

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

KUCINICH ACTION 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="404.27"/>	<input type="text" value="404.27"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="404.27"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="10755.25"/>	<input type="text" value="10755.25"/>
(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="11159.52"/>	<input type="text" value="11159.52"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8605.46"/>	<input type="text" value="8605.46"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2554.06"/>	<input type="text" value="2554.06"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="13000.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

KUCINICH ACTION 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).....	3050.00	3050.00
(ii) Unitemized	5705.25	5705.25
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8755.25	8755.25
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	8755.25	8755.25
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	2000.00	2000.00
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))..... ▶	10755.25	10755.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10755.25	10755.25

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	332.21	332.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	332.21	332.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	8273.25	8273.25
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)) ..	8605.46	8605.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8605.46	8605.46

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)	8755.25	8755.25
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8755.25	8755.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	332.21	332.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	332.21	332.21

**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 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
KUCINICH ACTION PAC

Full Name (Last, First, Middle Initial) A. Judith Beaver		Date of Receipt
Mailing Address 325 N. 5th Ave, 21		M M M / D D D / Y Y Y Y Y Y 05 / 28 / 2015
City	State	Zip Code
Sequim	WA	98382
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.6991
Name of Employer Self-employed		Amount of Each Receipt this Period
Occupation Medical transcriptionist		50.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	250.00	

Full Name (Last, First, Middle Initial) B. John L. Cleveland		Date of Receipt
Mailing Address 7447 St. Charles Ave Apt. C		M M M / D D D / Y Y Y Y Y Y 01 / 15 / 2015
City	State	Zip Code
New Orleans	LA	70118
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.6633
Name of Employer Retired		Amount of Each Receipt this Period
Occupation		500.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) C. Elie Khawam		Date of Receipt
Mailing Address 638 Pathfinder Trail		M M M / D D D / Y Y Y Y Y Y 05 / 04 / 2015
City	State	Zip Code
Anahiem Hills	CA	92807
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.6978
Name of Employer Business Owner		Amount of Each Receipt this Period
Occupation Dyer oil, inc		1000.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 45
	<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)
KUCINICH ACTION PAC

Full Name (Last, First, Middle Initial) A. William Shuman		Date of Receipt MM / DD / YYYY 03 / 03 / 2015 Transaction ID : SA11AI.6651
Mailing Address 217 N. Oklahoma Way		Amount of Each Receipt this Period 300.00
City Fayetteville	State AR	Zip Code 72701
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 300.00	
Name of Employer None	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. William Shuman		Date of Receipt MM / DD / YYYY 05 / 22 / 2015 Transaction ID : SA11AI.6657
Mailing Address 217 N. Oklahoma Way		Amount of Each Receipt this Period 300.00
City Fayetteville	State AR	Zip Code 72701
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 600.00	
Name of Employer None	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Joyce Sundin		Date of Receipt MM / DD / YYYY 01 / 02 / 2015 Transaction ID : SA11AI.6766
Mailing Address 4506 Bagley Avenue North		Amount of Each Receipt this Period 250.00
City Seattle	State WA	Zip Code 98103
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 250.00	
Name of Employer intervention specialist	Occupation self	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
KUCINICH ACTION PAC

A. Ivan Vesely
Full Name (Last, First, Middle Initial)

Mailing Address 1407 Foothill Blvd
Ste 219

City La Verne State CA Zip Code 91750

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

Name of Employer SW Consultant Occupation Self

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 16 / 2015
Transaction ID : SA11AI.6942

Amount of Each Receipt this Period
100.00

B. Ivan Vesely
Full Name (Last, First, Middle Initial)

Mailing Address 1407 Foothill Blvd
Ste 219

City La Verne State CA Zip Code 91750

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

Name of Employer SW Consultant Occupation Self

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
04 / 16 / 2015
Transaction ID : SA11AI.6965

