education Associat Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2015  
**Transaction ID : C3014468**  
 Amount of Each Receipt this Period  
 250.00

**B. Joanne E. Dunne CAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5816 South Third St  
 City State Zip Code  
 Arlington VA 22204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Lyons Consulting Group LLC President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : C3014465**  
 Amount of Each Receipt this Period  
 250.00

**C. Dennis D. Edwards**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 421 Fayetteville St #1505  
 City State Zip Code  
 Raleigh NC 27601-2995  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Greater Raleigh Convention and Visitor President and CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : C3014501**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**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 22 OF 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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)  
**American Society of Association Executives APAC**

**A. Mark T. Engle D.M., FASA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 W. Higgins Road, #300  
 City Chicago State IL Zip Code 60631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Association Management Center Occupation Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : C3014367**  
 Amount of Each Receipt this Period  
 250.00

**B. Don Erickson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8405 Colesville Rd #500  
 City Silver Spring State MD Zip Code 20910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Security Industry Association Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 30 / 2015  
**Transaction ID : C3014585**  
 Amount of Each Receipt this Period  
 250.00

**C. Abe Eshkenazi CSCP, FACH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8430 West Bryn Mawr Ave #1000  
 City Chicago State IL Zip Code 60631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer APICS Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : C3014491**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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: PAGE 23 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Society of Association Executives APAC**

**A. Abe Eshkenazi CSCP, FACH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8430 West Bryn Mawr Ave #1000  
 City Chicago State IL Zip Code 60631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Osteopathic Association Occupation Chief Executive Officer  
 APICS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 29 / 2015  
**Transaction ID : C3014492**  
 Amount of Each Receipt this Period 150.00

**B. Diana M. Ewert MPA, CAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1555 N Sanburg Terr Unit 114  
 City Chicago State IL Zip Code 60610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Osteopathic Association Occupation Director, Affiliate Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 04 / 2015  
**Transaction ID : C3014382**  
 Amount of Each Receipt this Period 250.00

**C. Diana M. Ewert MPA, CAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1555 N Sanburg Terr Unit 114  
 City Chicago State IL Zip Code 60610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Osteopathic Association Occupation Director, Affiliate Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 09 / 2015  
**Transaction ID : C3014383**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00  
**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 24 OF 104
	<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)  
**American Society of Association Executives APAC**

**A. Gregory J. Fine CAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 150 North Wacker Dr #1900  
 City Chicago State IL Zip Code 60606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Turnaround Management Association Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 25 / 2015  
**Transaction ID : C3014402**  
 Amount of Each Receipt this Period  
 250.00

**B. David Gammel CAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Park Place, Suite 307  
 City Annapolis State MD Zip Code 21401-3722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Entomological Society of America Occupation Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2015  
**Transaction ID : C3014482**  
 Amount of Each Receipt this Period  
 250.00

**C. Michael V. Geary CAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2130 Stella Ct  
 City Columbus State OH Zip Code 43215-1033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AmericanHort Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : C3044424**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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: PAGE 25 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)  
**A. Jack N. Gerard**

Mailing Address 1220 L St NW

City Washington State DC Zip Code 20005-4070

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

Name of Employer American Petroleum Institute Occupation President and CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 25 / 2015**

**Transaction ID : C3014403**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**B. Matthew Gertzog FASAE, CAE**

Mailing Address 2021 L St NW #900

City Washington State DC Zip Code 20036

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

Name of Employer American Society of Hematology Occupation Deputy Executive Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 25 / 2015**

**Transaction ID : C3014386**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 475 North Martingale Rd #600

City Schaumburg State IL Zip Code 60173-2226

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

Name of Employer Society of Actuaries Occupation Executive Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 15 / 2015**

**Transaction ID : C3014495**

Amount of Each Receipt this Period  
**200.00**

**SUBTOTAL** of Receipts This Page (optional)..... ► **700.00**

**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 26 OF 104
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Society of Association Executives APAC**

**A. Gregory W. Heidrich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 475 North Martingale Rd #600  
 City Schaumburg State IL Zip Code 60173-2226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Society of Actuaries Occupation Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 18 / 2015  
**Transaction ID : C3039900**  
 Amount of Each Receipt this Period  
 200.00

**B. Pamela Hemann CAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 253 North San Gabriel Blvd #101  
 City Pasadena State CA Zip Code 91107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Association Management Services Inc Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : C3014388**  
 Amount of Each Receipt this Period  
 250.00

**C. Reginald J. Henry CAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1575 I St NW 11th Floor  
 City Washington State DC Zip Code 20005-1103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ASAE: The Center for Association Leade Occupation Chief Information Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : C3014430**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<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: PAGE 27 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)  
**A. Marie N. Hollein CTP**

Mailing Address 101 Old Dundee Road  
West Tower 7th Flr

City State Zip Code  
Barrington IL 60010-5117

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : C3014576**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Jonathan T. Howe JD, FASAE**

Mailing Address 20 North Wacker Dr #4200

City State Zip Code  
Chicago IL 60606-9833

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

Name of Employer Occupation  
Howe and Hutton Ltd Senior & Founding Partner/President-CE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : C3014365**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4801 East Washington St #225B

City State Zip Code  
Phoenix AZ 85034

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

Name of Employer Occupation  
Arizona Society of Certified Public Ac President & CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : C3044418**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**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:	PAGE 28 OF 104
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Association Executives APAC**

**A. Bill William Hudson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2001 Pennsylvania Ave NW #925

City Washington State DC Zip Code 20006

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

Name of Employer Occupation  
Heidrick and Struggles Senior Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 20 / 2015  
**Transaction ID : C3014422**

Amount of Each Receipt this Period  
250.00

**B. Jerald A. Jacobs Esq.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1200 17th St NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation  
Pillsbury Winthrop Shaw Pittman, LLP Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
06 / 15 / 2015  
**Transaction ID : C3044414**

Amount of Each Receipt this Period  
250.00

**C. Sheri L. Jacobs FASAE, CAE**  
Full Name (Last, First, Middle Initial)

Mailing Address 600 Central Avenue Ste 396

City Highland Park State IL Zip Code 60035

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

Name of Employer Occupation  
Avenue M Group LLC President and CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
02 / 25 / 2015  
**Transaction ID : C3014460**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**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 29 OF 104
	<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	

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)  
**American Society of Association Executives APAC**

**A. Sheri L. Jacobs FASAE, CAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 Central Avenue  
 Ste 396  
 City Highland Park State IL Zip Code 60035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Avenue M Group LLC Occupation President and CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 09 / 2015**  
**Transaction ID : C3014461**  
 Amount of Each Receipt this Period **150.00**

**B. Chris Jahn CAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 425 3rd St SW #950  
 City Washington State DC Zip Code 20024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Fertilizer Institute Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 25 / 2015**  
**Transaction ID : C3014525**  
 Amount of Each Receipt this Period **250.00**

**C. Charlie Jones CAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2125 14th St NW #317 W  
 City Washington State DC Zip Code 20009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Futures Industry Association Occupation Vice President, Global Brand Managemen  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 20 / 2015**  
**Transaction ID : C3014538**  
 Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **650.00**  
**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: PAGE 30 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)  
**A. Pamela Kaul**

Mailing Address 1111 North Fairfax St

City State Zip Code  
Alexandria VA 22314-1436

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

Name of Employer Occupation  
Association Strategies Inc President and Founder

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2015  
**Transaction ID : C3014368**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. J. Michael Keeling CAE**

Mailing Address 1726 M St NW #501

City State Zip Code  
Washington DC 20036-4507

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

Name of Employer Occupation  
The ESOP Association President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : C3014363**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Barbara Byrd Keenan FASAE, CAE**

Mailing Address 2055 L Street NW  
Suite 600

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation  
Endocrine Society CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : C3014393**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

**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: PAGE 31 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)  
**A. Gregory V. Knopp CAE**

Mailing Address 1015 15th St NW 8th Fl

City Washington State DC Zip Code 20005-2605

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

Name of Employer American Council of Engineering Compan Occupation Executive Director, Political Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : C3014452**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Gary A. LaBranche FASAE, CAE**

