



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Full House PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="39441.00"/>	<input type="text" value="39441.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="39441.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="67000.00"/>	<input type="text" value="67000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="106441.00"/>	<input type="text" value="106441.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="24438.92"/>	<input type="text" value="24438.92"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="82002.08"/>	<input type="text" value="82002.08"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Full House PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	30000.00	30000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	30000.00	30000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	37000.00	37000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	67000.00	67000.00
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))..... ▶	67000.00	67000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	67000.00	67000.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	10538.92	10538.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	10538.92	10538.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13900.00	13900.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	24438.92	24438.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24438.92	24438.92

**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) .....	67000.00	67000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	67000.00	67000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	10538.92	10538.92
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	10538.92	10538.92

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Full House PAC**

**A. Lee Amaitis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2575 South Highland Drive  
 City Las Vegas State NV Zip Code 89109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cantor Gaming Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : 50716.C53**  
 Amount of Each Receipt this Period **5000.00**  
 Receipt

**B. Elizabeth Britt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1204 Moselle Court  
 City Las Vegas State NV Zip Code 89144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Fundraiser  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 31 / 2015**  
**Transaction ID : 50416.C44**  
 Amount of Each Receipt this Period **1000.00**  
 In-Kind  
 Fundraising Services

**C. Elizabeth Britt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1204 Moselle Court  
 City Las Vegas State NV Zip Code 89144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Fundraiser  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : 50716.C54**  
 Amount of Each Receipt this Period **1000.00**  
 In-Kind  
 Fundraising Services

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>7000.00</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: (check only one)	PAGE 7 OF 23
	<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)  
**Full House PAC**

**A. Dean Polce**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3092 Red Arrow Drive  
 City Las Vegas State NV Zip Code 89135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Physician  
 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  
 03 / 26 / 2015  
**Transaction ID : 50326.C35**  
 Amount of Each Receipt this Period  
 1000.00  
 Receipt

**B. Hector Barreto**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31471 Old San Juan Road  
 City San Juan Capistran State CA Zip Code 92675  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Latino Coalition Occupation Chairman  
 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  
 03 / 26 / 2015  
**Transaction ID : 50326.C38**  
 Amount of Each Receipt this Period  
 1000.00  
 Receipt

**C. F. Craig Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5067 Rivedro Street  
 City Las Vegas State NV Zip Code 89135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TRAX International Corp. Occupation Executive  
 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  
 03 / 31 / 2015  
**Transaction ID : 50409.C40**  
 Amount of Each Receipt this Period  
 5000.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7000.00  
**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 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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)  
**Full House PAC**

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

Mailing Address 1432 European Drive

City Henderson State NV Zip Code 89052

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

Name of Employer TRAX International Corp. Occupation CFO

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  
 03 / 31 / 2015  
**Transaction ID : 50409.C43**

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address 3131 Las Vegas Boulevard South

City Las Vegas State NV Zip Code 89109

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

Name of Employer Wynn Resorts Occupation Chairman

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 / 12 / 2015  
**Transaction ID : 50416.C46**

Amount of Each Receipt this Period  
5000.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. Andrea Wynn**

Mailing Address 3131 Las Vegas Boulevard South

City Las Vegas State NV Zip Code 89109

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

Name of Employer Homemaker Occupation Homemaker

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 / 12 / 2015  
**Transaction ID : 50416.C47**

Amount of Each Receipt this Period  
5000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<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 9 OF 23  
(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)  
**Full House PAC**

Full Name (Last, First, Middle Initial)  
**A. Miguel Gutierrez**

Mailing Address 3400 Elm Hollow

City San Antonio State TX Zip Code 78230

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

Name of Employer Quilez & Associates Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2015

Transaction ID : **50423.C48**

Amount of Each Receipt this Period  
1000.00

Receipt

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

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  
MM / DD / YYYY

Amount of Each Receipt this Period

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

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  
MM / DD / YYYY

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).....▶	30000.00

**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 10 OF 23
<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)  
**Full House PAC**

Full Name (Last, First, Middle Initial)  
**A. American Society Of AnesthesiologistsPAC**

Mailing Address 1061 American Lane

City State Zip Code  
Schaumburg IL 60173

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

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  
 03 / 31 / 2015  
**Transaction ID : 50409.C42**

Amount of Each Receipt this Period  
5000.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. Emergency Medicine Physicians PAC**

Mailing Address 4535 Dressler Road NW

City State Zip Code  
Canton OH 44718

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

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  
 06 / 30 / 2015  
**Transaction ID : 50716.C52**

Amount of Each Receipt this Period  
5000.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. American Academy Of Neurology BrainPAC**

