

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**
AMERICARISINGPAC.ORG

ADDRESS (number and street) **PO BOX 100088**
 Check if different than previously reported. (ACC) **ARLINGTON VA 22210**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00542902 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:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 2016 through / / 2016

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

Signature of Treasurer RHOADES, MATTHEW, , , [Electronically Filed] Date / / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

AMERICARISINGPAC.ORG

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="2016"/>	<input type="text" value="134756.71"/>	<input type="text" value="134756.71"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="82721.87"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="156060.00"/>	<input type="text" value="499129.40"/>
(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="238781.87"/>	<input type="text" value="633886.11"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="40804.96"/>	<input type="text" value="435909.20"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="197976.91"/>	<input type="text" value="197976.91"/>
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="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

AMERICARISINGPAC.ORG

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).....	156000.00	442100.00
(ii) Unitemized	60.00	1175.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	156060.00	443275.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	55000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	156060.00	498275.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	854.40
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	156060.00	499129.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	156060.00	499129.40

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	40804.96	435909.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	40804.96	435909.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	40804.96	435909.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40804.96	435909.20

DETAILED SUMMARY PAGE
of Disbursements

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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)	156060.00	498275.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	156060.00	498275.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	40804.96	435909.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	854.40
38. Net Operating Expenditures (subtract Line 37 from Line 36)	40804.96	435054.80

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 17
	<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	

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)
AMERICARISINGPAC.ORG

A. BORDERS, JAMES, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 817 WEST PEACHTREE STREET
SUITE 400

City ATLANTA	State GA	Zip Code 30308
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NOVARE GROUP	Occupation (for Individual) PRESIDENT AND CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2016

Transaction ID : SA11AI.10414

Amount of Each Receipt this Period
5000.00

Memo Item

B. GROFF, SUSAN, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9832 CALVIN AVENUE

City NORTHRIDGE	State CA	Zip Code 91324
--------------------	-------------	-------------------

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

Name of Employer (for Individual) NORTHWEST EXCAVATING CO.	Occupation (for Individual) CONTRACTOR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Transaction ID : SA11AI.10407

Amount of Each Receipt this Period
100000.00

Memo Item

C. LOURO, STEPHEN, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 WIRELESS BLVD.

City HAUPPAUGE	State NY	Zip Code 11788
-------------------	-------------	-------------------

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

Name of Employer (for Individual) PROFESSIONAL GROUPS PLANS	Occupation (for Individual) CEO
--	------------------------------------

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		09		2016

Transaction ID : SA11AI.10412

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	106000.00
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 17
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICARISINGPAC.ORG

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
REYNOLDS, ROBERT, L, MR.,

Mailing Address 153 GARFIELD ROAD

City CONCORD	State MA	Zip Code 01742
-----------------	-------------	-------------------

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

Name of Employer (for Individual) PUTNAM INVESTMENTS	Occupation (for Individual) PRESIDENT AND CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		27		2016

Transaction ID : SA11Al.10405

Amount of Each Receipt this Period
50000.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	50000.00
TOTAL This Period (last page this line number only).....	156000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial) A. AMERICA RISING LLC		Date of Disbursement MM / DD / YYYY 09 / 01 / 2016
Mailing Address 1555 WILSON BLVD. SUITE 307		FEC Identification Number C Transaction ID : SB21B.10415 Amount of Each Disbursement this Period 2500.00
City ARLINGTON	State VA	
Purpose of Disbursement RENT		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. ASG - LOT 12		Date of Disbursement MM / DD / YYYY 09 / 06 / 2016
Mailing Address 1555 WILSON BLVD		FEC Identification Number C Transaction ID : SB21B.10417 Amount of Each Disbursement this Period 140.00
City ARLINGTON	State VA	
Purpose of Disbursement TRAVEL: PARKING		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. ASG - LOT 12		Date of Disbursement MM / DD / YYYY 09 / 06 / 2016
Mailing Address 1555 WILSON BLVD		FEC Identification Number C Transaction ID : SB21B.10418 Amount of Each Disbursement this Period 140.00
City ARLINGTON	State VA	
Purpose of Disbursement TRAVEL: PARKING		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