Mailing Address 125 S. Wacker Drive Suite 3100

City Chicago State IL Zip Code 60606

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

Name of Employer Association for Corporate Growth Occupation President and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2015  
**Transaction ID : C3014348**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Dawn P. Latham CAE**

Mailing Address 2025 E St NW W115

City Washington State DC Zip Code 20006

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

Name of Employer American Red Cross National Headquarte Occupation Senior Director, Government Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 25 / 2015  
**Transaction ID : C3014399**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**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:	PAGE 32 OF 104
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial) <b>A. Martha L. Liggett Esq.</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 02 / 2015 <b>Transaction ID : C3014438</b>		
Mailing Address 2021 L St NW #900			Amount of Each Receipt this Period 250.00		
City Washington	State DC	Zip Code 20036			
FEC ID number of contributing federal political committee. C					
Name of Employer American Society of Hematology		Occupation Executive Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) <b>B. Martha L. Liggett Esq.</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 29 / 2015 <b>Transaction ID : C3014437</b>		
Mailing Address 2021 L St NW #900			Amount of Each Receipt this Period 250.00		
City Washington	State DC	Zip Code 20036			
FEC ID number of contributing federal political committee. C					
Name of Employer American Society of Hematology		Occupation Executive Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) <b>C. Randy L. Lindner CAE</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015 <b>Transaction ID : C3044421</b>		
Mailing Address 1444 I Street NW #700			Amount of Each Receipt this Period 250.00		
City Washington	State DC	Zip Code 20005			
FEC ID number of contributing federal political committee. C					
Name of Employer Bostrom		Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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 33 OF 104
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Society of Association Executives APAC**

**A. Tony Lorenz CMM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 810 West Washington Ave  
 City Chicago State IL Zip Code 60607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BOB.tv Occupation Co-Founder anf CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2015  
**Transaction ID : C3014512**  
 Amount of Each Receipt this Period  
 250.00

**B. Dawn M. Mancuso MAM, FASAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4340 East West Highway, Suite 905  
 City Bethesda State MD Zip Code 20814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hydrocephalus Association Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : C3014381**  
 Amount of Each Receipt this Period  
 250.00

**C. Jed R. Mandel Esq.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 333 West Wacker Dr #810  
 City Chicago State IL Zip Code 60606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Chicago Law Partners LLC Occupation Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2015  
**Transaction ID : C3014434**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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:	PAGE 34 OF 104
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)  
**A. Richard H. Markuson CAE**

Mailing Address 419 Nasca Way

City State Zip Code  
Sacramento CA 95831-3739

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

Name of Employer Occupation  
Western Electrical Contractors Associa Pacific Advocacy Group

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 25 / 2015  
**Transaction ID : C3014413**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Benjamin K. Martin CAE**

Mailing Address 1428 Buckhead Trail

City State Zip Code  
Mount Juliet TN 37122

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

Name of Employer Occupation  
Online Community Results Chief Engagement Officer

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  
02 / 18 / 2015  
**Transaction ID : C3014541**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 15000 Central Ave SE

City State Zip Code  
Albuquerque NM 87123-3909

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

Name of Employer Occupation  
American Society of Radiologic Technol Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 25 / 2015  
**Transaction ID : C3014527**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

**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 35 OF 104
	<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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial) <b>A. Joseph M. McGuire FASAE, CAE</b>		Date of Receipt
Mailing Address 1111 19th St NW Suite 402		<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City Washington	State DC	Zip Code 20036-3627
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C3014407</b>
Name of Employer Association of Home Appliance Manufact		Amount of Each Receipt this Period
Occupation President		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="250.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Greg R. Melia CAE</b>		Date of Receipt
Mailing Address 1575 I St NW #1100		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City Washington	State DC	Zip Code 20005-1103
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C3014451</b>
Name of Employer ASAE: The Center for Association Leade		Amount of Each Receipt this Period
Occupation Chief Member Rel & Strategy Dev Office		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="250.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Ronald M M. Moen</b>		Date of Receipt
Mailing Address 1211 W 22nd St Suite 408		<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City Oak Brook	State IL	Zip Code 60523
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C3014499</b>
Name of Employer Personify		Amount of Each Receipt this Period
Occupation Senior Director, Business Development		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="250.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="600.00"/>
<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: PAGE 38 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Society of Association Executives APAC**

**A. Carole L. Murray CAP-OM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1575 I St NW #1100  
 City Washington State DC Zip Code 20005-1103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ASAE: The Center for Association Leade Occupation Sr Dir, Exec & Board Ops  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt  
 04 / 09 / 2015  
**Transaction ID : C3014397**  
 Amount of Each Receipt this Period  
 150.00

**B. Patrick J. Natale P.E., F.AS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Copper Penny Road  
 City Flemington State NJ Zip Code 08822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Society of Civil Engineers Occupation Retired  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt  
 03 / 13 / 2015  
**Transaction ID : C3014423**  
 Amount of Each Receipt this Period  
 250.00

**C. Robert F. Nelson CAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 425 L Street NW Suite 602  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nelson Strategic Consulting Occupation President  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt  
 02 / 25 / 2015  
**Transaction ID : C3014550**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00  
**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: PAGE 39 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Society of Association Executives APAC**

**A. Peter J. O'Neil FASAE, CAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3141 Fairview Park Dr # 777  
 City Falls Church State VA Zip Code 22042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Industrial Hygiene Associatio Occupation Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 22 / 2015  
**Transaction ID : C3014389**  
 Amount of Each Receipt this Period 100.00

**B. Peter J. O'Neil FASAE, CAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3141 Fairview Park Dr # 777  
 City Falls Church State VA Zip Code 22042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Industrial Hygiene Associatio Occupation Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 25 / 2015  
**Transaction ID : C3014390**  
 Amount of Each Receipt this Period 250.00

**C. Peter J. O'Neil FASAE, CAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3141 Fairview Park Dr # 777  
 City Falls Church State VA Zip Code 22042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Industrial Hygiene Associatio Occupation Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 09 / 2015  
**Transaction ID : C3014391**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**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 40 OF 104
	<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)  
**American Society of Association Executives APAC**

**A. Rob Olcott CIMA,MA, F**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2010 Corporate Ridge #560  
 City McLean State VA Zip Code 22102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ORION Investment Advisors Occupation Managing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : C3014479**  
 Amount of Each Receipt this Period  
 250.00

**B. Beth W. Palys FASAE, CAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9707 Key West Avenue, #100  
 City Rockville State MD Zip Code 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Management Solutions Plus Inc Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : C3014435**  
 Amount of Each Receipt this Period  
 250.00

**C. Peter J. Pantuso**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 K St NE 9th Fl  
 City Washington State DC Zip Code 20002-8110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Bus Association Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : C3014411**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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 41 OF 104
	<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)  
**American Society of Association Executives APAC**

**A. Albert Pasini CAE**  
Full Name (Last, First, Middle Initial)

Mailing Address 24 Carriage Dr

City Crawfordville State FL Zip Code 32327

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

Name of Employer LeadingAge Florida Occupation Interim President/CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : C3014474**

Amount of Each Receipt this Period  
 1050.00

**B. Stephen E. Peeler**  
Full Name (Last, First, Middle Initial)

Mailing Address 1575 I St NW #1100

City Washington State DC Zip Code 20005-1103

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

Name of Employer ASAE: The Center for Association Leade Occupation Vice President, Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 02 / 2015  
**Transaction ID : C3014439**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 1575 I St NW #1100

City Washington State DC Zip Code 20005-1103

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

Name of Employer ASAE: The Center for Association Leade Occupation Vice President, Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 18 / 2015  
**Transaction ID : C3039892**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1550.00
<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: PAGE 42 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Society of Association Executives APAC**

**A. Tracy L. Petrillo CAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1887 Avenida Martina  
 City Roseville State CA Zip Code 95747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: EDUCAUSE Occupation: Chief Learning Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 03 / 2015  
**Transaction ID : C3014565**  
 Amount of Each Receipt this Period: 250.00

