

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) P.O. Box 3535 Ballwin MO 63022 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00531764 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2019 through 06 30 2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Allen, Robert, Michael , , Type or Print Name of Treasurer

Signature of Treasurer Allen, Robert, Michael , , [Electronically Filed] Date 11 19 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**ANN PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>		32778.75
(b) Cash on Hand at Beginning of Reporting Period.....	32449.70	
(c) Total Receipts (from Line 19) .....	46000.00	95500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	78449.70	128278.75
7. Total Disbursements (from Line 31).....	49226.34	99055.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	29223.36	29223.36
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

Write or Type Committee Name

**ANN PAC**

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

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).....	15000.00	35000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	15000.00	35000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	31000.00	60500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	46000.00	95500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	46000.00	95500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	46000.00	95500.00

**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 .....	14726.34	55055.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	14726.34	55055.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	34500.00	44000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	49226.34	99055.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49226.34	99055.39

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	46000.00	95500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	46000.00	95500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	14726.34	55055.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	14726.34	55055.39

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

Form/Schedule: F3XA

Transaction ID :

The change in disbursements was due to a Gula Graham expense for \$24,197.07 being erroneously reported twice.

Form/Schedule:

Transaction ID:

**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 26  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**ANN PAC**

**A. RINEY, PAULA, , MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1156 HIGHLAND POINTE DRIVE  
 City SAINT LOUIS State MO Zip Code 63131-1408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) COMMUNITY VOLUNTEER  
 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 / 08 / 2019  
**Transaction ID : SA11A.11377**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 CONTRIBUTION

**B. RINEY, RODGER, O., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1156 HIGHLAND POINTE DRIVE  
 City SAINT LOUIS State MO Zip Code 63131-1408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) T.D. AMERITRADE Occupation (for Individual) ADVISOR TO CEO  
 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 / 08 / 2019  
**Transaction ID : SA11A.10138**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 CONTRIBUTION

**C. SINQUEFIELD, REX, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 244 BENT WALNUT LANE  
 City WESTPHALIA State MO Zip Code 65085-2022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) RETIRED  
 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  
 06 / 20 / 2019  
**Transaction ID : SA11A.12378**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15000.00
<b>TOTAL</b> This Period (last page this line number only).....	15000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 26
<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)  
**ANN PAC**

**A. AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMI**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1061 AMERICAN LANE

City SCHAUMBURG	State IL	Zip Code 60173-4973
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2019

**Transaction ID : SA11C.12379**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

**B. CMR POLITICAL ACTION COMMITTEE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 2485

City SPRINGFIELD	State VA	Zip Code 22152-0485
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00469429

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2019

**Transaction ID : SA11C.11239**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**C. COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1701 JFK BLVD, 49TH FLOOR

City ONE COMCAST CENTER	State PA	Zip Code 19103-2855
----------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer (for Individual) Occupation (for Individual)

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
06	/	20	/	2019

**Transaction ID : SA11C.11238**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8500.00
<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 9 OF 26
<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)  
**ANN PAC**

**A. ELECTING MAJORITY MAKING EFFECTIVE REPUBLICANS**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 183

City ANOKA	State MN	Zip Code 55303-0183
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00592089

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2019

**Transaction ID : SA11C.11237**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**B. FIRST IN FREEDOM PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 824 S MILLEDGE AVE, STE 101

City ATHENS	State GA	Zip Code 30605-1332
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00540146

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2019

**Transaction ID : SA11C.11235**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. INNOVATION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 228 S WASHINGTON ST  
STE 115

City ALEXANDRIA	State VA	Zip Code 22314-5404
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00540187

Name of Employer (for Individual) Occupation (for Individual)

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	/	08	/	2019

**Transaction ID : SA11C.10139**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9500.00
<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 10 OF 26
<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)  
**ANN PAC**

**A. MORTGAGE BANKERS ASSOCIATION (MORPAC) POLITICAL ACTION COMMI**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1919 M STREET NW  
5TH FLOOR

City WASHINGTON State DC Zip Code 20036-3572

FEC ID number of contributing federal political committee. **C** C00004812

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt **06 / 30 / 2019**

**Transaction ID : SA11C.12380**

Amount of Each Receipt this Period 500.00

Memo Item CONTRIBUTION

**B. NATIONAL ASSOCIATION OF REALTORS PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 430 NORTH MICHIGAN AVENUE

City CHICAGO State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **05 / 24 / 2019**