Amount of Each Receipt this Period
100.00

C. Ivan Vesely
Full Name (Last, First, Middle Initial)

Mailing Address 1407 Foothill Blvd
Ste 219

City La Verne State CA Zip Code 91750

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

Name of Employer SW Consultant Occupation Self

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 16 / 2015
Transaction ID : SA11AI.6986

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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 9 OF 45
	<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)
KUCINICH ACTION PAC

A. Ivan Vesely
 Full Name (Last, First, Middle Initial)
 Mailing Address 1407 Foothill Blvd
 Ste 219
 City La Verne State CA Zip Code 91750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SW Consultant Occupation Self
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2015
Transaction ID : SA11AI.7002
 Amount of Each Receipt this Period
 100.00
 Aggregate Year-to-Date ▼
 600.00

B. Suzanne Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address 4000 NE Matney Rd
 City Camas State WA Zip Code 98607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation N/A
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 02 / 2015
Transaction ID : SA11AI.6796
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

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

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

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	3050.00

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

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

FOR LINE NUMBER: PAGE 10 OF 45
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
<input checked="" type="checkbox"/> 13								

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NAME OF COMMITTEE (In Full)
KUCINICH ACTION PAC

Full Name (Last, First, Middle Initial) A. Dennis Kucinich		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 19 / 2015
Mailing Address PO Box 110145		Transaction ID : SA13.7005
City Cleveland	State OH	Zip Code 44111
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	2000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
KUCINICH ACTION PAC

Full Name (Last, First, Middle Initial)

A. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Service Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 10 / 2015

Transaction ID : **SB21B.6565**

Amount of Each Disbursement this Period

79.27

Full Name (Last, First, Middle Initial)

B. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Service Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2015

Transaction ID : **SB21B.6588**

Amount of Each Disbursement this Period

66.97

Full Name (Last, First, Middle Initial)

C. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Service Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 09 / 2015

Transaction ID : **SB21B.6609**

Amount of Each Disbursement this Period

69.74

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

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

215.98

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KUCINICH ACTION PAC

Full Name (Last, First, Middle Initial)

A. America Online

Mailing Address 770 BROADWAY

City NEW YORK State NY Zip Code 10003

Purpose of Disbursement
Web Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.6619

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Blue State Digital

Mailing Address 406 7th St NW
3rd Flr

City Washington State DC Zip Code 20004

Purpose of Disbursement
Technology & Online Contribution Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.6573

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Blue State Digital

Mailing Address 406 7th St NW
3rd Flr

City Washington State DC Zip Code 20004

Purpose of Disbursement
Technology & Online Contribution Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.6574

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KUCINICH ACTION PAC

Full Name (Last, First, Middle Initial)

A. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 11 / 2015

Transaction ID : **SB29.6566**

Amount of Each Disbursement this Period

0.26

Full Name (Last, First, Middle Initial)

B. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 17 / 2015

Transaction ID : **SB29.6567**

Amount of Each Disbursement this Period

0.55

Full Name (Last, First, Middle Initial)

C. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 17 / 2015

Transaction ID : **SB29.6569**

Amount of Each Disbursement this Period

1.44

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

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

2.25

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KUCINICH ACTION PAC

Full Name (Last, First, Middle Initial)

A. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 17 / 2015

Transaction ID : SB29.6571

Amount of Each Disbursement this Period

2.44

Full Name (Last, First, Middle Initial)

B. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 17 / 2015

Transaction ID : SB29.6572

Amount of Each Disbursement this Period

0.33

Full Name (Last, First, Middle Initial)

C. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2015

Transaction ID : SB29.6576

Amount of Each Disbursement this Period

0.19

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

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

2.96

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KUCINICH ACTION PAC

Full Name (Last, First, Middle Initial)

A. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.6577**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.6578**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.6579**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KUCINICH ACTION PAC

Full Name (Last, First, Middle Initial)

A. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.6582

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.6583

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.6584

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KUCINICH ACTION PAC

Full Name (Last, First, Middle Initial)

A. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB29.6589

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB29.6590

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB29.6592

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KUCINICH ACTION PAC

Full Name (Last, First, Middle Initial) A. Fifth Third Bank		Date of Disbursement MM / DD / YYYY 03 / 16 / 2015
Mailing Address P.O. BOX 630900		Transaction ID : SB29.6594
City Cincinnati	State OH	
Purpose of Disbursement Merchant Fee	Candidate Name	Amount of Each Disbursement this Period 1.44
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. Fifth Third Bank		Date of Disbursement MM / DD / YYYY 03 / 16 / 2015
Mailing Address P.O. BOX 630900		Transaction ID : SB29.6595
City Cincinnati	State OH	
Purpose of Disbursement Merchant Fee	Candidate Name	Amount of Each Disbursement this Period 2.62
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. Fifth Third Bank		Date of Disbursement MM / DD / YYYY 03 / 16 / 2015
Mailing Address P.O. BOX 630900		Transaction ID : SB29.6596
City Cincinnati	State OH	
Purpose of Disbursement Merchant Fee	Candidate Name	Amount of Each Disbursement this Period 2.67
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional)..... ▶	6.73
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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KUCINICH ACTION PAC

Full Name (Last, First, Middle Initial)

A. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.6597

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.6598

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.6599

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KUCINICH ACTION PAC

Full Name (Last, First, Middle Initial)

A. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2015

Transaction ID : SB29.6600

Amount of Each Disbursement this Period

0.84

Full Name (Last, First, Middle Initial)

B. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2015

Transaction ID : SB29.6603

Amount of Each Disbursement this Period

0.33

Full Name (Last, First, Middle Initial)

C. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2015

Transaction ID : SB29.6604

Amount of Each Disbursement this Period

1.12

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

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

2.29

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

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NAME OF COMMITTEE (In Full)
KUCINICH ACTION PAC

Full Name (Last, First, Middle Initial)

A. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2015

Transaction ID : SB29.6605

Amount of Each Disbursement this Period

0.33

Full Name (Last, First, Middle Initial)

B. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2015

Transaction ID : SB29.6606

Amount of Each Disbursement this Period

0.38

Full Name (Last, First, Middle Initial)

C. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 13 / 2015

Transaction ID : SB29.6610

Amount of Each Disbursement this Period

0.26

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

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

0.97

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KUCINICH ACTION PAC

Full Name (Last, First, Middle Initial)

A. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2015

Transaction ID : SB29.6611

Amount of Each Disbursement this Period

0.55

Full Name (Last, First, Middle Initial)

B. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2015

Transaction ID : SB29.6612

Amount of Each Disbursement this Period

1.33

Full Name (Last, First, Middle Initial)

C. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 22 / 2015

Transaction ID : SB29.6615

Amount of Each Disbursement this Period

0.26

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

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

2.14

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KUCINICH ACTION PAC

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. Fifth Third Bank		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>29</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	04		29		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
04		29		2015									
Mailing Address P.O. BOX 630900		Transaction ID : SB29.6616											
City Cincinnati	State OH	Zip Code 45263	Amount of Each Disbursement this Period										
Purpose of Disbursement Merchant Fee	Category/Type		0.84										
Candidate Name	Disbursement For:												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General												
State: District:	<input type="checkbox"/> Other (specify) ▼												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. Fifth Third Bank		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>04</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	05		04		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
05		04		2015									
Mailing Address P.O. BOX 630900		Transaction ID : SB29.6621											
City Cincinnati	State OH	Zip Code 45263	Amount of Each Disbursement this Period										
Purpose of Disbursement Merchant Fee	Category/Type		0.33										
Candidate Name	Disbursement For:												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General												
State: District:	<input type="checkbox"/> Other (specify) ▼												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. Fifth Third Bank		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>04</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	05		04		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
05		04		2015									
Mailing Address P.O. BOX 630900		Transaction ID : SB29.6622											
City Cincinnati	State OH	Zip Code 45263	Amount of Each Disbursement this Period										
Purpose of Disbursement Merchant Fee	Category/Type		0.38										
Candidate Name	Disbursement For:												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General												
State: District:	<input type="checkbox"/> Other (specify) ▼												