**B. Arlene A. Pietranton Ph.D., FAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2200 Research Blvd  
 City Rockville State MD Zip Code 20850-3289  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: American Speech-Language-Hearing Assoc Occupation: Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 25 / 2015  
**Transaction ID : C3014448**  
 Amount of Each Receipt this Period: 250.00

**C. Paul Pomerantz FASAE, CAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1061 American Lane  
 City Schaumburg State IL Zip Code 60173  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: American Society of Anesthesiologists Occupation: CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 27 / 2015  
**Transaction ID : C3014369**  
 Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**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 43 OF 104
	<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)  
**American Society of Association Executives APAC**

**A. Richard A. Poppa AAI, CAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5784 Widewaters Pkwy  
 1st Floor  
 City Dewitt State NY Zip Code 13214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Independent Insurance Agents and Broke Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 15 / 2015**  
**Transaction ID : C3014372**  
 Amount of Each Receipt this Period **500.00**

**B. Robert M. Portman Esq.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1501 M St NW 7th FL  
 City Washington State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Powers Pyles Sutter & Verville PC Occupation Partner  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 30 / 2015**  
**Transaction ID : C3014450**  
 Amount of Each Receipt this Period **250.00**

**C. James G. Potter CAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 46379 Newfield Place  
 Suite 1300  
 City Potomac Falls State VA Zip Code 20165-6435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Chiropractic Association Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 26 / 2015**  
**Transaction ID : C3014385**  
 Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1000.00**  
**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 44 OF 104
	<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)  
**American Society of Association Executives APAC**

**A. Thomas D. Quattlebaum RCE, CAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1521 Ritchie Hwy  
 Suite 300  
 City State Zip Code  
 Arnold MD 21012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Anne Arundel County Association of REA Chief Executive Officer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : C3014353**  
 Amount of Each Receipt this Period  
 250.00

**B. Thomas D. Quattlebaum RCE, CAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1521 Ritchie Hwy  
 Suite 300  
 City State Zip Code  
 Arnold MD 21012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Anne Arundel County Association of REA Chief Executive Officer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2015  
**Transaction ID : C3014354**  
 Amount of Each Receipt this Period  
 250.00

**C. Natasha L. Rankin CAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 O Street SW #305  
 City State Zip Code  
 Washington DC 20024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Bostrom Account Executive  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2015  
**Transaction ID : C3014508**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**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: PAGE 45 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)  
**A. Joseph Ricci CAE**

Mailing Address 1800 Diagonal Rd #200

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation  
Textile Rental Services Association of President and CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : C3014518**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. James W. Rock**

Mailing Address 517 C St NE

City State Zip Code  
Washington DC 20002

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

Name of Employer Occupation  
Parry Romani DeConcini and Symms Inc Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 25 / 2015  
**Transaction ID : C3014424**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 517 C St NE

City State Zip Code  
Washington DC 20002

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

Name of Employer Occupation  
Parry Romani DeConcini and Symms Inc Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2015  
**Transaction ID : C3039891**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**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: PAGE 46 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)  
**A. Cheryl Ronk CMP, FASAE**

Mailing Address 1350 Haslett Rd

City State Zip Code  
 East Lansing MI 48823

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

Name of Employer Occupation  
 Michigan Society of Association Execut President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 28 / 2015  
**Transaction ID : C3014359**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**B. Colin C. Rorrie Jr., Ph.D.**

Mailing Address 5328 Boca Raton Dr

City State Zip Code  
 Dallas TX 75229

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

Name of Employer Occupation  
 CCR and Associates President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2015  
**Transaction ID : C3014360**

Amount of Each Receipt this Period  
 550.00

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

Mailing Address 1500 King St #201

City State Zip Code  
 Alexandria VA 22314

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

Name of Employer Occupation  
 Global Cold Chain Alliance President & CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : C3014572**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1800.00

**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 47 OF 104
	<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)  
**American Society of Association Executives APAC**

**A. Andrea S. Rutledge CAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1101 Connecticut Ave, NW  
 Suite 410  
 City Washington State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Architectural Accrediting Boa Occupation Executive Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 14 / 2015**  
**Transaction ID : C3014469**  
 Amount of Each Receipt this Period  
**250.00**

**B. Mindy Saffer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 505 9th Street NW  
 Suite 600  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cresa Washington DC Occupation Managing Principal  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2015**  
**Transaction ID : C3014553**  
 Amount of Each Receipt this Period  
**250.00**

**C. Leslie G. Sarasin CAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2345 Crystal Dr #800  
 City Arlington State VA Zip Code 22202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Food Marketing Institute Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 25 / 2015**  
**Transaction ID : C3014366**  
 Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **750.00**  
**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: PAGE 48 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)  
**A. Cecilia Sepp**

Mailing Address 2023 Lyttonsville Rd

City State Zip Code  
Silver Spring MD 20910-3541

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

Name of Employer Occupation  
CS Association Services Consultant & Writer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : C3014455**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Gary Shapiro**

Mailing Address 1919 S Eads St

City State Zip Code  
Arlington VA 22202

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

Name of Employer Occupation  
Consumer Electronics Association President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 02 / 2015  
**Transaction ID : C3014593**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Matthew R. Shay CAE**

Mailing Address 1101 New York Avenue, NW  
Suite 1200

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation  
National Retail Federation President & CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : C3014425**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

**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 49 OF 104
<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

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NAME OF COMMITTEE (In Full)  
**American Society of Association Executives APAC**

**A. Amy R. Showalter**  
Full Name (Last, First, Middle Initial)

Mailing Address 3805 Edwards Road  
Suite 550

City Cincinnati State OH Zip Code 45209

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

Name of Employer The Showalter Group Inc Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
04 / 16 / 2015  
Transaction ID : C3014392

Amount of Each Receipt this Period  
250.00

**B. Sikha Singh MHS, PMP**  
Full Name (Last, First, Middle Initial)

Mailing Address 8515 Georgia Ave #700

City Silver Spring State MD Zip Code 20910

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

Name of Employer Association of Public Health Laborator Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 17 / 2015  
Transaction ID : C3014535

Amount of Each Receipt this Period  
250.00

**C. Thomas W. Smith III, Esq.,**  
Full Name (Last, First, Middle Initial)

Mailing Address 1801 Alexander Bell Dr

City Reston State VA Zip Code 20191-4400

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

Name of Employer American Society of Civil Engineers Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 25 / 2015  
Transaction ID : C3014417

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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: PAGE 50 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Society of Association Executives APAC**

**A. Paul T. Stalknecht**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2800 Shirlington Rd #300  
 City State Zip Code  
 Arlington VA 22206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Air Conditioning Contractors of Americ President and Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 18 / 2015  
**Transaction ID : C3039890**  
 Amount of Each Receipt this Period  
 250.00

**B. Danielle Staudt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8630 Fenton St #722  
 City State Zip Code  
 Silver Spring MD 20910-3812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Population Association of America Executive Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : C3014513**  
 Amount of Each Receipt this Period  
 250.00

**C. Robert G. Stein MBA, FASAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 575 Market Street  
 Suite 2100  
 City State Zip Code  
 San Francisco CA 94105-2934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Society on Aging President and CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : C3044428**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**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: PAGE 51 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)  
**A. Tom E. Stenzel**

Mailing Address 1901 Pennsylvania Ave NW #1100

City Washington State DC Zip Code 20006-3412

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

Name of Employer United Fresh Produce Association Occupation President and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 25 / 2015  
**Transaction ID : C3014493**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Christopher S. Stinebert**

Mailing Address 919 18th St NW #300

City Washington State DC Zip Code 20006-5503

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

Name of Employer American Financial Services Associatio Occupation President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : C3014380**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. William G. Sutton CAE**

Mailing Address 1825 K St NW Suite 900

City Washington State DC Zip Code 20006

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

Name of Employer Equipment Leasing and Finance Associat Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : C3014427**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**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: PAGE 52 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Society of Association Executives APAC**

