

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Common Values PAC

ADDRESS (number and street) 901 N Washington St, Suite 700

Check if different than previously reported. (ACC) Alexandria VA 22314

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00442368

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 07 / 01 / 2015 through [MM] / [DD] / [YYYY] 12 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Timothy A. Koch

Signature of Treasurer Timothy A. Koch [Electronically Filed] Date 01 / 29 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Common Values 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="186782.56"/>	<input type="text" value="186782.56"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="314359.55"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="213295.40"/>	<input type="text" value="491487.22"/>
(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="527654.95"/>	<input type="text" value="678269.78"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="125931.94"/>	<input type="text" value="276546.77"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="401723.01"/>	<input type="text" value="401723.01"/>
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="623.00"/>	

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

Common Values 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).....	57000.00	116700.00
(ii) Unitemized	100.00	101.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	57100.00	116801.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	152750.00	360000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	209850.00	476801.00
12. Transfers From Affiliated/Other Party Committees.....	3445.40	9686.22
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	5000.00
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))..... ▶	213295.40	491487.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	213295.40	491487.22

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	65431.94	123046.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	65431.94	123046.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	108000.00
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	500.00	500.00
(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)).....	500.00	500.00
29. Other Disbursements	45000.00	45000.00
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)) ..	125931.94	276546.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	125931.94	276546.77

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)	209850.00	476801.00
34. Total Contribution Refunds (from Line 28(d))	500.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	209350.00	476301.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	65431.94	123046.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	65431.94	123046.77

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

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

FOR LINE NUMBER: PAGE 6 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Common Values PAC

A. George D. Baker
 Full Name (Last, First, Middle Initial)
 Mailing Address 5012 Scarsdale Rd
 City State Zip Code
 Bethesda MD 20816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Williams & Jensen, PLLC Attorney
 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
 09 / 30 / 2015
Transaction ID : SA11AI.7202
 Amount of Each Receipt this Period
 2500.00
 Contribution

B. Barona Band of Mission Indians
 Full Name (Last, First, Middle Initial)
 Mailing Address 1095 Barona Rd
 City State Zip Code
 Lakeside CA 92040
 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
 09 / 30 / 2015
Transaction ID : SA11AI.7203
 Amount of Each Receipt this Period
 2500.00
 Contribution

C. David W. Boyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 5105 26th Rd N
 City State Zip Code
 Arlington VA 22207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BGR Government Affairs, LLC Principal
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : SA11AI.7328
 Amount of Each Receipt this Period
 2000.00
 Contribution

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: PAGE 7 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Common Values PAC

Full Name (Last, First, Middle Initial)
A. Marshall A. Brachman

Mailing Address 634 A St NE

City Washington State DC Zip Code 20002

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

Name of Employer Marshall Brackman LLC Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2015
Transaction ID : SA11AI.7083

Amount of Each Receipt this Period
250.00

Contribution

Full Name (Last, First, Middle Initial)
B. Kara N. Campbell

Mailing Address 223 11th St SE

City Washington State DC Zip Code 20003

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

Name of Employer Franklin Square Group Occupation Consultant

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
 09 / 03 / 2015
Transaction ID : SA11AI.7185

Amount of Each Receipt this Period
1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Steve Carey

Mailing Address 1411 Russell Rd

City Alexandria State VA Zip Code 22301

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

Name of Employer Potomac Strategic Development Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2015
Transaction ID : SA11AI.7269

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Common Values PAC

Full Name (Last, First, Middle Initial)
A. Cherokee Nation

Mailing Address PO Box 948

City State Zip Code
Tahlequah OK 74465

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
 10 / 29 / 2015
Transaction ID : SA11AI.7221

Amount of Each Receipt this Period
2500.00

Contribution

Full Name (Last, First, Middle Initial)
B. Cherokee Nation

Mailing Address PO Box 948

City State Zip Code
Tahlequah OK 74465

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
 12 / 16 / 2015
Transaction ID : SA11AI.7303

Amount of Each Receipt this Period
2500.00

Contribution

Full Name (Last, First, Middle Initial)
C. Aaron K. Cohen

Mailing Address 1007 W Braddock Rd

City State Zip Code
Alexandria VA 22302

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

Name of Employer Occupation
Capitol Counsel LLC Government Affairs Consultant

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
 12 / 30 / 2015
Transaction ID : SA11AI.7327

Amount of Each Receipt this Period
2500.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 7500.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Common Values PAC

Full Name (Last, First, Middle Initial)
A. Confederated Tribes of Grand Ronde

Mailing Address 9615 Grand Ronde Road

City Grand Ronde State OR Zip Code 97347

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2015
Transaction ID : SA11AI.7258

Amount of Each Receipt this Period
 2500.00

Contribution - \$500 Refunded on 11/30/2015

Full Name (Last, First, Middle Initial)
B. Confederated Tribes of the Colville Reservation

Mailing Address PO Box 150

City Nespelem State WA Zip Code 99155

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : SA11AI.7325

Amount of Each Receipt this Period
 1500.00

Contribution

Full Name (Last, First, Middle Initial)
C. Brent A. Delmonte

Mailing Address 1204 N Utah Street

City Arlington State VA Zip Code 22201

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

Name of Employer Occupation
 The BGR Group VP - Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2015
Transaction ID : SA11AI.7144

Amount of Each Receipt this Period
 1500.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 5500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 68
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Common Values PAC

Full Name (Last, First, Middle Initial)
A. Eastern Band of Cherokee Indians

Mailing Address PO Box 455

City Cherokee State NC Zip Code 28719

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
 12 / 16 / 2015

Transaction ID : SA11AI.7300

Amount of Each Receipt this Period
5000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Christopher Fussner

Mailing Address Spring Creek Ranch, Unit #3103
1860 N Spirit Dance Rd

City Jackson State WY Zip Code 83001

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

Name of Employer Occupation
TransTec Founder & President

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
 08 / 24 / 2015

Transaction ID : SA11AI.7131

Amount of Each Receipt this Period
2500.00

Contribution

Full Name (Last, First, Middle Initial)
C. Matthew Hill

Mailing Address 6840 Steamboat Landing Rd

City Accokeek State MD Zip Code 20607

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

Name of Employer Occupation
Lone Rock Consulting President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015

Transaction ID : SA11AI.7308

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional).....	8500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 68
	<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)
Common Values PAC