**Transaction ID : SA11C.11240**

Amount of Each Receipt this Period 5000.00

Memo Item CONTRIBUTION

**C. POINT PAC, INC.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 420304

City ATLANTA State GA Zip Code 30342-0304

FEC ID number of contributing federal political committee. **C** C00632893

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **06 / 20 / 2019**

**Transaction ID : SA11C.11236**

Amount of Each Receipt this Period 2500.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 8000.00

**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 11 OF 26
<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)  
**ANN PAC**

**A. THE HOME DEPOT INC. POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1155 F STREET, NW  
SUITE 400

City WASHINGTON State DC Zip Code 20004-1346

FEC ID number of contributing federal political committee. **C** C00284885

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2019

**Transaction ID : SA11C.12381**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

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

Memo Item

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	31000.00

**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"/> 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)  
**ANN PAC**

Full Name (Last, First, Middle Initial)  
**A. 9SEVEN CONSULTING, LLC**

Mailing Address 499 S. CAPITOL ST NSW  
STE 405

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
COMPLIANCE CONSULTING

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
06 / 08 / 2019

FEC Identification Number  
**C**  
**Transaction ID : SB21B.I7366**  
Amount of Each Disbursement this Period  
150.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. CAPITAL ENHANCEMENT, INC.**

Mailing Address 150 LONG RD  
STE 50

City CHESTERFIELD State MO Zip Code 63005-1239

Purpose of Disbursement  
ADMINISTRATIVE CONSULTING

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement  
MM / DD / YYYY  
05 / 14 / 2019

FEC Identification Number  
**C**  
**Transaction ID : SB21B.I7342**  
Amount of Each Disbursement this Period  
2000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. CAPITAL ENHANCEMENT, INC.**

Mailing Address 150 LONG RD  
STE 50

City CHESTERFIELD State MO Zip Code 63005-1239

Purpose of Disbursement  
ADMINISTRATIVE CONSULTING

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
04 / 23 / 2019

FEC Identification Number  
**C**  
**Transaction ID : SB21B.I7506**  
Amount of Each Disbursement this Period  
500.00

Memo Item

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

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

2650.00

**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"/> 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)  
**ANN PAC**

Full Name (Last, First, Middle Initial)

**A. COMMERCE BANK CREDIT CARDS**

Mailing Address PO BOX 808009

City KANSAS CITY State MO Zip Code 64180-8009

Purpose of Disbursement  
CREDIT CARD PAYMENT

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I7335**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002-4214

Purpose of Disbursement  
TRAVEL

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I7433**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002-4214

Purpose of Disbursement  
TRAVEL

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I7436**  
Amount of Each Disbursement this Period

Memo Item

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**ANN PAC**

Full Name (Last, First, Middle Initial)

**A. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE NE

City  
WASHINGTON

State  
DC

Zip Code  
20002-4214

Purpose of Disbursement  
TRAVEL

002  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2019

FEC Identification Number

C  
Transaction ID : SB21B.I7437  
Amount of Each Disbursement this Period  
- 140.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. LEROS POINT TO POINT**

Mailing Address 400 COLUMBUS AVE SUITE 160E

City  
VALHALLA

State  
NY

Zip Code  
10595

Purpose of Disbursement  
TRAVEL

002  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2019

FEC Identification Number

C  
Transaction ID : SB21B.I7439  
Amount of Each Disbursement this Period  
185.60

Memo Item

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST AIRLINES**

Mailing Address 2702 LOVE FIELD DR

City  
DALLAS

State  
TX

Zip Code  
75235-1908

Purpose of Disbursement  
TRAVEL

002  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2019

FEC Identification Number

C  
Transaction ID : SB21B.I7434  
Amount of Each Disbursement this Period  
324.98

Memo Item

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

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

0.00

**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"/> 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)  
**ANN PAC**