**A. Sharon J. Swan FASAE, CAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 528 North Washington St  
 City Alexandria State VA Zip Code 22314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Society for Clinical Pharmaco Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 02 / 2015  
**Transaction ID : C3014374**  
 Amount of Each Receipt this Period 500.00

**B. Dawn M. Sweeney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2055 L St NW  
 City Washington State DC Zip Code 20036-3097  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Restaurant Association Occupation President and CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 17 / 2015  
**Transaction ID : C3014523**  
 Amount of Each Receipt this Period 1000.00

**C. Jeffrey S. Tenenbaum Esq.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 575 7th St NW  
 City Washington State DC Zip Code 20004-1601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Venable LLP Occupation Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 21 / 2015  
**Transaction ID : C3039889**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00  
**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: PAGE 53 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)  
**A. Constance E. Tipton**

Mailing Address 1250 H St NW #900

City Washington State DC Zip Code 20005-3952

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

Name of Employer International Dairy Foods Association Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 25 / 2015  
**Transaction ID : C3014449**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Catherine J. Weatherford**

Mailing Address 1101 New York Ave NW #825

City Washington State DC Zip Code 20005

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

Name of Employer Insured Retirement Institute Occupation President and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 25 / 2015  
**Transaction ID : C3014379**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Kay Whalen MBA, CAE**

Mailing Address 555 East Wells St #1100

City Milwaukee State WI Zip Code 53202

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

Name of Employer Executive Director, Inc Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 18 / 2015  
**Transaction ID : C3014480**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

**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 54 OF 104
	<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)  
**American Society of Association Executives APAC**

**A. Kay Whalen MBA, CAE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 555 East Wells St #1100

City Milwaukee	State WI	Zip Code 53202
-------------------	-------------	-------------------

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

Name of Employer Executive Director, Inc	Occupation President
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		09		2015

**Transaction ID : C3014481**

Amount of Each Receipt this Period  
150.00

**B. Frank S. Wilton IOM, CAE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8200 Greensboro Drive Suite 320

City McLean	State VA	Zip Code 22102
----------------	-------------	-------------------

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

Name of Employer American Association of Tissue Banks	Occupation President & Chief Executive Officer
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		04		2015

**Transaction ID : C3014357**

Amount of Each Receipt this Period  
250.00

**C. Randall F. Witter CAE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 225 East Cook St

City Springfield	State IL	Zip Code 62704
---------------------	-------------	-------------------

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

Name of Employer Cook Witter Inc	Occupation President
-------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		15		2015

**Transaction ID : C3014370**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<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 55 OF 104
	<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)  
**American Society of Association Executives APAC**

**A. Todd Wurschmidt PhD, CFRE,**  
Full Name (Last, First, Middle Initial)  
Mailing Address 324 North Chillicothe St  
City Plain City State OH Zip Code 43064-1062  
FEC ID number of contributing federal political committee. **C**  
Name of Employer U.S. Farmers and Ranchers Alliance Occupation Executive Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 04 / 2015  
**Transaction ID : C3014376**  
Amount of Each Receipt this Period 250.00

**B. Todd Wurschmidt PhD, CFRE,**  
Full Name (Last, First, Middle Initial)  
Mailing Address 324 North Chillicothe St  
City Plain City State OH Zip Code 43064-1062  
FEC ID number of contributing federal political committee. **C**  
Name of Employer U.S. Farmers and Ranchers Alliance Occupation Executive Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 09 / 2015  
**Transaction ID : C3014377**  
Amount of Each Receipt this Period 150.00

**C. Steven C. C. Yeakel CAE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7204 Glen Forest Dr, Ste 101  
City Richmond State VA Zip Code 23226-3778  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Virginia Association of Community Bank Occupation President & CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 25 / 2015  
**Transaction ID : C3014414**  
Amount of Each Receipt this Period 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<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: PAGE 56 OF 104  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Society of Association Executives APAC**

**A. Steven C. C. Yeakel CAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7204 Glen Forest Dr, Ste 101  
 City Richmond State VA Zip Code 23226-3778  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Virginia Association of Community Bank Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 17 / 2015  
**Transaction ID : C3014415**  
 Amount of Each Receipt this Period 150.00

**B. James J. Zaniello**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 888 16th St NW #800  
 City Washington State DC Zip Code 20006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vetted Solutions Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 25 / 2015  
**Transaction ID : C3014349**  
 Amount of Each Receipt this Period 250.00

**C. James J. Zaniello**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 888 16th St NW #800  
 City Washington State DC Zip Code 20006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vetted Solutions Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 09 / 2015  
**Transaction ID : C3014350**  
 Amount of Each Receipt this Period 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	39670.31



**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 57 OF 104
<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)  
**American Society of Association Executives APAC**

**A. International Franchise Association**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1501 K STREET NW  
 City WASHINGTON State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C** C00084491  
 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  
 05 / 18 / 2015  
**Transaction ID : C3045124**  
 Amount of Each Receipt this Period  
 5000.00

**B. National Association of Realtors PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 New Jersey Ave NW  
 City Washington State DC Zip Code 20001-2005  
 FEC ID number of contributing federal political committee. **C** C00030718  
 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  
 04 / 21 / 2015  
**Transaction ID : C3045121**  
 Amount of Each Receipt this Period  
 5000.00

**C. National Propane Gas Association Political Action Committee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1899 L St NW #350  
 City Washington State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C** C00079681  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : C3045123**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	10250.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	10250.00

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

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

FOR LINE NUMBER: PAGE 58 OF 104  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**American Society of Association Executives APAC**

**A. FRIENDS FOR HARRY REID**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 19163  
 City LAS VEGAS State NV Zip Code 89132  
 FEC ID number of contributing federal political committee. **C** C00204370  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2015  
**Transaction ID : C3046461**  
 Amount of Each Receipt this Period  
 1000.00  
 Refund Contrib 7/18/2012

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

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

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 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).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1000.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA16

Transaction ID : C3046461

This contribution is a refund of 1 disbursement check for the Friends for Harry Reid Committee for the 2016 election cycle. The original date of disbursement of 7-18-2012.

Form/Schedule:

Transaction ID:

**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. American Express Travel Related Service Co., Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		07		2015

Mailing Address P.O. Box 53852

**Transaction ID : D166908**

City State Zip Code  
Phoenix AZ 85072-3852

Amount of Each Disbursement this Period

1.21
------

Purpose of Disbursement  
Credit Card Expense

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. American Express Travel Related Service Co., Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		22		2015

Mailing Address P.O. Box 53852

**Transaction ID : D166909**

City State Zip Code  
Phoenix AZ 85072-3852

Amount of Each Disbursement this Period

2.95
------

Purpose of Disbursement  
Credit Card Expense

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. American Express Travel Related Service Co., Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		02		2015

Mailing Address P.O. Box 53852

**Transaction ID : D166911**

City State Zip Code  
Phoenix AZ 85072-3852

Amount of Each Disbursement this Period

1.21
------

Purpose of Disbursement  
Credit Card Expense

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

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

5.37
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**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. American Express Travel Related Service Co., Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2015

Mailing Address P.O. Box 53852

**Transaction ID : D166912**

City Phoenix State AZ Zip Code 85072-3852

Amount of Each Disbursement this Period

2.95
------

Purpose of Disbursement  
Credit Card Expense

--

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. American Express Travel Related Service Co., Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2015

Mailing Address P.O. Box 53852

**Transaction ID : D166913**

City Phoenix State AZ Zip Code 85072-3852

Amount of Each Disbursement this Period

2.95
------

Purpose of Disbursement  
Credit Card Expense

--

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. American Express Travel Related Service Co., Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		02		2015

Mailing Address P.O. Box 53852

**Transaction ID : D166914**

City Phoenix State AZ Zip Code 85072-3852

Amount of Each Disbursement this Period

73.75
-------

Purpose of Disbursement  
Credit Card Expense

--

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

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

79.65
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**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. American Express Travel Related Service Co., Inc.**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Credit Card Expense

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
03	/	02	/	2015

**Transaction ID : D166915**

Amount of Each Disbursement this Period

7.38
------

Full Name (Last, First, Middle Initial)