Full Name (Last, First, Middle Initial) A. Carol Holding		Date of Receipt MM / DD / YYYY 08 / 24 / 2015 Transaction ID : SA11AI.7137
Mailing Address 760 Sunlight Rd		Amount of Each Receipt this Period 5000.00
City Cody	State WY	Zip Code 82414
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer The Sinclair Companies	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Aleix Jarvis		Date of Receipt MM / DD / YYYY 07 / 20 / 2015 Transaction ID : SA11AI.7094
Mailing Address 1306 Clayborne House Ct		Amount of Each Receipt this Period 2500.00
City McLean	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Fierce Isakowitz	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Scott A. Kamins		Date of Receipt MM / DD / YYYY 07 / 20 / 2015 Transaction ID : SA11AI.7086
Mailing Address 6825 Cherry Ln		Amount of Each Receipt this Period 250.00
City Annandale	State VA	Zip Code 22003
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Burton Kamins Advocacy	Occupation Founder	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	7750.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 12 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Common Values PAC

Full Name (Last, First, Middle Initial)
A. Jeffrey J. Kimbell

Mailing Address 601 13th St NW
11th Flr South

City Washington State DC Zip Code 20005

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

Name of Employer Jeffrey J.Kimbell & Associates Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2015
Transaction ID : SA11AI.7079

Amount of Each Receipt this Period
500.00

Contribution

Full Name (Last, First, Middle Initial)
B. William C. Lamond

Mailing Address 500 Worthington Dr

City Bethesda State MD Zip Code 20816

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

Name of Employer Thorn Run Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2015
Transaction ID : SA11AI.7115

Amount of Each Receipt this Period
500.00

Contribution

Full Name (Last, First, Middle Initial)
C. Jody Levin

Mailing Address 909 Hemlock Ave

City Cheyenne State WY Zip Code 82009

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

Name of Employer Levin Strategic Resources Occupation Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2015
Transaction ID : SA11AI.7143

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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 13 OF 68
	<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)
Common Values PAC

A. Shea Loper
Full Name (Last, First, Middle Initial)
Mailing Address 3333 W Moncrieff Pl
City Denver State CO Zip Code 80211
FEC ID number of contributing federal political committee. **C**
Name of Employer Encana Occupation VP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 24 / 2015**
Transaction ID : SA11AI.7145
Amount of Each Receipt this Period **500.00**
Contribution

B. Virginia Loper
Full Name (Last, First, Middle Initial)
Mailing Address 4551 32nd Rd N
City Arlington State VA Zip Code 22207
FEC ID number of contributing federal political committee. **C**
Name of Employer Loper Consulting Occupation Principal
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 24 / 2015**
Transaction ID : SA11AI.7142
Amount of Each Receipt this Period **500.00**
Contribution

C. Lytton Rancheria
Full Name (Last, First, Middle Initial)
Mailing Address 13255 San Pablo Ave
City San Pablo State CA Zip Code 94806
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 **10 / 29 / 2015**
Transaction ID : SA11AI.7245
Amount of Each Receipt this Period **5000.00**
Contribution

SUBTOTAL of Receipts This Page (optional)..... **6000.00**
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 14 OF 68
	<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)
Common Values PAC

A. David Mullon Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1779 Crofton Parkway
 City Crofton State MD Zip Code 21114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Venable LLP Occupation Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 16 / 2015**
Transaction ID : SA11AI.7311
 Amount of Each Receipt this Period **250.00**
 Contribution

B. Phillips Lytle LLP
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 17th St NW, Suite 450
 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 **1000.00**

Date of Receipt **08 / 24 / 2015**
Transaction ID : SA11AI.7152
 Amount of Each Receipt this Period **1000.00**
 Partnership: See Attribution

C. James K. Wholey
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 17th St NW, Ste 450
 City Washington State DC Zip Code 20006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phillips Lytle LLP Occupation Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 24 / 2015**
Transaction ID : SA11AI.7152.0
 Amount of Each Receipt this Period **1000.00**
 Partnership Attribution
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 15 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Common Values PAC

Full Name (Last, First, Middle Initial)
A. Douglas H. Schwartz

Mailing Address 1348 Constitution Ave NE

City Washington State DC Zip Code 20002

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

Name of Employer CGCN Group Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2015
Transaction ID : SA11AI.7084

Amount of Each Receipt this Period
500.00

Contribution

Full Name (Last, First, Middle Initial)
B. Richard D. Shelby

Mailing Address 1119 Ingleside Ave

City McLean State VA Zip Code 22101

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

Name of Employer American Gas Association Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2015
Transaction ID : SA11AI.7232

Amount of Each Receipt this Period
250.00

Contribution

Full Name (Last, First, Middle Initial)
C. Richard D. Shelby

Mailing Address 1119 Ingleside Ave

City McLean State VA Zip Code 22101

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

Name of Employer American Gas Association Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : SA11AI.7299

Amount of Each Receipt this Period
250.00

Contribution

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

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

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

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

FOR LINE NUMBER: PAGE 16 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Common Values PAC

Full Name (Last, First, Middle Initial)
A. Thomas Shipps
 Mailing Address 2455 W 2nd Ave
 City Durango State CO Zip Code 81301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MaynesBradfordShipps&Sheftel Occupation General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : SA11AI.7312
 Amount of Each Receipt this Period
 250.00
 Contribution

Full Name (Last, First, Middle Initial)
B. Philip S. Smith
 Mailing Address 300 5th St NE
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Captel Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2015
Transaction ID : SA11AI.7153
 Amount of Each Receipt this Period
 1000.00
 Contribution

Full Name (Last, First, Middle Initial)
C. Southern Ute Indian Tribe
 Mailing Address PO Box 737
 City Ignacio State CO Zip Code 81137
 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 / D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : SA11AI.7314
 Amount of Each Receipt this Period
 1000.00
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 17 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Common Values PAC

A. Ryan D. Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3501 Native Dancer Cove
 City Austin State TX Zip Code 78746
 FEC ID number of contributing federal political committee. C
 Name of Employer Akin Gump Occupation Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2015
Transaction ID : SA11AI.7237
 Amount of Each Receipt this Period
 250.00
 Contribution

B. Timothy J. Travis
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 York St
 City Denver State CO Zip Code 80216
 FEC ID number of contributing federal political committee. C
 Name of Employer Eaton Metal Products Occupation CEO
 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
 07 / 20 / 2015
Transaction ID : SA11AI.7081
 Amount of Each Receipt this Period
 5000.00
 Contribution

C. George Waters
 Full Name (Last, First, Middle Initial)
 Mailing Address 505 Capitol Ct NE, Ste 200
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. C
 Name of Employer Self Employed Occupation Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : SA11AI.7313
 Amount of Each Receipt this Period
 250.00
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 5500.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 18 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Common Values PAC

Full Name (Last, First, Middle Initial)
A. Andrew R. Wheeler

Mailing Address 6455 7th St

City State Zip Code
Alexandria VA 22312

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

Name of Employer Occupation
FaegreBD Consulting Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2015
Transaction ID : SA11AI.7266