2780.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICARISINGPAC.ORG

A. BECHDEL, JEFFREY, W, ,

Full Name (Last, First, Middle Initial)

Mailing Address 2000 S. EADS STREET #204

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement BECHDEL REIMBURSEMENT: SEE MEMO ENTRY

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2016

FEC Identification Number: C

Transaction ID : SB21B.10427

Amount of Each Disbursement this Period: 80.00

Memo Item

B. WASHINGTON METROPOLITAN AREA TRANSIT AUTHORITY

Full Name (Last, First, Middle Initial)

Mailing Address 600 5TH STREET, NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement BECHDEL REIMBURSEMENT: TRAVEL: RAIL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2016

FEC Identification Number: C

Transaction ID : SB21B.10427

Amount of Each Disbursement this Period: 80.00

Memo Item

C. CIDER SOLUTIONS, INC.

Full Name (Last, First, Middle Initial)

Mailing Address 1301 S. FERN ST. #2884

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement TECHNOLOGY CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 22 / 2016

FEC Identification Number: C

Transaction ID : SB21B.10427

Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2580.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. DEFINERS CORP

Mailing Address 1555 WILSON BLVD.
SUITE 307

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
HUMAN RESOURCES CONSULTING

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2016

FEC Identification Number

C
Transaction ID : **SB21B.10416**
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. EPAY BUSINESS SOLUTIONS, INC.

Mailing Address 27A MIDSTATE DRIVE
SUITE 218

City AUBURN State MA Zip Code 01501

Purpose of Disbursement
PAYROLL PROCESSING

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2016

FEC Identification Number

C
Transaction ID : **SB21B.10420**
Amount of Each Disbursement this Period
35.30

Memo Item

Full Name (Last, First, Middle Initial)

C. EPAY BUSINESS SOLUTIONS, INC.

Mailing Address 27A MIDSTATE DRIVE
SUITE 218

City AUBURN State MA Zip Code 01501

Purpose of Disbursement
PAYROLL: TAXES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2016

FEC Identification Number

C
Transaction ID : **SB21B.10421**
Amount of Each Disbursement this Period
613.59

Memo Item

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

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

3148.89

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. EPAY BUSINESS SOLUTIONS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2016

Mailing Address 27A MIDSTATE DRIVE
SUITE 218

City AUBURN State MA Zip Code 01501

Purpose of Disbursement
PAYROLL PROCESSING

FEC Identification Number

C []

Transaction ID : **SB21B.10434**
Amount of Each Disbursement this Period

[] 35.30

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. EPAY BUSINESS SOLUTIONS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2016

Mailing Address 27A MIDSTATE DRIVE
SUITE 218

City AUBURN State MA Zip Code 01501

Purpose of Disbursement
PAYROLL: TAXES

FEC Identification Number

C []

Transaction ID : **SB21B.10435**
Amount of Each Disbursement this Period

[] 613.59

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. GRAHAM ADVISORS, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2016

Mailing Address 1135 N. GLENMOOR CT

City WICHITA State KS Zip Code 67206

Purpose of Disbursement
FUNDRAISING CONSULTING

FEC Identification Number

C []

Transaction ID : **SB21B.10433**
Amount of Each Disbursement this Period

[] 7500.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

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

[] 8148.89

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

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. JONES DAY

Mailing Address 51 LOUISIANA AVE NW

City
WASHINGTON

State
DC

Zip Code
20001

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	6

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B.10430
Amount of Each Disbursement this Period
[REDACTED] 3062.50

Memo Item

Full Name (Last, First, Middle Initial)

B. KELLY & ASSOCIATES INSURANCE GROUP

Mailing Address 1 KELLY WAY

City
SPARKS

State
MD

Zip Code
21152

Purpose of Disbursement
HEALTH INSURANCE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	6

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B.10431
Amount of Each Disbursement this Period
[REDACTED] 179.09

Memo Item

Full Name (Last, First, Middle Initial)

C. REED, COLIN, , ,

Mailing Address 2922 2ND ROAD NORTH

City
ARLINGTON

State
VA

Zip Code
22201

Purpose of Disbursement
SALARY

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	6

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B.10423
Amount of Each Disbursement this Period
[REDACTED] 5625.00