**B. American Express Travel Related Service Co., Inc.**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Credit Card Expense

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
03	/	03	/	2015

**Transaction ID : D166916**

Amount of Each Disbursement this Period

7.38
------

Full Name (Last, First, Middle Initial)

**C. American Express Travel Related Service Co., Inc.**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Credit Card Expense

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
03	/	03	/	2015

**Transaction ID : D166917**

Amount of Each Disbursement this Period

2.21
------

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

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

16.97
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**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)

**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. American Express Travel Related Service Co., Inc.**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Credit Card Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

**Transaction ID : D166918**

Amount of Each Disbursement this Period

30.71

Full Name (Last, First, Middle Initial)

**B. American Express Travel Related Service Co., Inc.**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Credit Card Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : D166919**

Amount of Each Disbursement this Period

14.75

Full Name (Last, First, Middle Initial)

**C. American Express Travel Related Service Co., Inc.**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Credit Card Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2015

**Transaction ID : D166920**

Amount of Each Disbursement this Period

10.33

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

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

55.79

**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. American Express Travel Related Service Co., Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		20		2015

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

**Transaction ID : D166921**

Purpose of Disbursement  
Credit Card Expense

Amount of Each Disbursement this Period

7.38
------

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. American Express Travel Related Service Co., Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		23		2015

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

**Transaction ID : D166922**

Purpose of Disbursement  
Credit Card Expense

Amount of Each Disbursement this Period

10.33
-------

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. American Express Travel Related Service Co., Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		24		2015

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

**Transaction ID : D166923**

Purpose of Disbursement  
Credit Card Expense

Amount of Each Disbursement this Period

7.38
------

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

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

25.09
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**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. American Express Travel Related Service Co., Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		27		2015

Mailing Address P.O. Box 53852

**Transaction ID : D166924**

City State Zip Code  
Phoenix AZ 85072-3852

Amount of Each Disbursement this Period

36.88
-------

Purpose of Disbursement  
Credit Card Expense

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. American Express Travel Related Service Co., Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2015

Mailing Address P.O. Box 53852

**Transaction ID : D166925**

City State Zip Code  
Phoenix AZ 85072-3852

Amount of Each Disbursement this Period

17.43
-------

Purpose of Disbursement  
Credit Card Expense

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. American Express Travel Related Service Co., Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		03		2015

Mailing Address P.O. Box 53852

**Transaction ID : D166926**

City State Zip Code  
Phoenix AZ 85072-3852

Amount of Each Disbursement this Period

8.85
------

Purpose of Disbursement  
Credit Card Expense

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

63.16
-------

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

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**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. American Express Travel Related Service Co., Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		06		2015

Mailing Address P.O. Box 53852

**Transaction ID : D166927**

City Phoenix State AZ Zip Code 85072-3852

Amount of Each Disbursement this Period

2.95
------

Purpose of Disbursement  
Credit Card Expense

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. American Express Travel Related Service Co., Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2015

Mailing Address P.O. Box 53852

**Transaction ID : D166928**

City Phoenix State AZ Zip Code 85072-3852

Amount of Each Disbursement this Period

5.90
------

Purpose of Disbursement  
Credit Card Expense

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. American Express Travel Related Service Co., Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		08		2015

Mailing Address P.O. Box 53852

**Transaction ID : D166929**

City Phoenix State AZ Zip Code 85072-3852

Amount of Each Disbursement this Period

1.48
------

Purpose of Disbursement  
Credit Card Expense

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

10.33
-------

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

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**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. American Express Travel Related Service Co., Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2015

Mailing Address P.O. Box 53852

**Transaction ID : D166930**

City Phoenix State AZ Zip Code 85072-3852

Amount of Each Disbursement this Period

17.70
-------

Purpose of Disbursement  
Credit Card Expense

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. American Express Travel Related Service Co., Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2015

Mailing Address P.O. Box 53852

**Transaction ID : D166931**

City Phoenix State AZ Zip Code 85072-3852

Amount of Each Disbursement this Period

16.23
-------

Purpose of Disbursement  
Credit Card Expense

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. American Express Travel Related Service Co., Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		17		2015

Mailing Address P.O. Box 53852

**Transaction ID : D166932**

City Phoenix State AZ Zip Code 85072-3852

Amount of Each Disbursement this Period

4.43
------

Purpose of Disbursement  
Credit Card Expense

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

38.36
-------

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

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**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. American Express Travel Related Service Co., Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		21		2015

Mailing Address P.O. Box 53852

**Transaction ID : D166933**

City Phoenix State AZ Zip Code 85072-3852

Amount of Each Disbursement this Period

2.95
------

Purpose of Disbursement  
Credit Card Expense

--

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. American Express Travel Related Service Co., Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		23		2015

Mailing Address P.O. Box 53852

**Transaction ID : D166934**

City Phoenix State AZ Zip Code 85072-3852

Amount of Each Disbursement this Period

13.28
-------

Purpose of Disbursement  
Credit Card Expense

--

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. American Express Travel Related Service Co., Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2015

Mailing Address P.O. Box 53852

**Transaction ID : D166935**

City Phoenix State AZ Zip Code 85072-3852

Amount of Each Disbursement this Period

7.38
------

Purpose of Disbursement  
Credit Card Expense

--

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

23.61
-------

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

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**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. American Express Travel Related Service Co., Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2015

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

**Transaction ID : D166936**

Purpose of Disbursement  
Credit Card Expense

Amount of Each Disbursement this Period

2.21
------

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. American Express Travel Related Service Co., Inc.**

Date of Disbursement

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

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

**Transaction ID : D166937**

Purpose of Disbursement  
Credit Card Expense

Amount of Each Disbursement this Period

2.21
------

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. American Express Travel Related Service Co., Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2015

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

**Transaction ID : D166938**

Purpose of Disbursement  
Credit Card Expense

Amount of Each Disbursement this Period

30.71
-------

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

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

35.13
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**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. American Express Travel Related Service Co., Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2015

Mailing Address P.O. Box 53852

**Transaction ID : D166939**

City Phoenix State AZ Zip Code 85072-3852

Amount of Each Disbursement this Period

2.21
------

Purpose of Disbursement  
Credit Card Expense

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. American Express Travel Related Service Co., Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2015

Mailing Address P.O. Box 53852

**Transaction ID : D166940**

City Phoenix State AZ Zip Code 85072-3852

Amount of Each Disbursement this Period

4.43
------

Purpose of Disbursement  
Credit Card Expense

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. American Express Travel Related Service Co., Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2015

Mailing Address P.O. Box 53852

**Transaction ID : D166941**

City Phoenix State AZ Zip Code 85072-3852

Amount of Each Disbursement this Period

3.42
------

Purpose of Disbursement  
Credit Card Expense

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

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

10.06
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**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. American Express Travel Related Service Co., Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2015

Mailing Address P.O. Box 53852

**Transaction ID : D166942**

City Phoenix State AZ Zip Code 85072-3852

Amount of Each Disbursement this Period

7.38
------

Purpose of Disbursement  
Credit Card Expense

Category/Type
---------------

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. American Express Travel Related Service Co., Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	18	/	2015

Mailing Address P.O. Box 53852

**Transaction ID : D166943**

City Phoenix State AZ Zip Code 85072-3852

Amount of Each Disbursement this Period

5.90
------

Purpose of Disbursement  
Credit Card Expense

Category/Type
---------------

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. American Express Travel Related Service Co., Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	19	/	2015

Mailing Address P.O. Box 53852

**Transaction ID : D166944**

City Phoenix State AZ Zip Code 85072-3852

Amount of Each Disbursement this Period

0.74
------

Purpose of Disbursement  
Credit Card Expense

Category/Type
---------------

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

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

14.02
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**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. Paymentech**

Mailing Address 1601 Elm Street  
Suite 700

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Credit Card Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

01 / 05 / 2015

**Transaction ID : D166976**

Amount of Each Disbursement this Period

67.87

Full Name (Last, First, Middle Initial)

**B. Paymentech**

Mailing Address 1601 Elm Street  
Suite 700

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Credit Card Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