Amount of Each Receipt this Period
500.00

Contribution

Full Name (Last, First, Middle Initial)
B. Richard C. White

Mailing Address 101 Primrose St

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer Occupation
Thorn Run Partners Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2015
Transaction ID : SA11AI.7077

Amount of Each Receipt this Period
500.00

Contribution

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
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

TOTAL This Period (last page this line number only)..... ▶ 57000.00

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

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

FOR LINE NUMBER: PAGE 19 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Common Values PAC

Full Name (Last, First, Middle Initial)
A. ABBOTT LABORATORIES EMPLOYEE POLITICAL ACTION COMMITTEE

Mailing Address 100 Abbott Park Rd.
D312 AP6D-2

City State Zip Code
Abbott Park IL 60064

FEC ID number of contributing federal political committee. **C** C00040279

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
 11 / 20 / 2015
Transaction ID : SA11C.7260

Amount of Each Receipt this Period
5000.00

Contribution

Full Name (Last, First, Middle Initial)
B. ABBVIE POLITICAL ACTION COMMITTEE

Mailing Address 1 N. WAUKEGAN ROAD

City State Zip Code
NORTH CHICAGO IL 60064

FEC ID number of contributing federal political committee. **C** C00536573

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 20 / 2015
Transaction ID : SA11C.7270

Amount of Each Receipt this Period
2000.00

Contribution

Full Name (Last, First, Middle Initial)
C. AETNA INC. POLITICAL ACTION COMMITTEE

Mailing Address 20 F STREET, N.W.
SUITE 350

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00181826

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
 09 / 30 / 2015
Transaction ID : SA11C.7206

Amount of Each Receipt this Period
5000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 12000.00

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 20 OF 68
<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)
Common Values PAC

A. Full Name (Last, First, Middle Initial)
AKIN GUMP STRAUSS HAUER & FELD LLP CIVIC ACTION COMMITTEE (AKA AGSH&F CIVIC ACTION CMTE)

Mailing Address 1333 New Hampshire Ave., NW

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00104901

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11C.7275

Amount of Each Receipt this Period
750.00

Contribution

B. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE (SKINPAC)

Mailing Address 1445 NEW YORK AVENUE NW
STE 800

City WASHINGTON	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00359539

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
11	/	20	/	2015

Transaction ID : SA11C.7262

Amount of Each Receipt this Period
2500.00

Contribution

C. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF FAMILY PHYSICIANS POLITICAL ACTION COMMITTEE

Mailing Address 1133 CONNECTICUT AVE NW
SUITE 1100

City WASHINGTON	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00411553

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
10	/	29	/	2015

Transaction ID : SA11C.7219

Amount of Each Receipt this Period
2500.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	5750.00
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 21 OF 68
<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)
Common Values PAC

Full Name (Last, First, Middle Initial)
A. AMERICAN ACADEMY OF NEUROLOGY BRAINPAC

Mailing Address 401 C ST NE

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00435933

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
 10 / 29 / 2015
Transaction ID : SA11C.7218

Amount of Each Receipt this Period
 1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)

Mailing Address 655 Beach Street

City San Francisco State CA Zip Code 94109

FEC ID number of contributing federal political committee. **C** C00196246

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
 12 / 07 / 2015
Transaction ID : SA11C.7277

Amount of Each Receipt this Period
 1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. AMERICAN COLLEGE OF CARDIOLOGY POLITICAL ACTION COMMITTEE

Mailing Address 2400 N ST NW

City WASHINGTON State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C** C00375360

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
 08 / 24 / 2015
Transaction ID : SA11C.7147

Amount of Each Receipt this Period
 1000.00

Contribution

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 68
<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)
Common Values PAC

Full Name (Last, First, Middle Initial) A. AMERICAN DENTAL ASSOCIATION PAC		Date of Receipt MM / DD / YYYY 09 / 30 / 2015 Transaction ID : SA11C.7201
Mailing Address 1111 14TH STREET, NW SUITE 1100		Amount of Each Receipt this Period 2500.00
City WASHINGTON State DC Zip Code 20005	FEC ID number of contributing federal political committee. C C00000729	Contribution
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00

Full Name (Last, First, Middle Initial) B. AMERICAN DENTAL ASSOCIATION PAC		Date of Receipt MM / DD / YYYY 12 / 31 / 2015 Transaction ID : SA11C.7332
Mailing Address 1111 14TH STREET, NW SUITE 1100		Amount of Each Receipt this Period 2500.00
City WASHINGTON State DC Zip Code 20005	FEC ID number of contributing federal political committee. C C00000729	Contribution
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

Full Name (Last, First, Middle Initial) C. AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 08 / 24 / 2015 Transaction ID : SA11C.7150
Mailing Address PO BOX 70980		Amount of Each Receipt this Period 1000.00
City WASHINGTON State DC Zip Code 20024	FEC ID number of contributing federal political committee. C C00006080	Contribution
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
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 23 OF 68
<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)
Common Values PAC

A. BAE SYSTEMS INC. POLITICAL ACTION COMMITTEE (BAE SYSTEMS USA PAC)

Full Name (Last, First, Middle Initial)
Mailing Address 1101 WILSON BLVD

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00281212

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
08 / 24 / 2015
Transaction ID : SA11C.7141

Amount of Each Receipt this Period
5000.00

Contribution

B. BHFS-E, PC PAC (BROWNSTEIN HYATT FARBER SCHRECK POLITICAL ACTION COMMITTEE)

Full Name (Last, First, Middle Initial)
Mailing Address 410 SEVENTEENTH STREET SUITE 2200

City DENVER State CO Zip Code 80202

FEC ID number of contributing federal political committee. **C** C00390583

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
12 / 16 / 2015
Transaction ID : SA11C.7306

Amount of Each Receipt this Period
1000.00

Contribution

C. BIOGEN, INC. POLITICAL ACTION COMMITTEE A.K.A. 'BIOGEN PAC'

Full Name (Last, First, Middle Initial)
Mailing Address 225 BINNEY STREET

City CAMBRIDGE State MA Zip Code 02142

FEC ID number of contributing federal political committee. **C** C00390351

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
12 / 16 / 2015
Transaction ID : SA11C.7305

Amount of Each Receipt this Period
1000.00

Contribution

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 24 OF 68
<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)
Common Values PAC

Full Name (Last, First, Middle Initial) A. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC		Date of Receipt
Mailing Address 1310 G STREET NW 12TH FLR		<input type="text" value="07"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City	State	Zip Code
WASHINGTON	DC	20005
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00194746"/>	Transaction ID : SA11C.7100
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2500.00"/>	