SUBTOTAL of Disbursements This Page (optional).....▶	1.55
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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KUCINICH ACTION PAC

Full Name (Last, First, Middle Initial)

A. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2015

Transaction ID : **SB29.6623**

Amount of Each Disbursement this Period

1.12

Full Name (Last, First, Middle Initial)

B. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 05 / 2015

Transaction ID : **SB29.6625**

Amount of Each Disbursement this Period

27.43

Full Name (Last, First, Middle Initial)

C. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 11 / 2015

Transaction ID : **SB29.6628**

Amount of Each Disbursement this Period

0.26

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

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

28.81

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KUCINICH ACTION PAC

Full Name (Last, First, Middle Initial)

A. Fifth Third Bank

Mailing Address P.O. BOX 630900

City Cincinnati State OH Zip Code 45263

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.6629

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. McTigue, McGinnis & Colombo LLC

Mailing Address 545 E Town Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.6528

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. McTigue, McGinnis & Colombo LLC

Mailing Address 545 E Town Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.6529

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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)
KUCINICH ACTION PAC

Full Name (Last, First, Middle Initial) A. McTigue, McGinnis & Colombo LLC		Date of Disbursement MM / DD / YYYY 01 / 14 / 2015
Mailing Address 545 E Town Street		Transaction ID : SB29.6530
City Columbus	State OH	
Purpose of Disbursement Legal Services	Candidate Name	Amount of Each Disbursement this Period 597.21
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. McTigue, McGinnis & Colombo LLC		Date of Disbursement MM / DD / YYYY 02 / 23 / 2015
Mailing Address 545 E Town Street		Transaction ID : SB29.6575
City Columbus	State OH	
Purpose of Disbursement Legal Services	Candidate Name	Amount of Each Disbursement this Period 500.00
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. McTigue, McGinnis & Colombo LLC		Date of Disbursement MM / DD / YYYY 03 / 09 / 2015
Mailing Address 545 E Town Street		Transaction ID : SB29.6586
City Columbus	State OH	
Purpose of Disbursement Legal Services	Candidate Name	Amount of Each Disbursement this Period 500.00
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	1597.21
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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KUCINICH ACTION PAC

Full Name (Last, First, Middle Initial)

A. McTigue, McGinnis & Colombo LLC

Mailing Address 545 E Town Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.6618

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. MJC Consulting LLC

Mailing Address 6093 Creekside Dr

City Parma Hts State OH Zip Code 44130

Purpose of Disbursement
Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.6526

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. MJC Consulting LLC

Mailing Address 6093 Creekside Dr

City Parma Hts State OH Zip Code 44130

Purpose of Disbursement
Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.6591

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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)
KUCINICH ACTION PAC

Full Name (Last, First, Middle Initial)

A. MJC Consulting LLC

Mailing Address 6093 Creekside Dr

City State Zip Code
Parma Hts OH 44130

Purpose of Disbursement
Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
03 / 16 / 2015

Transaction ID : SB29.6593

Amount of Each Disbursement this Period

245.00

Full Name (Last, First, Middle Initial)

B. MJC Consulting LLC

Mailing Address 6093 Creekside Dr

City State Zip Code
Parma Hts OH 44130

Purpose of Disbursement
Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
04 / 22 / 2015

Transaction ID : SB29.6614

Amount of Each Disbursement this Period

210.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

455.00

7835.85

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) KUCINICH ACTION PAC	Transaction ID : SC/10.5313
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LOAN SOURCE Full Name (Last, First, Middle Initial) Dennis Kucinich	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 110145	
City Cleveland State OH ZIP Code 44111	