Mailing Address 201 Chicago Avenue

City State Zip Code  
Minneapolis MN 55415

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

Name of Employer Occupation

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  
 03 / 31 / 2015  
**Transaction ID : 50409.C39**

Amount of Each Receipt this Period  
2500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	12500.00
<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 11 OF 23
<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)  
**Full House PAC**

**A. International Game Technology PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6355 South Buffalo Drive  
 City Las Vegas State NV Zip Code 89113  
 FEC ID number of contributing federal political committee. **C** C00316331  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : 50326.C34**  
 Amount of Each Receipt this Period  
 2500.00  
 Receipt

**B. UPSPAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 Glenlake Parkway NE  
 City Atlanta State GA Zip Code 30328  
 FEC ID number of contributing federal political committee. **C** C00064766  
 Name of Employer Occupation  
 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  
 04 / 22 / 2015  
**Transaction ID : 50423.C49**  
 Amount of Each Receipt this Period  
 5000.00  
 Receipt

**C. Lockheed Martin Employees PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2121 Crystal Drive #100  
 City Arlington State VA Zip Code 22202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2015  
**Transaction ID : 50514.C50**  
 Amount of Each Receipt this Period  
 2500.00  
 Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<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 12 OF 23
<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)  
**Full House PAC**

**A. Blue Cross Blue Shield Of South Carolina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Federal Government Programs PAC  
 Interstate 20 At Alpine Road  
 City Columbia State SC Zip Code 29219  
 FEC ID number of contributing federal political committee. **C**  
 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  
 02 / 03 / 2015  
**Transaction ID : 50205.C33**  
 Amount of Each Receipt this Period  
 5000.00  
 Receipt

**B. General Atomics PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 22930  
 City San Diego State CA Zip Code 92192  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 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  
 03 / 26 / 2015  
**Transaction ID : 50326.C36**  
 Amount of Each Receipt this Period  
 2500.00  
 Receipt

**C. What A Country PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 824 South Milledge Avenue #101  
 City Athens State GA Zip Code 30605  
 FEC ID number of contributing federal political committee. **C** C00571646  
 Name of Employer Occupation  
 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  
 03 / 26 / 2015  
**Transaction ID : 50326.C37**  
 Amount of Each Receipt this Period  
 1000.00  
 Receipt

<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 13 OF 23
<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)  
**Full House PAC**

Full Name (Last, First, Middle Initial)  
**A. American Financial Services Assoc. PAC**

Mailing Address 919 Eighteenth Street NW #300

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

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  
 03 / 31 / 2015  
**Transaction ID : 50409.C41**

Amount of Each Receipt this Period  
2500.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. Varian Medical Systems PAC**

Mailing Address 801 Penn Avenue NW #730

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

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  
 04 / 12 / 2015  
**Transaction ID : 50416.C45**

Amount of Each Receipt this Period  
1000.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. Independent Insurance Agents & Brokers**

Mailing Address Of America Inc. PAC  
20 F Street NW #610

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00022343**

Name of Employer Occupation

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 / 11 / 2015  
**Transaction ID : 50611.C51**

Amount of Each Receipt this Period  
2500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	37000.00

**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)  
**Full House PAC**

Full Name (Last, First, Middle Initial)

**A. Bouchon Bistro**

Mailing Address 3355 South Las Vegas Boulevard

City Las Vegas State NV Zip Code 89109-

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 24 / 2015

**Transaction ID : 50416.E61**

Amount of Each Disbursement this Period

286.00

CATERING

Full Name (Last, First, Middle Initial)

**B. Elizabeth Britt**

Mailing Address 1204 Moselle Court

City Las Vegas State NV Zip Code 89144-

Purpose of Disbursement  
Envelopes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 14 / 2015

**Transaction ID : 50127.E45**

Amount of Each Disbursement this Period

34.58

ENVELOPES

Full Name (Last, First, Middle Initial)

**C. In Compliance Inc.**

Mailing Address PO Box 751271

City Las Vegas State NV Zip Code 89136-

Purpose of Disbursement  
Compliance Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2015

**Transaction ID : 50205.E47**

Amount of Each Disbursement this Period

250.00

COMPLIANCE CONSULTING

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

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

570.58

**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)  
**Full House PAC**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Britt**

Mailing Address 1204 Moselle Court

City Las Vegas State NV Zip Code 89144-

Purpose of Disbursement  
See Below/Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 10 / 2015

**Transaction ID : 50416.E63**

Amount of Each Disbursement this Period

928.12

SEE BELOW/LODGING

Full Name (Last, First, Middle Initial)