Full Name (Last, First, Middle Initial) B. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC		Date of Receipt
Mailing Address 1310 G STREET NW 12TH FLR		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
WASHINGTON	DC	20005
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00194746"/>	Transaction ID : SA11C.7135
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) C. BNSF RAILWAY COMPANY RAILPAC (BNSF RAILPAC)		Date of Receipt
Mailing Address P.O. BOX 961039		<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	Zip Code
FORT WORTH	TX	76161
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00235739"/>	Transaction ID : SA11C.7199
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="10000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 25 OF 68
<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)
Common Values PAC

A. CHARTER COMMUNICATIONS INC. POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 ATLANTIC ST, 10TH FLR
 City STAMFORD State CT Zip Code 06901
 FEC ID number of contributing federal political committee. **C** C00426775
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 24 / 2015
Transaction ID : SA11C.7139
 Amount of Each Receipt this Period 5000.00
 Contribution

B. CITIGROUP INC. POLITICAL ACTION COMMITTEE - FEDERAL (CITIGROUP PAC-FEDERAL)
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 PENNSYLVANIA AVENUE NW #1000
 City WASHINGTON State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C** C00008474
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 20 / 2015
Transaction ID : SA11C.7101
 Amount of Each Receipt this Period 2500.00
 Contribution

C. COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1701 JFK BLVD, 49TH FLOOR
 City PHILADELPHIA State PA Zip Code 19103
 FEC ID number of contributing federal political committee. **C** C00248716
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 29 / 2015
Transaction ID : SA11C.7228
 Amount of Each Receipt this Period 5000.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....	12500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 68
<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)
Common Values PAC

Full Name (Last, First, Middle Initial)
A. CSX CORPORATION GOOD GOVERNMENT FUND

Mailing Address 1331 PENNSYLVANIA AVE, NW, STE 560

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing federal political committee. **C** C00163832

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
 08 / 03 / 2015

Transaction ID : SA11C.7118

Amount of Each Receipt this Period
5000.00

Contribution

Full Name (Last, First, Middle Initial)
B. DOCTOR VOICE 4 PATIENT CHOICE POLITICAL ACTION COMMITTEE

Mailing Address 1123 STATE ROUTE 3 NORTH PMB 267

City	State	Zip Code
GAMBRILLS	MD	21054

FEC ID number of contributing federal political committee. **C** C00527796

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2015

Transaction ID : SA11C.7121

Amount of Each Receipt this Period
1500.00

Contribution

Full Name (Last, First, Middle Initial)
C. EISAI INC. PAC

Mailing Address 100 TICE BOULEVARD

City	State	Zip Code
WOODCLIFF LAKE	NJ	07677

FEC ID number of contributing federal political committee. **C** C00429886

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
 08 / 07 / 2015

Transaction ID : SA11C.7127

Amount of Each Receipt this Period
2500.00

Contribution

SUBTOTAL of Receipts This Page (optional).....	9000.00
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 27 OF 68
<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)
Common Values PAC

A. ERNST & YOUNG POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 NEW YORK AVENUE, NW
 City WASHINGTON State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C** C00227744
 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
 12 / 16 / 2015
Transaction ID : SA11C.7301
 Amount of Each Receipt this Period
 5000.00
 Contribution

B. FAA MANAGERS ASSOCIATION INC. PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1015 ATLANTIC BLVD SUITE 245
 City ATLANTIC BEACH State FL Zip Code 32233
 FEC ID number of contributing federal political committee. **C** C00366070
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2015
Transaction ID : SA11C.7259
 Amount of Each Receipt this Period
 3000.00
 Contribution

C. FAEGREBD PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 N. MERIDIAN STREET SUITE 2700
 City INDIANAPOLIS State IN Zip Code 46204
 FEC ID number of contributing federal political committee. **C** C00386904
 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
 11 / 20 / 2015
Transaction ID : SA11C.7265
 Amount of Each Receipt this Period
 2500.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....	10500.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 28 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Common Values PAC

Full Name (Last, First, Middle Initial)
A. FEDERAL EXPRESS POLITICAL ACTION COMMITTEE

Mailing Address 942 South Shady Grove Road

City State Zip Code
Memphis TN 38120

FEC ID number of contributing federal political committee. **C** C00068692

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
 12 / 30 / 2015
Transaction ID : SA11C.7324

Amount of Each Receipt this Period
5000.00

Contribution

Full Name (Last, First, Middle Initial)
B. FIRSTENERGY CORP. POLITICAL ACTION COMMITTEE

Mailing Address 76 SOUTH MAIN STREET

City State Zip Code
AKRON OH 44308

FEC ID number of contributing federal political committee. **C** C00140855

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
 12 / 30 / 2015
Transaction ID : SA11C.7329

Amount of Each Receipt this Period
5000.00

Contribution

Full Name (Last, First, Middle Initial)
C. FORD MOTOR COMPANY CIVIC ACTION FUND

Mailing Address P.O. BOX 75000

City State Zip Code
DETROIT MI 48275

FEC ID number of contributing federal political committee. **C** C00046474

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
 07 / 20 / 2015
Transaction ID : SA11C.7103

Amount of Each Receipt this Period
2500.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 12500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 68
<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)
Common Values PAC

A. GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE (GDC PAC)

Full Name (Last, First, Middle Initial)
Mailing Address 2941 FAIRVIEW PARK DR.
SUITE 100

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
08 / 24 / 2015
Transaction ID : SA11C.7136

Amount of Each Receipt this Period
5000.00

Contribution

B. GOLDEN STATE POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 3700 WILSHIRE BLVD., STE.1050B

City Los Angeles State CA Zip Code 90010

FEC ID number of contributing federal political committee. **C** C00145342

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
07 / 20 / 2015
Transaction ID : SA11C.7104

Amount of Each Receipt this Period
1000.00

Contribution

C. INTERNATIONAL COUNCIL OF SHOPPING CENTERS INC POLITICAL ACTION COMMITTEE (ICSC PAC)

Full Name (Last, First, Middle Initial)
Mailing Address 555 12TH STREET, NW
SUITE 660

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00217638

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
07 / 20 / 2015
Transaction ID : SA11C.7090

Amount of Each Receipt this Period
1000.00

Contribution

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 30 OF 68
<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)
Common Values PAC

Full Name (Last, First, Middle Initial)
A. INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE

Mailing Address 1401 H STREET NW SUITE 1200

City WASHINGTON	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00105981

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
08	/	24	/	2015

Transaction ID : SA11C.7149

Amount of Each Receipt this Period
1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. JOHNSON & JOHNSON POLITICAL ACTION COMMITTEE

Mailing Address One Johnson & Johnson Plaza

City New Brunswick	State NJ	Zip Code 08933
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00010983