02 / 03 / 2015

**Transaction ID : D166977**

Amount of Each Disbursement this Period

43.90

Full Name (Last, First, Middle Initial)

**C. Paymentech**

Mailing Address 1601 Elm Street  
Suite 700

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Credit Card Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

03 / 03 / 2015

**Transaction ID : D166978**

Amount of Each Disbursement this Period

187.04

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

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

298.81



**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. Paymentech**

Mailing Address 1601 Elm Street  
Suite 700

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Credit Card Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 03 / 2015

**Transaction ID : D166979**

Amount of Each Disbursement this Period

309.12

Full Name (Last, First, Middle Initial)

**B. Paymentech**

Mailing Address 1601 Elm Street  
Suite 700

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Credit Card Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2015

**Transaction ID : D166980**

Amount of Each Disbursement this Period

322.88

Full Name (Last, First, Middle Initial)

**C. Paymentech**

Mailing Address 1601 Elm Street  
Suite 700

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Credit Card Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

**Transaction ID : D166981**

Amount of Each Disbursement this Period

62.04

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

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

694.04

**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank**

Mailing Address 1445 New York Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2015

**Transaction ID : D166969**

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

**B. SunTrust Bank**

Mailing Address 1445 New York Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2015

**Transaction ID : D166970**

Amount of Each Disbursement this Period

5.00

Full Name (Last, First, Middle Initial)

**C. SunTrust Bank**

Mailing Address 1445 New York Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2015

**Transaction ID : D166971**

Amount of Each Disbursement this Period

30.00

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

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

65.00

**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank**

Mailing Address 1445 New York Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2015

**Transaction ID : D166973**

Amount of Each Disbursement this Period

5.00

Full Name (Last, First, Middle Initial)

**B. SunTrust Bank**

Mailing Address 1445 New York Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2015

**Transaction ID : D166974**

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Wells Fargo Bank, N.A.**

Mailing Address P.O. Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 12 / 2015

**Transaction ID : D166902**

Amount of Each Disbursement this Period

68.24

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

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

103.24

**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo Bank, N.A.**

Mailing Address P.O. Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement  
Bank Charges

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
02	/	11	/	2015

**Transaction ID : D166903**

Amount of Each Disbursement this Period

85.04
-------

Full Name (Last, First, Middle Initial)

**B. Wells Fargo Bank, N.A.**

Mailing Address P.O. Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement  
Bank Charges

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
03	/	11	/	2015

**Transaction ID : D166904**

Amount of Each Disbursement this Period

85.06
-------

Full Name (Last, First, Middle Initial)

**C. Wells Fargo Bank, N.A.**

Mailing Address P.O. Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement  
Bank Charges

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
04	/	13	/	2015

**Transaction ID : D166905**

Amount of Each Disbursement this Period

106.46
--------

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

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

276.56
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**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo Bank, N.A.**

Mailing Address P.O. Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement  
Bank Charges

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  
05 / 11 / 2015

Transaction ID : D166906

Amount of Each Disbursement this Period

115.13

Full Name (Last, First, Middle Initial)

**B. Wells Fargo Bank, N.A.**

Mailing Address P.O. Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement  
Bank Charges

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  
06 / 11 / 2015

Transaction ID : D166907

Amount of Each Disbursement this Period

88.81

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

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

203.94

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

2019.13

**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. Ann Wagner for Congress**

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022-0050

Purpose of Disbursement  
Contribution

Candidate Name

**Ann L Wagner**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2015

**Transaction ID : D164669**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. CASTRO FOR CONGRESS**

Mailing Address PO Box 544

City San Antonio State TX Zip Code 78292-0544

Purpose of Disbursement  
Contribution

Candidate Name

**Mr. Joaquin Castro**

Office Sought:  House  
 Senate  
 President  
State: TX District: 20

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2015

**Transaction ID : D165648**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. CASTRO FOR CONGRESS**

Mailing Address PO Box 544

City San Antonio State TX Zip Code 78292-0544

Purpose of Disbursement  
Contribution

Candidate Name

**Mr. Joaquin Castro**

Office Sought:  House  
 Senate  
 President  
State: TX District: 20

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2015

**Transaction ID : D166547**

Amount of Each Disbursement this Period

500.00

**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Michelle Lujan Grisham**

Mailing Address 2015 Dietz Pl NW

City Albuquerque State NM Zip Code 87107-3240

Purpose of Disbursement Contribution

Candidate Name  
**Michele Lujan Grisham**

Office Sought:  House  Senate  President  
State: NM District: 01  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	5

Transaction ID : **D166092**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. LAHOOD FOR CONGRESS**

Mailing Address P.O. BOX 10735

City Peoria State IL Zip Code 61612

Purpose of Disbursement Contribution

Candidate Name  
**Darin LaHood**

Office Sought:  House  Senate  President  
State: IL District: 18  
Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Special Primary

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	5

Transaction ID : **D166560**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Comstock for Congress**

Mailing Address PO Box 71598

City Richmond State VA Zip Code 23255

Purpose of Disbursement Contribution

Candidate Name  
**Del. Barbara Comstock**

Office Sought:  House  Senate  President  
State: VA District: 10  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	5

Transaction ID : **D166331**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0


**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. Comstock for Congress**

Mailing Address PO Box 71598

City Richmond State VA Zip Code 23255

Purpose of Disbursement  
Contribution

Candidate Name  
**Del. Barbara Comstock**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : D165110**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. DOLD FOR CONGRESS**

Mailing Address PO Box 8145

City Northfield State IL Zip Code 60093

Purpose of Disbursement  
Contribution

Candidate Name  
**Mr. Robert James Dold Jr.**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2015

**Transaction ID : D166332**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Dave Joyce**

Mailing Address 320 Kenarden Dr

City Highland Hts State OH Zip Code 44143-3710

Purpose of Disbursement  
Contribution

Candidate Name  
**David P Joyce**

Office Sought:  House  
 Senate  
 President  
State: OH District: 14

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2015

**Transaction ID : D166334**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3000.00
---------

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**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Dave Joyce**

Mailing Address 320 Kenarden Dr

City Highland Hts State OH Zip Code 44143-3710

Purpose of Disbursement  
Contribution

Candidate Name

**David P Joyce**

Office Sought:  House  
 Senate  
 President  
State: OH District: 14

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	5

**Transaction ID : D164994**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Friends of Don Beyer**

Mailing Address 1751 POTOMAC GREENS DRIVE

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution

Candidate Name

**Don Beyer**

Office Sought:  House  
 Senate  
 President  
State: VA District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	5

**Transaction ID : D165100**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Kevin McCarthy for Congress**

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement  
Contribution

Candidate Name

**KEVIN MCCARTHY**

Office Sought:  House  
 Senate  
 President  
State: CA District: 22

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	5

**Transaction ID : D166089**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

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

5	5	0	0	0	0	0	0	0	0
5	5	0	0	0	0	0	0	0	0

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

5	5	0	0	0	0	0	0	0	0
5	5	0	0	0	0	0	0	0	0

**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. People for Derek Kilmer**

Mailing Address PO Box 1574

City Gig Harbor State WA Zip Code 98335-3574

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Derek Kilmer**

Office Sought:  House  
 Senate  
 President  
State: WA District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

**Transaction ID : D165106**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. People for Derek Kilmer**

Mailing Address PO Box 1574

City Gig Harbor State WA Zip Code 98335-3574

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Derek Kilmer**

Office Sought:  House  
 Senate  
 President  
State: WA District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2015

**Transaction ID : D166544**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. ADRIAN SMITH FOR CONGRESS**

Mailing Address 3321 Avenue I

City Scottsbluff State NE Zip Code 69361

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Adrian Smith**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

**Transaction ID : D165103**

Amount of Each Disbursement this Period

1000.00

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

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

2500.00

**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. PASCRELL FOR CONGRESS**

Mailing Address P.O. Box 640

City Totowa State NJ Zip Code 07511

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Bill Pascrell Jr.**

Office Sought:  House  
 Senate  
 President  
State: NJ District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	5