**A. SOUTHWEST AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 2702 LOVE FIELD DR

City DALLAS State TX Zip Code 75235-1908

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 26 / 2019

FEC Identification Number: C

Transaction ID : SB21B.I7435

Amount of Each Disbursement this Period: 658.98

Memo Item

**B. SOUTHWEST AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 2702 LOVE FIELD DR

City DALLAS State TX Zip Code 75235-1908

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 14 / 2019

FEC Identification Number: C

Transaction ID : SB21B.I7440

Amount of Each Disbursement this Period: 300.98

Memo Item

**C. UNITED AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 233 S. WACKER DRIVE

City CHICAGO State IL Zip Code 60606-7147

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 01 / 2019

FEC Identification Number: C

Transaction ID : SB21B.I7438

Amount of Each Disbursement this Period: 376.30

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**ANN PAC**

**A. COMMERCE BANK CREDIT CARDS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 808009

City KANSAS CITY State MO Zip Code 64180-8009

Purpose of Disbursement  
CREDIT CARD PAYMENT

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
05 / 20 / 2019

FEC Identification Number  
  
**Transaction ID : SB21B.I7336**  
Amount of Each Disbursement this Period

Memo Item

**B. COMMERCE BANKSHARES, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 14317 MANCHESTER RD

City BALLWIN State MO Zip Code 63011-4048

Purpose of Disbursement  
BANK FEE

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
05 / 13 / 2019

FEC Identification Number  
  
**Transaction ID : SB21B.I7450**  
Amount of Each Disbursement this Period

Memo Item

**C. COMMERCE BANKSHARES, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 14317 MANCHESTER RD

City BALLWIN State MO Zip Code 63011-4048

Purpose of Disbursement  
BANK FEE

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
05 / 13 / 2019

FEC Identification Number  
  
**Transaction ID : SB21B.I7451**  
Amount of Each Disbursement this Period

Memo Item

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**ANN PAC**

**A. TAO RESTAURANT VEGAS**

Full Name (Last, First, Middle Initial)

Mailing Address 3355 LAS VEGAS BLVD. SOUTH

City LAS VEGAS State NV Zip Code 89109-8941

Purpose of Disbursement  
FOOD/BEVERAGE

**001**  
Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
03 / 24 / 2019

FEC Identification Number  
**C**  
**Transaction ID : SB21B.I7441**  
Amount of Each Disbursement this Period  
398.82

Memo Item

**B. WYNN HOTEL**

Full Name (Last, First, Middle Initial)

Mailing Address 3131 S LAS VEGAS BLVD

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement  
TRAVEL

**002**  
Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
03 / 24 / 2019

FEC Identification Number  
**C**  
**Transaction ID : SB21B.I7442**  
Amount of Each Disbursement this Period  
3056.26

Memo Item

**C. WYNN HOTEL**

Full Name (Last, First, Middle Initial)

Mailing Address 3131 S LAS VEGAS BLVD

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement  
TRAVEL

**002**  
Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
03 / 24 / 2019

FEC Identification Number  
**C**  
**Transaction ID : SB21B.I7443**  
Amount of Each Disbursement this Period  
4067.37

Memo Item

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

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

0.00

**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"/> 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)  
**ANN PAC**

Full Name (Last, First, Middle Initial) <b>A. COMMERCE BANKSHARES, INC.</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2019
Mailing Address 14317 MANCHESTER RD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I7339</b>
City BALLWIN	State MO	Zip Code 63011-4048
Purpose of Disbursement BANK FEE		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 5.00
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. COMMERCE BANKSHARES, INC.</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2019
Mailing Address 14317 MANCHESTER RD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I7340</b>
City BALLWIN	State MO	Zip Code 63011-4048
Purpose of Disbursement BANK FEES		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 5.00
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. COMMERCE BANKSHARES, INC.</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2019
Mailing Address 14317 MANCHESTER RD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I7341</b>
City BALLWIN	State MO	Zip Code 63011-4048
Purpose of Disbursement BANK FEE		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 5.00
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:	<input type="checkbox"/> Memo Item	

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

15.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**ANN PAC**

Full Name (Last, First, Middle Initial)

### A. CRIMSON

Mailing Address 1593 SPRING HILL RD  
SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
DATA PROCESSING SERVICES

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2019

FEC Identification Number

C  
Transaction ID : SB21B.I7360  
Amount of Each Disbursement this Period  
250.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. CRIMSON

Mailing Address 1593 SPRING HILL RD  
SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
DATA PROCESSING SERVICES

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2020  
 Primary  General  
 Other (specify)

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2019

FEC Identification Number

C  
Transaction ID : SB21B.I7361  
Amount of Each Disbursement this Period  
250.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. CRIMSON

Mailing Address 1593 SPRING HILL RD  
SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
DATA PROCESSING SERVICES

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2019

FEC Identification Number

C  
Transaction ID : SB21B.I7362  
Amount of Each Disbursement this Period  
250.00

Memo Item

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

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

750.00

**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"/> 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)  
**ANN PAC**

Full Name (Last, First, Middle Initial)

**A. FEDEX OFFICE**

Mailing Address 325 7TH ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20004-2818