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
09	/	30	/	2015

Transaction ID : SA11C.7200

Amount of Each Receipt this Period
1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1295 STATE STREET

City SPRINGFIELD	State MA	Zip Code 01111
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00118943

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11C.7225

Amount of Each Receipt this Period
4000.00

Contribution

SUBTOTAL of Receipts This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 31 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Common Values PAC

Full Name (Last, First, Middle Initial)
A. MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 16011 NE 36TH WAY
BOX 97017

City REDMOND State WA Zip Code 98073

FEC ID number of contributing federal political committee. **C** C00227546

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
 07 / 20 / 2015

Transaction ID : SA11C.7092

Amount of Each Receipt this Period
5000.00

Contribution

Full Name (Last, First, Middle Initial)
B. NATIONAL ASSOCIATION OF BROADCASTERS POLITICAL ACTION COMMITTEE (NABPAC)

Mailing Address 1771 N STREET NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00009985

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
 10 / 19 / 2015

Transaction ID : SA11C.7214

Amount of Each Receipt this Period
5000.00

Contribution

Full Name (Last, First, Middle Initial)
C. NATIONAL ASSOCIATION OF CONVENIENCE STORES POLITICAL ACTION COMMITTEE

Mailing Address 1600 DUKE STREET

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00126763

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
 07 / 20 / 2015

Transaction ID : SA11C.7093

Amount of Each Receipt this Period
5000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 15000.00

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 32 OF 68
<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)
Common Values PAC

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS, INC. POLITICAL ACTION COMMITTEE

Mailing Address 1875 I STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00303339

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
11 / 20 / 2015

Transaction ID : SA11C.7261

Amount of Each Receipt this Period
2500.00

Contribution

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 NORTH MICHIGAN AVENUE

City CHICAGO State IL Zip Code 60611

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 20 / 2015

Transaction ID : SA11C.7088

Amount of Each Receipt this Period
2000.00

Contribution

C. Full Name (Last, First, Middle Initial)
NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE

Mailing Address 1125 Executive Circle

City Irving State TX Zip Code 75038

FEC ID number of contributing federal political committee. **C** C00140061

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
10 / 29 / 2015

Transaction ID : SA11C.7223

Amount of Each Receipt this Period
2500.00

Contribution

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 33 OF 68
<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)
Common Values PAC

Full Name (Last, First, Middle Initial)
A. NATIONAL INDIAN GAMING ASSOCIATION SOVEREIGNTY PAC

Mailing Address 224 2ND STREET SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00367177

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : SA11C.7304

Amount of Each Receipt this Period
2000.00

Contribution

Full Name (Last, First, Middle Initial)
B. NATIONAL STONE, SAND & GRAVEL ASSOCIATION ROCKPAC

Mailing Address 1605 KING STREET

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00089458

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
 08 / 24 / 2015
Transaction ID : SA11C.7154

Amount of Each Receipt this Period
1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. NATIONAL STONE, SAND & GRAVEL ASSOCIATION ROCKPAC

Mailing Address 1605 KING STREET

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00089458

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2015
Transaction ID : SA11C.7156

Amount of Each Receipt this Period
2500.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	5500.00
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 34 OF 68
<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)
Common Values PAC

Full Name (Last, First, Middle Initial)
A. NATIONAL STONE, SAND & GRAVEL ASSOCIATION ROCKPAC

Mailing Address 1605 KING STREET

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00089458

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4500.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 20 / 2015
Transaction ID : SA11C.7271

Amount of Each Receipt this Period
1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. NOVARTIS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 701 PENNSYLVANIA AVE. NW SUITE 725

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00033969

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
 07 / 20 / 2015
Transaction ID : SA11C.7096

Amount of Each Receipt this Period
2500.00

Contribution

Full Name (Last, First, Middle Initial)
C. PFIZER INC. PAC

Mailing Address 235 E 42nd St

City New York State NY Zip Code 10017

FEC ID number of contributing federal political committee. **C** C00016683

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
 09 / 30 / 2015
Transaction ID : SA11C.7205

Amount of Each Receipt this Period
2500.00

Contribution

SUBTOTAL of Receipts This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 68
<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)
Common Values PAC

Full Name (Last, First, Middle Initial)
A. POWERS, PYLES, SUTTER & VERVILLE PC PAC

Mailing Address 1501 M ST., NW, 7TH FLOOR

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing federal political committee. **C** C00302687

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
12	/	16	/	2015

Transaction ID : SA11C.7309

Amount of Each Receipt this Period
1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. SOLVAY AMERICA, INC. EMPLOYEE POLITICAL FUND (SOLVAY AMERICA PAC)

Mailing Address 3333 RICHMOND AVENUE

City	State	Zip Code
HOUSTON	TX	77098

FEC ID number of contributing federal political committee. **C** C00520254

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
09	/	30	/	2015

Transaction ID : SA11C.7207

Amount of Each Receipt this Period
5000.00

Contribution

Full Name (Last, First, Middle Initial)
C. SPINE PAC OF THE NATIONAL ASSOCIATION OF SPINE SPECIALISTS

Mailing Address 7075 VETERANS BLVD.

City	State	Zip Code
BURR RIDGE	IL	60527

FEC ID number of contributing federal political committee. **C** C00349225

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
11	/	20	/	2015

Transaction ID : SA11C.7274

Amount of Each Receipt this Period
1000.00

Contribution

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: PAGE 36 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Common Values PAC

Full Name (Last, First, Middle Initial)
A. THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Mailing Address 409 12TH STREET, SW

City State Zip Code
WASHINGTON DC 20024

FEC ID number of contributing federal political committee. **C** C00364158

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
 12 / 16 / 2015
Transaction ID : SA11C.7302

Amount of Each Receipt this Period
2500.00

Contribution

Full Name (Last, First, Middle Initial)
B. THE HOME DEPOT INC. POLITICAL ACTION COMMITTEE

Mailing Address 1155 F STREET, NW
SUITE 400

City State Zip Code
WASHINGTON DC 20004

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

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
 07 / 20 / 2015
Transaction ID : SA11C.7099

Amount of Each Receipt this Period
5000.00

Contribution

Full Name (Last, First, Middle Initial)
C. XCEL ENERGY EMPLOYEE POLITICAL ACTION COMMITTEE (XPAC)

Mailing Address 1800 LARIMER STREET, SUITE 1600

City State Zip Code
DENVER CO 80202

FEC ID number of contributing federal political committee. **C** C00107771

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
 12 / 16 / 2015
Transaction ID : SA11C.7310

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 8500.00

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

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

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

FOR LINE NUMBER: PAGE 37 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Common Values PAC