**Transaction ID : D164987**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Citizens for Boyle**

Mailing Address PO Box 11545

City Philadelphia State PA Zip Code 19116-0545

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Brendan F. Boyle**

Office Sought:  House  
 Senate  
 President  
State: PA District: 13

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	5

**Transaction ID : D166087**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Citizens for Boyle**

Mailing Address PO Box 11545

City Philadelphia State PA Zip Code 19116-0545

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Brendan F. Boyle**

Office Sought:  House  
 Senate  
 President  
State: PA District: 13

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	5

**Transaction ID : D166546**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. CATHY MCMORRIS RODGERS FOR CONGRESS**

Mailing Address Box 137

City State Zip Code  
Spokane WA 99210

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Cathy McMorris Rodgers**

Office Sought:  House  
 Senate  
 President  
State: WA District: 05

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	24	/	2015

**Transaction ID : D164660**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.**

Mailing Address PO Box 80126

City State Zip Code  
Lafayette LA 70598

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Charles Boustany Jr.**

Office Sought:  House  
 Senate  
 President  
State: LA District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	20	/	2015

**Transaction ID : D166088**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. DAVIS FOR CONGRESS/FRIENDS OF DAVIS**

Mailing Address 5956 W. Race Avenue

City State Zip Code  
Chicago IL 60644

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Danny K. Davis**

Office Sought:  House  
 Senate  
 President  
State: IL District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	20	/	2015

**Transaction ID : D166093**

Amount of Each Disbursement this Period

1000.00
---------

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

2500.00
---------

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

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**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF DAVE REICHERT**

Mailing Address P. O. Box 53322

City Bellevue State WA Zip Code 98015

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Dave Reichert**

Office Sought:  House  
 Senate  
 President  
State: WA District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	24	/	2015

**Transaction ID : D164665**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. DEVIN NUNES CAMPAIGN COMMITTEE**

Mailing Address PO BOX 6545

City VISALIA State CA Zip Code 93290

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Devin Nunes**

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
03	/	26	/	2015

**Transaction ID : D165104**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. DIANE BLACK FOR CONGRESS**

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Diane Black**

Office Sought:  House  
 Senate  
 President  
State: TN District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	02	/	2015

**Transaction ID : D166333**

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
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**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. ELISE FOR CONGRESS**

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Debt Retirement

Candidate Name  
**Rep. Elise Stefanik**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  Other (specify) ▼  
State: NY District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	5

**Transaction ID : D164989**

Amount of Each Disbursement this Period

5	0	0	0
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Full Name (Last, First, Middle Initial)

**B. CONNOLLY FOR CONGRESS**

Mailing Address PO Box 563

City Merrifield State VA Zip Code 22116

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Gerald E. Connolly**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼  
State: VA District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	5

**Transaction ID : D165654**

Amount of Each Disbursement this Period

5	0	0	0
---	---	---	---

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF GLENN THOMPSON**

Mailing Address PO BOX 1112

City STATE COLLEGE State PA Zip Code 16804

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Glenn Thompson**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼  
State: PA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	5

**Transaction ID : D165652**

Amount of Each Disbursement this Period

1	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

2	0	0	0
---	---	---	---

**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF GLENN THOMPSON**

Mailing Address PO BOX 1112

City STATE COLLEGE State PA Zip Code 16804

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Glenn Thompson**

Office Sought:  House  
 Senate  
 President  
State: PA District: 05

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 18 / 2015

**Transaction ID : D164986**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. WALDEN FOR CONGRESS**

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Greg Walden**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 28 / 2015

**Transaction ID : D165647**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. BILIRAKIS FOR CONGRESS**

Mailing Address PO BOX 606

City TARPON SPRINGS State FL Zip Code 34688

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Gus Bilirakis**

Office Sought:  House  
 Senate  
 President  
State: FL District: 12

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2015

**Transaction ID : D166094**

Amount of Each Disbursement this Period

1000.00

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

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

3500.00

**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. BILIRAKIS FOR CONGRESS**

Mailing Address PO BOX 606

City TARPON SPRINGS State FL Zip Code 34688

Purpose of Disbursement Contribution

Candidate Name

**Rep. Gus Bilirakis**

Office Sought:  House  Senate  President  
State: FL District: 12

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2015

Transaction ID : D164663

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. JAIME FOR CONGRESS**

Mailing Address PO BOX 1614

City RIDGEFIELD State WA Zip Code 98642

Purpose of Disbursement Contribution

Candidate Name

**Rep. Jaime Herrera Beutler**

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

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2015

Transaction ID : D164668

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. JIM RENACCI FOR CONGRESS**

Mailing Address 150 SMOKERISE DRIVE

City WADSWORTH State OH Zip Code 44281

Purpose of Disbursement Contribution

Candidate Name

**Rep. James B. Renacci**

Office Sought:  House  Senate  President  
State: OH District: 16

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2015

Transaction ID : D166090

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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JIM CLYBURN**

Mailing Address PO BOX 12567

City COLUMBIA State SC Zip Code 29211

Purpose of Disbursement Contribution

Candidate Name  
**Rep. James E. Clyburn**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: SC District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 16 / 2015

**Transaction ID : D166542**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JASON CHAFFETZ**

Mailing Address 315 WESTFIELD CIRCLE

City ALPINE State UT Zip Code 84004

Purpose of Disbursement Contribution

Candidate Name  
**Rep. Jason Chaffetz**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: UT District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 24 / 2015

**Transaction ID : D164671**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOE HECK**

Mailing Address PO BOX 750114

City LAS VEGAS State NV Zip Code 89136

Purpose of Disbursement Contribution

Candidate Name  
**Rep. Joe Heck**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NV District: 03

Date of Disbursement

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

**Transaction ID : D165099**

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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. JOHN LEWIS FOR CONGRESS**

Mailing Address P.O. BOX 2323

City ATLANTA State GA Zip Code 30301

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. John Lewis**

Office Sought:  House  
 Senate  
 President  
State: GA District: 05

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	5

**Transaction ID : D165109**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. BRADY FOR CONGRESS**

Mailing Address P.O. Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Kevin Brady**

Office Sought:  House  
 Senate  
 President  
State: TX District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	5

**Transaction ID : D166091**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. KRISTI FOR CONGRESS**

Mailing Address PO BOX 852

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Kristi Noem**

Office Sought:  House  
 Senate  
 President  
State: SD District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	5

**Transaction ID : D165650**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. KURT SCHRADER FOR CONGRESS**

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Kurt Schrader**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

**Transaction ID : D165112**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. LYNN JENKINS FOR CONGRESS**

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Lynn Jenkins**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2015

**Transaction ID : D164670**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MARK POCAN FOR CONGRESS**

Mailing Address PO BOX 327

City MADISON State WI Zip Code 53701

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Mark Pocan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2015

**Transaction ID : D164666**

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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. MIKE KELLY FOR CONGRESS**

Mailing Address PO BOX 476

City LYNDORA State PA Zip Code 16045

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Mike Kelly**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		24		2015

**Transaction ID : D164667**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. MIKE KELLY FOR CONGRESS**

Mailing Address PO BOX 476

City LYNDORA State PA Zip Code 16045

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Mike Kelly**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2015

**Transaction ID : D166330**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. COMMITTEE TO RE-ELECT NYDIA M. VELAZQUEZ TO CONGRESS**

Mailing Address 315 Inspiration Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Nydia M. Velazquez**

Office Sought:  House  
 Senate  
 President  
State: NY District: 12

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		28		2015

**Transaction ID : D165649**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3000.00
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**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. TIBERI FOR CONGRESS**

Mailing Address 2931 E Dublin Granville Road

City Columbus State OH Zip Code 43231

Purpose of Disbursement Contribution

Candidate Name

**Rep. Pat Tiberi**

Office Sought:  House  Senate  President  
State: OH District: 12

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2015

Transaction ID : D165646

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. TIBERI FOR CONGRESS**

Mailing Address 2931 E Dublin Granville Road

City Columbus State OH Zip Code 43231

Purpose of Disbursement Contribution

Candidate Name

**Rep. Pat Tiberi**

Office Sought:  House  Senate  President  
State: OH District: 12

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2015

Transaction ID : D164396

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. ROSKAM FOR CONGRESS COMMITTEE**