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred 12 / 26 / 2012	Date Due N/A	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶	1000.00
TOTALS This Period (last page in this line only)..... ▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **KUCINICH ACTION PAC** Transaction ID : **SC/10.5315**

LOAN SOURCE Full Name (Last, First, Middle Initial) Dennis Kucinich	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 110145	
City Cleveland State OH ZIP Code 44111	

Original Amount of Loan 1700.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1700.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred: MM / DD / YYYY (07 / 11 / 2013) Date Due: MM / DD / YYYY (N/A) Interest Rate: 0.00 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶	1700.00
TOTALS This Period (last page in this line only)..... ▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) KUCINICH ACTION PAC	Transaction ID : SC/10.5316
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LOAN SOURCE Full Name (Last, First, Middle Initial) Dennis Kucinich	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 110145	
City Cleveland State OH ZIP Code 44111	

Original Amount of Loan 850.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 850.00
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TERMS	Date Incurred MM / DD / YYYY 08 / 01 / 2013	Date Due MM / DD / YYYY N/A	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶	[] 850.00
TOTALS This Period (last page in this line only)..... ▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) KUCINICH ACTION PAC	Transaction ID : SC/10.5317
---	------------------------------------

LOAN SOURCE Full Name (Last, First, Middle Initial) Dennis Kucinich	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 110145	
City Cleveland State OH ZIP Code 44111	

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
------------------------------------	------------------------------------	--

TERMS	Date Incurred MM / DD / YYYY 09 / 23 / 2013	Date Due MM / DD / YYYY N/A	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶	[] 2000.00
TOTALS This Period (last page in this line only)..... ▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **KUCINICH ACTION PAC** Transaction ID : **SC/10.5318**

LOAN SOURCE Full Name (Last, First, Middle Initial) Dennis Kucinich	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 110145	
City Cleveland State OH ZIP Code 44111	

Original Amount of Loan 450.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 450.00
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TERMS

Date Incurred 12 / 20 / 2013	Date Due N/A	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶	450.00
TOTALS This Period (last page in this line only)..... ▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) KUCINICH ACTION PAC	Transaction ID : SC/10.5319
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LOAN SOURCE Full Name (Last, First, Middle Initial) Dennis Kucinich	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 110145	
City Cleveland State OH ZIP Code 44111	

Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
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TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	03 / 11 / 2014	N/A	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶	[] 500.00
TOTALS This Period (last page in this line only)..... ▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **KUCINICH ACTION PAC** Transaction ID : **SC/10.5320**

LOAN SOURCE Full Name (Last, First, Middle Initial) Dennis Kucinich	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 110145	
City Cleveland State OH ZIP Code 44111	

Original Amount of Loan 2500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2500.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred MM / DD / YYYY 03 / 11 / 2014	Date Due MM / DD / YYYY N/A	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶	[] 2500.00
TOTALS This Period (last page in this line only)..... ▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **KUCINICH ACTION PAC** Transaction ID : **SC/10.5321**

LOAN SOURCE Full Name (Last, First, Middle Initial) Dennis Kucinich	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 110145	
City Cleveland State OH ZIP Code 44111	

Original Amount of Loan 250.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 250.00
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TERMS

Date Incurred MM / DD / YYYY 04 / 22 / 2014	Date Due MM / DD / YYYY N/A	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶	[] 250.00
TOTALS This Period (last page in this line only)..... ▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **KUCINICH ACTION PAC** Transaction ID : SC/10.5322

LOAN SOURCE Full Name (Last, First, Middle Initial) Dennis Kucinich	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 110145	
City Cleveland State OH ZIP Code 44111	

Original Amount of Loan 250.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 250.00
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TERMS

Date Incurred MM / DD / YYYY 04 / 22 / 2014	Date Due MM / DD / YYYY N/A	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	[] 250.00
TOTALS This Period (last page in this line only).....▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **KUCINICH ACTION PAC** Transaction ID : **SC/10.5323**