A. ZENECA INC. POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address C/O ZENECA INC.
 1800 CONCORD PIKE, PO BOX 15437
 City State Zip Code
 WILMINGTON DE 19850
 FEC ID number of contributing federal political committee. **C** C00279455
 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
 09 / 29 / 2015
Transaction ID : SA11C.7194
 Amount of Each Receipt this Period
 2500.00
 Contribution

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	152750.00

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

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

FOR LINE NUMBER: PAGE 38 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Common Values PAC

A. Barrasso Victory Committee
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 N Washington St Suite 700
 City Alexandria State VA Zip Code 22314
 FEC ID number of contributing federal political committee. **C** C00544114
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 9686.22

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2015
Transaction ID : SA12.7236
 Amount of Each Receipt this Period
 3445.40
 Transfer For Reimbursement of Event Expense

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	3445.40
TOTAL This Period (last page this line number only).....▶	3445.40

**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)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. ACE Beverage

Mailing Address 3301 New Mexico Ave NW

City Washington State DC Zip Code 20016

Purpose of Disbursement
PAC Event Expense: Beverages

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : **SB21B.7061**

Amount of Each Disbursement this Period

204.93

B. American Express

Mailing Address PO Box 650448

City Dallas State TX Zip Code 75265

Purpose of Disbursement
Credit Card Payment: See Below

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2015

Transaction ID : **SB21B.7247**

Amount of Each Disbursement this Period

746.02

C. Bistro Cacao

Mailing Address 320 Massachusetts Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
PAC Food & Beverage

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2015

Transaction ID : **SB21B.7247.1**

Amount of Each Disbursement this Period

572.72

[MEMO ITEM]

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

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

950.95

**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)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 650448

City Dallas State TX Zip Code 75265

Purpose of Disbursement
Credit Card Payment: See Below

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 28 / 2015

Transaction ID : SB21B.7318

Amount of Each Disbursement this Period

553.85

Full Name (Last, First, Middle Initial)

B. Sinplicity Catering

Mailing Address 6402 Arlington Blvd, Suite 150B

City Falls Church State VA Zip Code 22042

Purpose of Disbursement
PAC Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : SB21B.7318.1

Amount of Each Disbursement this Period

414.15

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
PAC 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
11 / 03 / 2015

Transaction ID : SB21B.7239

Amount of Each Disbursement this Period

18.30

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

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

572.15

**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)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
PAC 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
12 / 02 / 2015

Transaction ID : SB21B.7281

Amount of Each Disbursement this Period

18.30

Full Name (Last, First, Middle Initial)

B. Blue Sky Tech

Mailing Address 3210 S 28th St, Suite #302

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
PAC Web Hosting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2015

Transaction ID : SB21B.7075

Amount of Each Disbursement this Period

275.00

Full Name (Last, First, Middle Initial)

C. Blue Sky Tech

Mailing Address 3210 S 28th St, Suite #302

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
PAC Web Hosting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2015

Transaction ID : SB21B.7126

Amount of Each Disbursement this Period

225.00

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

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

518.30

**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)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. Blue Sky Tech

Mailing Address 3210 S 28th St, Suite #302

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
PAC Web Hosting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7193

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Blue Sky Tech

Mailing Address 3210 S 28th St, Suite #302

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
PAC Web Hosting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7213

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Blue Sky Tech

Mailing Address 3210 S 28th St, Suite #302

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
PAC Web Hosting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7238

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 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)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. Amy Ford Bradley

Mailing Address 1020 N Fairfax St
Suite 201

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
PAC Fundraising Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2015

Transaction ID : SB21B.7107

Amount of Each Disbursement this Period

5000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Amy Ford Bradley

Mailing Address 1020 N Fairfax St
Suite 201

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Reimbursement: See Below

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2015

Transaction ID : SB21B.7108

Amount of Each Disbursement this Period

1841.48

Category/
Type

Full Name (Last, First, Middle Initial)

C. Odyssey Services Inc.

Mailing Address 106 Apple Street
Suite 221

City Tinton Falls State NJ Zip Code 07724

Purpose of Disbursement
PAC Fax Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2015

Transaction ID : SB21B.7108.0

Amount of Each Disbursement this Period

194.21

Category/
Type

[MEMO ITEM]

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

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

6841.48

**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)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. Harold Black

Mailing Address 212 7th St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
PAC Event Expense: Food & Beverage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2015

Transaction ID : SB21B.7108.1

Amount of Each Disbursement this Period

1567.15

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Odyssey Services Inc.

Mailing Address 106 Apple Street
Suite 221

City Tinton Falls State NJ Zip Code 07724

Purpose of Disbursement
PAC Fax Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2015

Transaction ID : SB21B.7108.2

Amount of Each Disbursement this Period

80.12

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Amy Ford Bradley

Mailing Address 1020 N Fairfax St
Suite 201

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Reimbursement: PAC Supplies/Nametags

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2015

Transaction ID : SB21B.7113

Amount of Each Disbursement this Period

129.30

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

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

129.30

**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)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. Amy Ford Bradley

Mailing Address 1020 N Fairfax St
Suite 201

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
PAC Fundraising Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2015

Transaction ID : SB21B.7160

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Amy Ford Bradley

Mailing Address 1020 N Fairfax St
Suite 201

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
PAC Reimbursement: See Below

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2015

Transaction ID : SB21B.7161

Amount of Each Disbursement this Period

18884.40

Full Name (Last, First, Middle Initial)

C. Shooting Star

Mailing Address PO Box 286

City Teton Village State WY Zip Code 83025

Purpose of Disbursement
PAC Golf Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2015

Transaction ID : SB21B.7161.2

Amount of Each Disbursement this Period

504.00

[MEMO ITEM]

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

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

23884.40

**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)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. Shooting Star

Mailing Address PO Box 286

City Teton Village State WY Zip Code 83025

Purpose of Disbursement
PAC Golf Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2015

Transaction ID : SB21B.7161.3

Amount of Each Disbursement this Period

6055.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Hotel Terra

Mailing Address 3335 Village Dr

City Teton Village State WY Zip Code 83025

Purpose of Disbursement
PAC Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : SB21B.7161.4

Amount of Each Disbursement this Period

1511.13

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. The Whiskey Shop

Mailing Address 100 South Nelson

City Kirby State WY Zip Code 82430

Purpose of Disbursement
PAC Collateral Materials/Glasses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2015

Transaction ID : SB21B.7161.6

Amount of Each Disbursement this Period

626.85

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. Odyssey Services Inc.