Memo Item

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

[REDACTED]	8866.59
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TOTAL This Period (last page this line number only)..... ▶

[REDACTED]	
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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"/> 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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial) A. REED, COLIN, , ,		Date of Disbursement MM / DD / YYYY 09 / 14 / 2016	
Mailing Address 2922 2ND ROAD NORTH		FEC Identification Number C [] Transaction ID : SB21B.10424 Amount of Each Disbursement this Period [] 50.00	
City ARLINGTON	State VA	Zip Code 22201	Category/ Type []
Purpose of Disbursement EMPLOYEE CELL PHONE REIMBURSEMENT			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. REED, COLIN, , ,		Date of Disbursement MM / DD / YYYY 09 / 22 / 2016	
Mailing Address 2922 2ND ROAD NORTH		FEC Identification Number C [] Transaction ID : SB21B.10429 Amount of Each Disbursement this Period [] 533.20	
City ARLINGTON	State VA	Zip Code 22201	Category/ Type []
Purpose of Disbursement REED REIMBURSEMENT: SEE MEMO ENTRY			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 22 / 2016	
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [] Transaction ID : SB21B.10425 Amount of Each Disbursement this Period [] 533.20	
City FORT WORTH	State TX	Zip Code 76155	Category/ Type []
Purpose of Disbursement REED REIMBURSEMENT: TRAVEL: AIR			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

583.20

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial) A. REED, COLIN, , ,		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address 2922 2ND ROAD NORTH		FEC Identification Number C [] Transaction ID : SB21B.10436 Amount of Each Disbursement this Period 5625.00
City ARLINGTON	State VA	Zip Code 22201
Purpose of Disbursement SALARY	Category/Type []	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. REED, COLIN, , ,		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address 2922 2ND ROAD NORTH		FEC Identification Number C [] Transaction ID : SB21B.10437 Amount of Each Disbursement this Period 50.00
City ARLINGTON	State VA	Zip Code 22201
Purpose of Disbursement EMPLOYEE CELL PHONE REIMBURSEMENT	Category/Type []	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. REVES, COOPER, N, ,		Date of Disbursement MM / DD / YYYY 09 / 14 / 2016
Mailing Address 1600 MARYLAND AVE NE APT 148		FEC Identification Number C [] Transaction ID : SB21B.10425 Amount of Each Disbursement this Period 2395.84
City WASHINGTON	State VA	Zip Code 20002
Purpose of Disbursement SALARY	Category/Type []	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

8070.84

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"/> 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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial) A. REVES, COOPER, N, ,		Date of Disbursement MM / DD / YYYY 09 / 14 / 2016
Mailing Address 1600 MARYLAND AVE NE APT 148		FEC Identification Number C [] Transaction ID : SB21B.10426 Amount of Each Disbursement this Period [] 50.00
City WASHINGTON	State VA	Zip Code 20002
Purpose of Disbursement EMPLOYEE CELL PHONE REIMBURSEMENT		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. REVES, COOPER, N, ,		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address 1600 MARYLAND AVE NE APT 148		FEC Identification Number C [] Transaction ID : SB21B.10438 Amount of Each Disbursement this Period [] 2395.84
City WASHINGTON	State VA	Zip Code 20002
Purpose of Disbursement SALARY		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. REVES, COOPER, N, ,		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address 1600 MARYLAND AVE NE APT 148		FEC Identification Number C [] Transaction ID : SB21B.10438 Amount of Each Disbursement this Period [] 50.00
City WASHINGTON	State VA	Zip Code 20002
Purpose of Disbursement EMPLOYEE CELL PHONE REIMBURSEMENT		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 2495.84
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"/> 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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX STREET
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.10440

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX STREET
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.10441

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX STREET
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.10432

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICARISINGPAC.ORG

A. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)

Mailing Address 111 N CANAL

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION

Candidate Name

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

State: District:

Date of Disbursement: 09 / 07 / 2016

FEC Identification Number: C

Transaction ID : SB21B.10419

Amount of Each Disbursement this Period: 25.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	25.00
TOTAL This Period (last page this line number only).....▶	40804.96