**B. Venetian Hotel**

Mailing Address 3355 South Las Vegas Boulevard

City Las Vegas State NV Zip Code 89109-

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 10 / 2015

**Transaction ID : 50416.E64**

Amount of Each Disbursement this Period

928.12

**[MEMO ITEM]**  
MEMO: LODGING

Full Name (Last, First, Middle Initial)

**C. In Compliance Inc.**

Mailing Address PO Box 751271

City Las Vegas State NV Zip Code 89136-

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 01 / 2015

**Transaction ID : 50205.E48**

Amount of Each Disbursement this Period

2.00

PRINTING

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

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

930.12

**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)  
**Full House PAC**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Britt**

Mailing Address 1204 Moselle Court

City Las Vegas State NV Zip Code 89144-

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 14 / 2015

**Transaction ID : 50127.E46**

Amount of Each Disbursement this Period

57.30

PRINTING

Full Name (Last, First, Middle Initial)

**B. Morels French Steakhouse**

Mailing Address 3325 South Las Vegas Boulevard

City Las Vegas State NV Zip Code 89109-

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2015

**Transaction ID : 50416.E59**

Amount of Each Disbursement this Period

887.21

CATERING

Full Name (Last, First, Middle Initial)

**C. Pieros Italian Cuisine**

Mailing Address 355 Convention Center Drive

City Las Vegas State NV Zip Code 89109-

Purpose of Disbursement  
Catering & Facility Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2015

**Transaction ID : 50416.E60**

Amount of Each Disbursement this Period

2233.78

CATERING & FACILITY FEES

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

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

3178.29



**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)  
**Full House PAC**

Full Name (Last, First, Middle Initial)

**A. Southern Proper**

Mailing Address 5256 Peachtree Road #170

City Atlanta State GA Zip Code 30341-

Purpose of Disbursement Fundraising Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 12 / 2015

**Transaction ID : 50416.E57**

Amount of Each Disbursement this Period: 117.00

**FUNDRAISING SUPPLIES**

Full Name (Last, First, Middle Initial)

**B. Joe Heck**

Mailing Address PO Box 530520

City Henderson State NV Zip Code 89053-

Purpose of Disbursement See Below/Catering

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 16 / 2015

**Transaction ID : 50326.E51**

Amount of Each Disbursement this Period: 536.90

**SEE BELOW/CATERING**

Full Name (Last, First, Middle Initial)

**C. Total Wine.com**

Mailing Address 730 South Rampart Boulevard

City Las Vegas State NV Zip Code 89145-

Purpose of Disbursement Catering

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 16 / 2015

**Transaction ID : 50326.E52**

Amount of Each Disbursement this Period: 536.90

**[MEMO ITEM]**  
MEMO: CATERING

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 653.90

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Full House PAC**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Britt**

Mailing Address 1204 Moselle Court

City Las Vegas State NV Zip Code 89144-

Purpose of Disbursement  
Fundraising Services

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 : 50716.C54IK**

Amount of Each Disbursement this Period

1000.00

IN KIND: FUNDRAISING SERVICES

Full Name (Last, First, Middle Initial)

**B. Elizabeth Britt**

Mailing Address 1204 Moselle Court

City Las Vegas State NV Zip Code 89144-

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2015

**Transaction ID : 50416.E65**

Amount of Each Disbursement this Period

101.18

TRAVEL

Full Name (Last, First, Middle Initial)

**C. Katespade**

Mailing Address 2 Park Avenue

City New York State NY Zip Code 10016-

Purpose of Disbursement  
Fundraising Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : 50416.E55**

Amount of Each Disbursement this Period

149.18

FUNDRAISING SUPPLIES

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

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

1250.36

**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)  
**Full House PAC**

Full Name (Last, First, Middle Initial)

**A. Katespade**

Mailing Address 2 Park Avenue

City New York State NY Zip Code 10016-

Purpose of Disbursement  
Fundraising Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : 50416.E56**

Amount of Each Disbursement this Period

60.54

FUNDRAISING SUPPLIES

Full Name (Last, First, Middle Initial)

**B. In Compliance Inc.**

Mailing Address PO Box 751271

City Las Vegas State NV Zip Code 89136-

Purpose of Disbursement  
Software & Support Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2015

**Transaction ID : 50205.E49**

Amount of Each Disbursement this Period

1500.00

SOFTWARE & SUPPORT SERVICES

Full Name (Last, First, Middle Initial)

**C. In Compliance Inc.**

Mailing Address PO Box 751271

City Las Vegas State NV Zip Code 89136-

Purpose of Disbursement  
Compliance Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2015