LOAN SOURCE Full Name (Last, First, Middle Initial) Dennis Kucinich	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 110145	
City Cleveland State OH ZIP Code 44111	

Original Amount of Loan <input type="text" value="250.00"/>	Cumulative Payment To Date <input type="text" value="0.00"/>	Balance Outstanding at Close of This Period <input type="text" value="250.00"/>
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TERMS

Date Incurred MM / DD / YYYY 04 / 22 / 2014	Date Due MM / DD / YYYY N/A	Interest Rate <input type="text" value="0.00"/> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="250.00"/>
TOTALS This Period (last page in this line only)..... ▶	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) KUCINICH ACTION PAC	Transaction ID : SC/10.5324
---	------------------------------------

LOAN SOURCE Full Name (Last, First, Middle Initial) Dennis Kucinich	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 110145	
City Cleveland State OH ZIP Code 44111	

Original Amount of Loan 250.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 250.00
-----------------------------------	------------------------------------	---

TERMS	Date Incurred MM / DD / YYYY 04 / 22 / 2014	Date Due MM / DD / YYYY N/A	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	[] 250.00
TOTALS This Period (last page in this line only).....▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **KUCINICH ACTION PAC** Transaction ID : **SC/10.5325**

LOAN SOURCE Full Name (Last, First, Middle Initial) Dennis Kucinich	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 110145	
City Cleveland State OH ZIP Code 44111	

Original Amount of Loan <input type="text" value="250.00"/>	Cumulative Payment To Date <input type="text" value="0.00"/>	Balance Outstanding at Close of This Period <input type="text" value="250.00"/>
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TERMS

Date Incurred MM / DD / YYYY 04 / 22 / 2014	Date Due MM / DD / YYYY N/A	Interest Rate <input type="text" value="0.00"/> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="250.00"/>
TOTALS This Period (last page in this line only)..... ▶	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **KUCINICH ACTION PAC** Transaction ID : **SC/10.5326**

LOAN SOURCE Full Name (Last, First, Middle Initial) Dennis Kucinich	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 110145	
City Cleveland State OH ZIP Code 44111	

Original Amount of Loan 250.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 250.00
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TERMS

Date Incurred MM / DD / YYYY 04 / 22 / 2014	Date Due MM / DD / YYYY N/A	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶	[] 250.00
TOTALS This Period (last page in this line only)..... ▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) KUCINICH ACTION PAC	Transaction ID : SC/10.5327
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LOAN SOURCE Full Name (Last, First, Middle Initial) Dennis Kucinich	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 110145	
City Cleveland State OH ZIP Code 44111	

Original Amount of Loan 250.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 250.00
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TERMS

Date Incurred MM / DD / YYYY 04 / 22 / 2014	Date Due MM / DD / YYYY N/A	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶	[] 250.00
TOTALS This Period (last page in this line only)..... ▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **KUCINICH ACTION PAC** Transaction ID : **SC/10.5328**

LOAN SOURCE Full Name (Last, First, Middle Initial) Dennis Kucinich	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 110145	
City Cleveland State OH ZIP Code 44111	

Original Amount of Loan 250.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 250.00
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TERMS

Date Incurred MM / DD / YYYY 04 / 22 / 2014	Date Due MM / DD / YYYY N/A	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶	[] 250.00
TOTALS This Period (last page in this line only)..... ▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **KUCINICH ACTION PAC** Transaction ID : SC/10.7005

LOAN SOURCE Full Name (Last, First, Middle Initial) Dennis Kucinich	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 110145	
City Cleveland State OH ZIP Code 44111	

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
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TERMS

Date Incurred: MM / DD / YYYY (05 / 19 / 2015) Date Due: MM / DD / YYYY (N/A) Interest Rate: 0.00 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶	2000.00
TOTALS This Period (last page in this line only)..... ▶	13000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.