Purpose of Disbursement  
SHIPPING REFUND

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I7787

Amount of Each Disbursement this Period

[REDACTED] - 39.25

Memo Item

Full Name (Last, First, Middle Initial)

**B. GULA GRAHAM GROUP**

Mailing Address 499 S CAPITOL ST SW  
STE 420

City  
WASHINGTON

State  
DC

Zip Code  
20003-4027

Purpose of Disbursement  
FUNDRAISING

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 10 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I7363

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. GULA GRAHAM GROUP**

Mailing Address 499 S CAPITOL ST SW  
STE 420

City  
WASHINGTON

State  
DC

Zip Code  
20003-4027

Purpose of Disbursement  
FUNDRAISING

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 10 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I7364

Amount of Each Disbursement this Period

[REDACTED] 1100.00

Memo Item

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

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

[REDACTED] 1560.75

[REDACTED] 14726.34

**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"/> 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)  
**ANN PAC**

**A. BRIAN FITZPATRICK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 939

M M M	/	D D D	/	Y Y Y Y Y
05		24		2019

City LANGHORNE State PA Zip Code 19047

FEC Identification Number

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

C	C00607416
---	-----------

Candidate Name  
**FITZPATRICK, BRIAN, , ,**

011
Category/ Type

**Transaction ID : SB23.I7354**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: PA District: 08

1000.00
---------

Memo Item

**B. COMMITTEE TO ELECT STEVE WATKINS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 6021 SW 29TH STREET  
SUITE A, BOX 150

M M M	/	D D D	/	Y Y Y Y Y
06		20		2019

City TOPEKA State KS Zip Code 66614

FEC Identification Number

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

C	C00660050
---	-----------

Candidate Name  
**WATKINS, STEVE, , ,**

011
Category/ Type

**Transaction ID : SB23.I7358**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: KS District: 02

2000.00
---------

Memo Item

**C. DON BACON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 391368

M M M	/	D D D	/	Y Y Y Y Y
05		24		2019

City OMAHA State NE Zip Code 68139

FEC Identification Number

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

C	C00575167
---	-----------

Candidate Name  
**BACON, DON, , CONGRESSMA,**

011
Category/ Type

**Transaction ID : SB23.I7352**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: NE District: 02

1000.00
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Memo Item

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

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

4000.00
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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"/> 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)  
**ANN PAC**

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF SCOTT TIPTON</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2019
Mailing Address PO BOX M		FEC Identification Number C 000410779 <b>Transaction ID : SB23.I7355</b> Amount of Each Disbursement this Period 1000.00
City CORTEZ	State CO	Zip Code 81321
Purpose of Disbursement CAMPAIGN CONTRIBUTION		011 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HANDEL FOR CONGRESS, INC.</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2019
Mailing Address 3085 ROXBURGH DRIVE		FEC Identification Number C 000633362 <b>Transaction ID : SB23.I7344</b> Amount of Each Disbursement this Period 2500.00
City ROSWELL	State GA	Zip Code 30076
Purpose of Disbursement CAMPAIGN CONTRIBUTION		011 Category/ Type
Candidate Name <b>HANDEL, KAREN , CHRISTINE, ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 06		

Full Name (Last, First, Middle Initial) <b>C. HURD FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 05 / 24 / 2019
Mailing Address PO BOX 761029		FEC Identification Number C 000545467 <b>Transaction ID : SB23.I7351</b> Amount of Each Disbursement this Period 1000.00
City SAN ANTONI	State TX	Zip Code 78245-6029
Purpose of Disbursement CAMPAIGN CONTRIBUTION		011 Category/ Type
Candidate Name <b>HURD, WILLIAM, , ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 23		

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

4500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)  
**ANN PAC**

Full Name (Last, First, Middle Initial)  
**A. JAIME FOR CONGRESS**

Mailing Address PO BOX 1614

City RIDGEFIELD State WA Zip Code 98642-0020

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

**011**  
Category/  
Type

Candidate Name  
**HERRERA BEUTLER, JAIME, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: WA District: 03

Date of Disbursement

/  /

FEC Identification Number

**C** C00472704

**Transaction ID : SB23.I7367**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)  
**B. JOAN PERRY FOR CONGRESS**

Mailing Address PO BOX 97275

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

**011**  
Category/  
Type

Candidate Name  
**PERRY, JOAN, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) SPECIAL