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement Contribution

Candidate Name

**Rep. Peter Roskam**

Office Sought:  House  Senate  President  
State: IL District: 06

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2015

Transaction ID : D164399

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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. ROSKAM FOR CONGRESS COMMITTEE**

Date of Disbursement

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

Mailing Address P. O. Box 713

**Transaction ID : D165101**

City State Zip Code  
Wheaton IL 60187

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution

Category/ Type
-------------------

Candidate Name

**Rep. Peter Roskam**

Office Sought:  House  
 Senate  
 President  
State: IL District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. RICHARD E NEAL FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		28		2015

Mailing Address 76 MAGNOLIA TERRACE

**Transaction ID : D164395**

City State Zip Code  
SPRINGFIELD MA 01108

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution

Category/ Type
-------------------

Candidate Name

**Rep. Richard E. Neal**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF FARR**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		18		2015

Mailing Address 555 Capitol Mall, Suite 1425

**Transaction ID : D164995**

City State Zip Code  
Sacramento CA 95814

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution

Category/ Type
-------------------

Candidate Name

**Rep. Sam Farr**

Office Sought:  House  
 Senate  
 President  
State: CA District: 20

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

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

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

3000.00
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**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF FARR**

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Sam Farr**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	02	/	2015

**Transaction ID : D166320**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF SAM JOHNSON**

Mailing Address P.O. Box 860096

City Plano State TX Zip Code 75086

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Sam Johnson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	28	/	2015

**Transaction ID : D165645**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. LEVIN FOR CONGRESS**

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Sander M. Levin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

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

**Transaction ID : D165094**

Amount of Each Disbursement this Period

1000.00
---------

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

3000.00
---------

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

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**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. SCOTT PETERS FOR CONGRESS**

Mailing Address PO BOX 70980

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Scott Peters**

Office Sought:  House  
 Senate  
 President  
State: CA District: 52

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

**Transaction ID : D164993**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. HOYER FOR CONGRESS**

Mailing Address 700 13th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Steny H. Hoyer**

Office Sought:  House  
 Senate  
 President  
State: MD District: 05

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2015

**Transaction ID : D164662**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. COTTON FOR SENATE**

Mailing Address PO BOX 379

City DARDANELLE State AR Zip Code 72834

Purpose of Disbursement  
Debt Retirement

Candidate Name

**Rep. Tom Cotton**

Office Sought:  House  
 Senate  
 President  
State: AR District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2015

**Transaction ID : D165351**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. COTTON FOR SENATE**

Mailing Address PO BOX 379

City DARDANELLE State AR Zip Code 72834

Purpose of Disbursement  
Voided Check from 12/15/14

Candidate Name  
**Rep. Tom Cotton**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: AR District:

Date of Disbursement

/  /

**Transaction ID : D165661**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. BECERRA FOR CONGRESS**

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Xavier Becerra**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: CA District: 31

Date of Disbursement

/  /

**Transaction ID : D165111**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. BECERRA FOR CONGRESS**

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Xavier Becerra**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: CA District: 31

Date of Disbursement

/  /

**Transaction ID : D164984**

Amount of Each Disbursement this Period

Category/  
Type

**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. Ribble for Congress**

Mailing Address PO Box 7200

City Appleton State WI Zip Code 54912-7069

Purpose of Disbursement  
Contribution

Candidate Name

**Mr. Reid Ribble**

Office Sought:  House  
 Senate  
 President  
State: WI District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : D164992**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. BEN CARDIN FOR SENATE**

Mailing Address P.O. BOX 21093

City CATONSVILLE State MD Zip Code 21228

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Benjamin L. Cardin**

Office Sought:  House  
 Senate  
 President  
State: MD District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : D164985**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. BILL NELSON FOR U S SENATE**

Mailing Address 972 W WHITMIRE DRIVE

City MELBOURNE State FL Zip Code 32935

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Bill Nelson**

Office Sought:  House  
 Senate  
 President  
State: FL District: 00

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2015

**Transaction ID : D164397**

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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. GRASSLEY COMMITTEE INC**

Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Charles E. Grassley**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IA District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 18 / 2015

**Transaction ID : D164988**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. GRASSLEY COMMITTEE INC**

Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Charles E. Grassley**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IA District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 28 / 2015

**Transaction ID : D165651**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. HELLER FOR SENATE**

Mailing Address PO BOX 371907

City LAS VEGAS State NV Zip Code 89137

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Dean Heller**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NV District: 00

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 28 / 2015

**Transaction ID : D165653**

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)  
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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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. HELLER FOR SENATE**

Mailing Address PO BOX 371907

City LAS VEGAS State NV Zip Code 89137

Purpose of Disbursement  
Debt Retirement

Candidate Name  
**Sen. Dean Heller**

Office Sought:  House  
 Senate  
 President  
State: NV District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D164672**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. HELLER FOR SENATE**

Mailing Address PO BOX 371907

City LAS VEGAS State NV Zip Code 89137

Purpose of Disbursement  
Contribution

Candidate Name  
**Sen. Dean Heller**

Office Sought:  House  
 Senate  
 President  
State: NV District: 00

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D166548**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. HEIDI FOR SENATE**

Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement  
Contribution

Candidate Name  
**Sen. Heidi Heitkamp**

Office Sought:  House  
 Senate  
 President  
State: ND District: 00

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D166543**

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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. TEXANS FOR SENATOR JOHN CORNYN INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

Mailing Address PO BOX 13026

**Transaction ID : D164991**

City State Zip Code  
AUSTIN TX 78711

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution

--

Candidate Name

**Sen. John Cornyn**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 00

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. BENNET FOR COLORADO**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2015

Mailing Address PO BOX 3078

**Transaction ID : D166329**

City State Zip Code  
DENVER CO 80201

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution

--

Candidate Name

**Sen. Michael Bennet**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CO District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. MIKE CRAPO FOR US SENATE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

Mailing Address P.O. BOX 1948

**Transaction ID : D164996**

City State Zip Code  
BOISE ID 83701

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution

--

Candidate Name

**Sen. Michael D. Crapo**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: ID District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

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

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

3000.00
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**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. HATCH ELECTION COMMITTEE INC**

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City State Zip Code  
SALT LAKE CITY UT 84101

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Orrin G. Hatch**

Office Sought:  House  
 Senate  
 President  
State: UT District: 00

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 18 / 2015

**Transaction ID : D164990**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. HATCH ELECTION COMMITTEE INC**

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City State Zip Code  
SALT LAKE CITY UT 84101

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Orrin G. Hatch**

Office Sought:  House  
 Senate  
 President  
State: UT District: 00

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 28 / 2015

**Transaction ID : D164394**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. PORTMAN FOR SENATE COMMITTEE**

Mailing Address 9856 ARCHER LANE

City State Zip Code  
DUBLIN OH 43017

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Rob Portman**

Office Sought:  House  
 Senate  
 President  
State: OH District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : D165097**

Amount of Each Disbursement this Period

1000.00

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

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

3500.00

**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)  
**American Society of Association Executives APAC**

Full Name (Last, First, Middle Initial)

**A. WYDEN FOR SENATE**

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement Contribution

Candidate Name  
**Sen. Ron Wyden**

Office Sought:  House  Senate  President  
State: OR District:

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 28 / 2015

Transaction ID : D164400

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF ROY BLUNT**

Mailing Address P.O. BOX 50100

City SPRINGFIELD State MO Zip Code 65805

Purpose of Disbursement Contribution

Candidate Name  
**Sen. Roy Blunt**

Office Sought:  House  Senate  President  
State: MO District: 00

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2015

Transaction ID : D164664

Amount of Each Disbursement this Period

1000.00

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 Y Y

Amount of Each Disbursement this Period

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

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

2500.00

78500.00