Mailing Address 106 Apple Street
Suite 221

City Tinton Falls State NJ Zip Code 07724

Purpose of Disbursement
PAC Fax Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2015

Transaction ID : SB21B.7161.7

Amount of Each Disbursement this Period

90.15

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Unwined

Mailing Address 3690-J King St

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
PAC Food & Beverage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.7161.8

Amount of Each Disbursement this Period

1245.97

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Hertz

Mailing Address 1250 E Airport Rd

City Jackson State WY Zip Code 83001

Purpose of Disbursement
PAC Car Rental

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : SB21B.7161.9

Amount of Each Disbursement this Period

358.76

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. Bistro Catering

Mailing Address PO Box 11960

City Jackson State WY Zip Code 83001

Purpose of Disbursement
PAC Catering

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
08	/	14	/	2015

Transaction ID : SB21B.7161.10

Amount of Each Disbursement this Period

7361.35

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Shooting Star

Mailing Address PO Box 286

City Teton Village State WY Zip Code 83025

Purpose of Disbursement
PAC Food & Beverage

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
08	/	10	/	2015

Transaction ID : SB21B.7161.12

Amount of Each Disbursement this Period

160.04

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Shooting Star

Mailing Address PO Box 286

City Teton Village State WY Zip Code 83025

Purpose of Disbursement
PAC Food & Beverage

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
08	/	10	/	2015

Transaction ID : SB21B.7161.13

Amount of Each Disbursement this Period

68.69

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. Shooting Star

Mailing Address PO Box 286

City Teton Village State WY Zip Code 83025

Purpose of Disbursement
PAC Food & Beverage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2015

Transaction ID : SB21B.7161.14

Amount of Each Disbursement this Period

345.98

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Amy Ford Bradley

Mailing Address 1020 N Fairfax St Suite 201

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Reimbursement: PAC Food & Beverage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2015

Transaction ID : SB21B.7190

Amount of Each Disbursement this Period

92.78

Full Name (Last, First, Middle Initial)

C. Amy Ford Bradley

Mailing Address 1020 N Fairfax St Suite 201

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
PAC Fundraising Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : SB21B.7197

Amount of Each Disbursement this Period

5000.00

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

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

5092.78

**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)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. Amy Ford Bradley

Mailing Address 1020 N Fairfax St
Suite 201

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
PAC Fundraising Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : SB21B.7230

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Amy Ford Bradley

Mailing Address 1020 N Fairfax St
Suite 201

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Reimbursement: See Below

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2015

Transaction ID : SB21B.7231

Amount of Each Disbursement this Period

979.54

Full Name (Last, First, Middle Initial)

C. Bistro Catering

Mailing Address PO Box 11960

City Jackson State WY Zip Code 83001

Purpose of Disbursement
PAC Event Expense: Catering

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2015

Transaction ID : SB21B.7231.1

Amount of Each Disbursement this Period

931.79

[MEMO ITEM]

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

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

5979.54

**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)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. Amy Ford Bradley

Mailing Address 1020 N Fairfax St
Suite 201

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
PAC Fundraising Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2015

Transaction ID : SB21B.7253

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Amy Ford Bradley

Mailing Address 1020 N Fairfax St
Suite 201

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Reimbursement: PAC Fax Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2015

Transaction ID : SB21B.7254

Amount of Each Disbursement this Period

183.10

Full Name (Last, First, Middle Initial)

C. Odyssey Services Inc.

Mailing Address 106 Apple Street
Suite 221

City Tinton Falls State NJ Zip Code 07724

Purpose of Disbursement
PAC Fax Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2015

Transaction ID : SB21B.7254.0

Amount of Each Disbursement this Period

183.10

[MEMO ITEM]

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

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

5183.10

**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)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. Amy Ford Bradley

Mailing Address 1020 N Fairfax St
Suite 201

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
PAC Reimbursement: Fax Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7316

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Odyssey Services Inc.

Mailing Address 106 Apple Street
Suite 221

City Tinton Falls State NJ Zip Code 07724

Purpose of Disbursement
PAC Fax Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7316.0

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Capital Golf Promotions, LLC

Mailing Address 6 Camden Ct

City Rockville State MD Zip Code 20850

Purpose of Disbursement
PAC Event Expense: Blankets

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7119

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 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)
Common Values PAC

Full Name (Last, First, Middle Initial) A. Foley & Lardner LLP		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 3000 K St NW Ste 600		Transaction ID : SB21B.7080
City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period 246.07	
Purpose of Disbursement PAC Legal/Admin Services	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Foley & Lardner LLP		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 3000 K St NW Ste 600		Transaction ID : SB21B.7158
City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period 221.89	
Purpose of Disbursement PAC Legal/Admin Services	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Foley & Lardner LLP		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 3000 K St NW Ste 600		Transaction ID : SB21B.7192
City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period 196.01	
Purpose of Disbursement PAC Legal/Admin Services	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)..... ▶	663.97
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)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. Foley & Lardner LLP

Mailing Address 3000 K St NW Ste 600

City Washington State DC Zip Code 20007

Purpose of Disbursement
PAC Legal/Admin Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2015

Transaction ID : **SB21B.7246**

Amount of Each Disbursement this Period

206.89

Full Name (Last, First, Middle Initial)

B. Koch & Hoos LLC

Mailing Address 901 N Washington St Ste 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
PAC Accounting/Compliance Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2015

Transaction ID : **SB21B.7117**

Amount of Each Disbursement this Period

1020.05

Full Name (Last, First, Middle Initial)

C. Koch & Hoos LLC

Mailing Address 901 N Washington St Ste 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
PAC Accounting/Compliance Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2015

Transaction ID : **SB21B.7159**

Amount of Each Disbursement this Period

1539.68

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

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

2766.62

**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)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. Koch & Hoos LLC

Mailing Address 901 N Washington St Ste 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
PAC Accounting/Compliance Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2015

Transaction ID : SB21B.7211

Amount of Each Disbursement this Period

814.20

Full Name (Last, First, Middle Initial)

B. Koch & Hoos LLC

Mailing Address 901 N Washington St Ste 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
PAC Accounting/Compliance Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2015

Transaction ID : SB21B.7229

Amount of Each Disbursement this Period

902.48

Full Name (Last, First, Middle Initial)

C. Koch & Hoos LLC

Mailing Address 901 N Washington St Ste 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
PAC Accounting/Compliance Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2015

Transaction ID : SB21B.7252

Amount of Each Disbursement this Period

814.27

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

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

2530.95

**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)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. Koch & Hoos LLC

Mailing Address 901 N Washington St Ste 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
PAC Accounting/Compliance Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : SB21B.7285

Amount of Each Disbursement this Period

814.84

Full Name (Last, First, Middle Initial)