**Transaction ID : 50430.E67**

Amount of Each Disbursement this Period

250.00

COMPLIANCE CONSULTING

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

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

1810.54

**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)  
**Full House PAC**

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Britt</b>		Date of Disbursement MM / DD / YYYY 04 / 10 / 2015
Mailing Address 1204 Moselle Court		<b>Transaction ID : 50416.E62</b>
City Las Vegas	State NV	
Zip Code 89144-	Purpose of Disbursement Gift Bags	Amount of Each Disbursement this Period 194.94
Candidate Name	Category/Type	GIFT BAGS
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:		

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Britt</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2015
Mailing Address 1204 Moselle Court		<b>Transaction ID : 50416.C44IK</b>
City Las Vegas	State NV	
Zip Code 89144-	Purpose of Disbursement Fundraising Services	Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/Type	IN KIND: FUNDRAISING SERVICES
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:		

Full Name (Last, First, Middle Initial) <b>C. Elizabeth Britt</b>		Date of Disbursement MM / DD / YYYY 01 / 14 / 2015
Mailing Address 1204 Moselle Court		<b>Transaction ID : 50127.E44</b>
City Las Vegas	State NV	
Zip Code 89144-	Purpose of Disbursement Postage	Amount of Each Disbursement this Period 49.00
Candidate Name	Category/Type	POSTAGE
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	1243.94
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Full House PAC**

Full Name (Last, First, Middle Initial)

**A. Southern Proper**

Mailing Address 5256 Peachtree Road #170

City Atlanta State GA Zip Code 30341-

Purpose of Disbursement  
Fundraising Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : 50416.E54**

Amount of Each Disbursement this Period

510.00

FUNDRAISING SUPPLIES

Full Name (Last, First, Middle Initial)

**B. In Compliance Inc.**

Mailing Address PO Box 751271

City Las Vegas State NV Zip Code 89136-

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2015

**Transaction ID : 50430.E68**

Amount of Each Disbursement this Period

4.00

PRINTING

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

514.00

10151.73

**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)  
**Full House PAC**

Full Name (Last, First, Middle Initial)

**A. Carlos Curbelo Congress**

Mailing Address 8770 SW 72nd Street

City Miami State FL Zip Code 33173-

Purpose of Disbursement  
PRIMARY 2016

Candidate Name  
**CARLOS CURBELO**

Office Sought:  House  
 Senate  
 President  
State: FL District: 26

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2015

Transaction ID : 50716.E70

Amount of Each Disbursement this Period

2500.00

PRIMARY 2016

Full Name (Last, First, Middle Initial)

**B. Cresent Hardy For Congress**

Mailing Address PO Box 753941

City Las Vegas State NV Zip Code 89136-

Purpose of Disbursement  
PRIMARY 2016

Candidate Name  
**CRESENT HARDY**

Office Sought:  House  
 Senate  
 President  
State: NV District: 04

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2015

Transaction ID : 50716.E72

Amount of Each Disbursement this Period

2700.00

PRIMARY 2016

Full Name (Last, First, Middle Initial)

**C. Cresent Hardy For Congress**

Mailing Address PO Box 753941

City Las Vegas State NV Zip Code 89136-

Purpose of Disbursement  
GENERAL 2016

Candidate Name  
**CRESENT HARDY**

Office Sought:  House  
 Senate  
 President  
State: NV District: 04

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2015

Transaction ID : 50716.E73

Amount of Each Disbursement this Period

2700.00

GENERAL 2016

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

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

7900.00

**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)  
**Full House PAC**

Full Name (Last, First, Middle Initial) <b>A. Jeff Miller For Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2015
Mailing Address PO Box 126		<b>Transaction ID : 50716.E74</b>
City Pensacola	State FL	
Zip Code 32591-	Purpose of Disbursement PRIMARY 2016	Amount of Each Disbursement this Period 2500.00
Candidate Name <b>JEFFERSON B. MILLER</b>	Category/Type	PRIMARY 2016
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 01		

Full Name (Last, First, Middle Initial) <b>B. Palazzo For Congress</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2015
Mailing Address 13155 Highway 67 #B		<b>Transaction ID : 50205.E50</b>
City Biloxi	State MS	
Zip Code 39532-	Purpose of Disbursement PRIMARY 2016	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>STEVEN MCCARTY PALAZZO</b>	Category/Type	PRIMARY 2016
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MS District: 04		

Full Name (Last, First, Middle Initial) <b>C. Zinke For Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2015
Mailing Address PO Box 1596		<b>Transaction ID : 50716.E71</b>
City Helena	State MT	
Zip Code 59624-	Purpose of Disbursement GENERAL 2014 DEBT	Amount of Each Disbursement this Period 2500.00
Candidate Name <b>RYAN K ZINKE</b>	Category/Type	GENERAL 2014 DEBT
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General 2014 DEBT	
State: MT District: 00		

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

6000.00

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

13900.00