State: NC District: 03

Date of Disbursement

/  /

FEC Identification Number

**C** C00698530

**Transaction ID : SB23.I7343**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)  
**C. JOAN PERRY FOR CONGRESS**

Mailing Address PO BOX 97275

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

**011**  
Category/  
Type

Candidate Name  
**PERRY, JOAN, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) SPECIAL

State: NC District: 03

Date of Disbursement

/  /

FEC Identification Number

**C** C00698530

**Transaction ID : SB23.I7345**

Amount of Each Disbursement this Period

Memo Item

**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"/> 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)  
**ANN PAC**

**A. JOHN CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address U.S. HOUSE OF REPRESENTATIVES  
409 CANNON HOUSE OFFICE BUILDING

M M M	/	D D D	/	Y Y Y Y Y
05		24		2019

City WASHINGTON State DC Zip Code 20515

FEC Identification Number

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

011
Category/ Type

**C** C00371203

**Transaction ID : SB23.I7346**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**CARTER, JOHN , R. , , REP.**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

Memo Item

State: TX District: 31

**B. KATKO FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 5407 ANVIL DRIVE

M M M	/	D D D	/	Y Y Y Y Y
05		24		2019

City CAMILLUS State NY Zip Code 13031

FEC Identification Number

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

011
Category/ Type

**C** C00556365

**Transaction ID : SB23.I7350**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**KATKO, JOHN , M. , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

Memo Item

State: NY District: 24

**C. MCCAUL FOR CONGRESS, INC**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 815-A BRAZOS ST  
PMB 230

M M M	/	D D D	/	Y Y Y Y Y
05		24		2019

City AUSTIN State TX Zip Code 78701-2514

FEC Identification Number

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

011
Category/ Type

**C** C00392688

**Transaction ID : SB23.I7349**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**MCCAUL, MICHAEL , , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

Memo Item

State: TX District: 10

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

3000.00
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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"/> 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)  
**ANN PAC**

Full Name (Last, First, Middle Initial) <b>A. NICOLE FOR NEW YORK</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2019
Mailing Address PO BOX 60487		FEC Identification Number C 000694778 <b>Transaction ID : SB23.I7359</b>
City STATEN ISLAND	State NY	Zip Code 10306
Purpose of Disbursement CAMPAIGN CONTRIBUTION		Category/Type 011
Candidate Name <b>MALLIOTAKIS, NICOLE, , ,</b>		Amount of Each Disbursement this Period 2000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY	District: 11	

Full Name (Last, First, Middle Initial) <b>B. OLSON FOR CONGRESS COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 05 / 24 / 2019
Mailing Address PO BOX 16381		FEC Identification Number C 000437913 <b>Transaction ID : SB23.I7348</b>
City SUGAR LAND	State TX	Zip Code 77496-6381
Purpose of Disbursement CAMPAIGN CONTRIBUTION		Category/Type 011
Candidate Name <b>OLSON, PETER, G., ,</b>		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: TX	District: 22	

Full Name (Last, First, Middle Initial) <b>C. UPTON FOR ALL OF US</b>		Date of Disbursement MM / DD / YYYY 05 / 24 / 2019
Mailing Address 285 RIDGEWAY		FEC Identification Number C 000200584 <b>Transaction ID : SB23.I7347</b>
City ST. JOSEPH	State MI	Zip Code 49085
Purpose of Disbursement CAMPAIGN CONTRIBUTION		Category/Type 011
Candidate Name <b>UPTON, FREDERICK , STEPHEN, ,</b>		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MI	District: 06	

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

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

4000.00

**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"/> 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)  
**ANN PAC**

**A. YOUNG KIM FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 2186

City FULLERTON State CA Zip Code 92837

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

Candidate Name  
**KIM, YOUNG, , ,**

Office Sought:  House  Senate  President  
State: CA District: 39

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 06 / 11 / 2019

FEC Identification Number: C00665638  
Transaction ID : SB23.I7356  
Amount of Each Disbursement this Period: 2000.00

Category/Type: 011

Memo Item

**B. ZELDIN FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 47 FLINTLOCK DRIVE

City SHIRLEY State NY Zip Code 11967

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

Candidate Name  
**ZELDIN, LEE, , ,**

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

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 05 / 24 / 2019

FEC Identification Number: C00439505  
Transaction ID : SB23.I7353  
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

**C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE (NRCC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003-1838

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 06 / 20 / 2019

FEC Identification Number: C  
Transaction ID : SB23.I7531  
Amount of Each Disbursement this Period: 10000.00

Category/Type: 011

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	13000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	34500.00