B. Shooting Star

Mailing Address PO Box 286

City Teton Village State WY Zip Code 83025

Purpose of Disbursement
PAC Event Deposit

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 21 / 2015

Transaction ID : SB21B.7106

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Shooting Star

Mailing Address PO Box 286

City Teton Village State WY Zip Code 83025

Purpose of Disbursement
PAC Catering Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 25 / 2015

Transaction ID : SB21B.7184

Amount of Each Disbursement this Period

1900.00

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

3714.84

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)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. The Original A&S Italian Food Store

Mailing Address 1107 Valley Rd

City Stirling State NJ Zip Code 07980

Purpose of Disbursement
JFC Event Expense: Food & Beverage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2015

Transaction ID : SB21B.7198

Amount of Each Disbursement this Period

3445.40

Full Name (Last, First, Middle Initial)

B. Wells Fargo

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
PAC 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
07 / 10 / 2015

Transaction ID : SB21B.7122

Amount of Each Disbursement this Period

4.98

Full Name (Last, First, Middle Initial)

C. Wells Fargo

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
PAC 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
07 / 10 / 2015

Transaction ID : SB21B.7123

Amount of Each Disbursement this Period

7.45

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

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

3457.83

**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)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
PAC 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
07 / 10 / 2015

Transaction ID : SB21B.7124

Amount of Each Disbursement this Period

41.07

Full Name (Last, First, Middle Initial)

B. Wells Fargo

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
PAC 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
08 / 12 / 2015

Transaction ID : SB21B.7186

Amount of Each Disbursement this Period

18.44

Full Name (Last, First, Middle Initial)

C. Wells Fargo

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
PAC 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
08 / 12 / 2015

Transaction ID : SB21B.7187

Amount of Each Disbursement this Period

29.78

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

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

89.29

**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)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
PAC 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
08 / 12 / 2015

Transaction ID : SB21B.7188

Amount of Each Disbursement this Period

41.24

Full Name (Last, First, Middle Initial)

B. Wells Fargo

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
PAC 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
09 / 11 / 2015

Transaction ID : SB21B.7212

Amount of Each Disbursement this Period

41.00

Full Name (Last, First, Middle Initial)

C. Wells Fargo

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
PAC 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
10 / 13 / 2015

Transaction ID : SB21B.7240

Amount of Each Disbursement this Period

9.95

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

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

92.19

**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)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
PAC 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
10 / 13 / 2015

Transaction ID : **SB21B.7241**

Amount of Each Disbursement this Period

14.85

Full Name (Last, First, Middle Initial)

B. Wells Fargo

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
PAC 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
10 / 13 / 2015

Transaction ID : **SB21B.7242**

Amount of Each Disbursement this Period

41.07

Full Name (Last, First, Middle Initial)

C. Wells Fargo

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
PAC 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
11 / 12 / 2015

Transaction ID : **SB21B.7278**

Amount of Each Disbursement this Period

3.37

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

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

59.29

**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)
Common Values PAC

A. Wells Fargo

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement PAC Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 12 / 2015

Transaction ID : SB21B.7279

Amount of Each Disbursement this Period: 5.86

B. Wells Fargo

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement PAC Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 12 / 2015

Transaction ID : SB21B.7280

Amount of Each Disbursement this Period: 41.05

C. Wells Fargo

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement PAC Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 10 / 2015

Transaction ID : SB21B.7282

Amount of Each Disbursement this Period: 3.37

SUBTOTAL of Disbursements This Page (optional)..... ▶ 50.28

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)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
PAC Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 10 / 2015

Transaction ID : SB21B.7283

Amount of Each Disbursement this Period

5.86

Full Name (Last, First, Middle Initial)

B. Wells Fargo

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
PAC Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 10 / 2015

Transaction ID : SB21B.7284

Amount of Each Disbursement this Period

41.05

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

46.91

65013.91

**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)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOE HECK

Mailing Address PO BOX 753908

City LAS VEGAS State NV Zip Code 89136

Purpose of Disbursement
Contribution

Candidate Name
JOE HECK

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2015

Transaction ID : SB23.7069

Amount of Each Disbursement this Period

5000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE HECK

Mailing Address PO BOX 753908

City LAS VEGAS State NV Zip Code 89136

Purpose of Disbursement
Contribution

Candidate Name
JOE HECK

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2015

Transaction ID : SB23.7072

Amount of Each Disbursement this Period

5000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MIKE LEE INC.

Mailing Address 10 WEST BROADWAY
SUITE 500

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement
VOID: Uncashed Check From 6/10/2015

Candidate Name
MIKE LEE

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2015

Transaction ID : SB23.7129

Amount of Each Disbursement this Period

-5000.00

Category/
Type

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

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

5000.00

**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)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MIKE LEE INC.

Mailing Address 10 WEST BROADWAY
SUITE 500

City State Zip Code
SALT LAKE CITY UT 84101

Purpose of Disbursement
VOID: Uncashed Check From 6/10/2015

Candidate Name
MIKE LEE

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: UT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	10	/	2015

Transaction ID : SB23.7130

Amount of Each Disbursement this Period

-5000.00

Full Name (Last, First, Middle Initial)

B. RICHARD BURR COMMITTEE

Mailing Address POST OFFICE BOX 5928

City State Zip Code
WINSTON-SALEM NC 27113

Purpose of Disbursement
Contribution

Candidate Name
RICHARD BURR

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NC District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	06	/	2015

Transaction ID : SB23.7060

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. SHELBY FOR U S SENATE

Mailing Address POST OFFICE BOX 1091

City State Zip Code
TUSCALOOSA AL 35403

Purpose of Disbursement
Contribution

Candidate Name
RICHARD C SHELBY

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: AL District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	09	/	2015

Transaction ID : SB23.7073

Amount of Each Disbursement this Period

5000.00

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

5000.00

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. SHELBY FOR U S SENATE

Mailing Address POST OFFICE BOX 1091

City TUSCALOOSA State AL Zip Code 35403

Purpose of Disbursement
Contribution

Candidate Name
RICHARD C SHELBY

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2015

Transaction ID : SB23.7074

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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

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

5000.00

15000.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. Confederated Tribes of Grand Ronde

Mailing Address 9615 Grand Ronde Road

City Grand Ronde State OR Zip Code 97347

Purpose of Disbursement
Refund

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB28A.7276

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

500.00

500.00

**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 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)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. NRSC

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
Contribution to HQ Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : SB29.7157

Amount of Each Disbursement this Period

45000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

45000.00

45000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 68 OF 68
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Common Values PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Blue Sky Tech	Nature of Debt (Purpose): PAC Web Hosting
Mailing Address 3210 S 28th St, Suite #302	
City State Zip Code Alexandria VA 22302	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.7336	
Amount Incurred This Period <input type="text" value="623.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="623.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="623.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="623.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="623.00"/>