

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CMA Political Action Committee

Report Covering the Period: From:

07 01 2016

To:

09 30 2016

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	<i>1,680⁰⁰</i>	<i>1,680⁰⁰</i>
(ii) Unitemized.....	<i>1,045⁰⁰</i>	<i>1,045⁰⁰</i>
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶		
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	<i>2,725⁰⁰</i>	<i>2,725⁰⁰</i>
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶		

NO TO THE FEDERAL GOVERNMENT

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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

2200⁰⁰

3780⁰⁰

2200⁰⁰

3780⁰⁰

NON-PROFIT ORGANIZATION

**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	OF
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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)
CHNA Political Action Committee

Full Name (Last, First, Middle Initial) A. Avanti, Jeff		Date of Receipt 08 08 2016
Mailing Address 520 Koolin Rd		Amount of Each Receipt this Period 500⁰⁰
City Sandersville	State GA	
Zip Code 31082		FEC ID number of contributing federal political committee. C
Name of Employer Thiele Koolin		
Occupation NA		Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼		

Full Name (Last, First, Middle Initial) B. Nashis, Rob		Date of Receipt 09 08 2016
Mailing Address 220 Bayview Rd		Amount of Each Receipt this Period 200⁰⁰
City Sandersville	State GA	
Zip Code 31082		FEC ID number of contributing federal political committee. C
Name of Employer Thiele Koolin		
Occupation NA		Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼		

Full Name (Last, First, Middle Initial) C. Metz, Steve		Date of Receipt 09 08 2016
Mailing Address 320 Koolin Rd		Amount of Each Receipt this Period 200⁰⁰
City Sandersville	State GA	
Zip Code 31082		FEC ID number of contributing federal political committee. C
Name of Employer Thiele Koolin		
Occupation NA		Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼		

SUBTOTAL of Receipts This Page (optional).....	900⁰⁰
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	OF
	<input type="checkbox"/> 11a 13 <input type="checkbox"/> 11b 14 <input type="checkbox"/> 11c 15 <input type="checkbox"/> 12 16 <input type="checkbox"/> 17		

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NAME OF COMMITTEE (In Full)
CINA Political Action Committee

Full Name (Last, First, Middle Initial) A. Romeray, Andy		Date of Receipt 09/08/2016
Mailing Address 151 Providence Blvd		Amount of Each Receipt this Period 200.00
City Norcon	State Zip Code GA 31210	
FEC ID number of contributing federal political committee. C		
Name of Employer Thiele Koolin Purchasing Mgr	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Bailey, Mark		Date of Receipt 09/08/2016
Mailing Address 271 Power Point Rd NE		Amount of Each Receipt this Period 200.00
City Atlanta	State Zip Code GA 31061	
FEC ID number of contributing federal political committee. C		
Name of Employer Thiele Koolin	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Trussell, Kenneth		Date of Receipt 09/08/2016
Mailing Address 623 Peach Farm Rd		Amount of Each Receipt this Period 200.00
City Dorchester	State Zip Code GA 31018	
FEC ID number of contributing federal political committee. C		
Name of Employer Thiele Koolin	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	1000.00

2016-09-08 10:00:00

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

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NAME OF COMMITTEE (In Full)
GWA Political Action Committee

Full Name (Last, First, Middle Initial) <i>A Scott, Austin</i>		Date of Disbursement <i>4/29/2016</i>
Mailing Address <i>230 Maple Dr</i>		Amount of Each Disbursement this Period <i>2000.00</i>
City <i>Warner Robins</i>	State <i>GA</i>	
Zip Code <i>31092</i>		
Purpose of Disbursement <i>Campaign Contribution</i>		Category/ Type
Candidate Name <i>Austin Scott</i>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <i>GA</i>	District: <i>8</i>	

Full Name (Last, First, Middle Initial) <i>Hice, body</i>		Date of Disbursement <i>8/11/2016</i>
Mailing Address <i>PO Box 428</i>		Amount of Each Disbursement this Period <i>500.00</i>
City <i>Monroe</i>	State <i>GA</i>	
Zip Code <i>30655</i>		
Purpose of Disbursement <i>Campaign Contribution</i>		Category/ Type
Candidate Name <i>body Hice</i>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <i>GA</i>	District: <i>10</i>	

Full Name (Last, First, Middle Initial) <i>C.</i>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)..... *2500.00*

TOTAL This Period (last page this line number only)..... *2500.00*

