

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**
AG AMERICA

ADDRESS (number and street) **PO Box 3479**
 Check if different than previously reported. (ACC) **Glen Allen VA 23058**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00567560 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 / / 2018 through / / 2018

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

Signature of Treasurer Sechrist, Erica, Ann, , [Electronically Filed] Date / / 2018

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

AG AMERICA

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="2018"/>	<input type="text" value="3163.91"/>	<input type="text" value="3163.91"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="18275.96"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="64196.00"/>	<input type="text" value="175387.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="82471.96"/>	<input type="text" value="178550.91"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="66240.61"/>	<input type="text" value="162319.56"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="16231.35"/>	<input type="text" value="16231.35"/>
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="111647.93"/>	

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

AG AMERICA

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).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	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 Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	64196.00	175387.00
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)).....▶	64196.00	175387.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	64196.00	175387.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
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).....	66240.61	162319.56
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)) ..	66240.61	162319.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	66240.61	162319.56

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 23
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" 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)
AG AMERICA

A. Association of Equipment Manufacturers

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

Mailing Address 6737 W Washington Street
Ste. 2400

City Milwaukee	State WI	Zip Code 53214
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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 ▼
15000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2018

Transaction ID : SA17.5189

Amount of Each Receipt this Period
15000.00

Memo Item
Non-Contribution Account

B. Centerpoint 360

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

Mailing Address 30 Milbank Avenue

City Greenwich	State CT	Zip Code 06830
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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 ▼
299.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : SA17.5210

Amount of Each Receipt this Period
299.00

Memo Item
Non-Contribution Account

C. Consumer Energy Alliance

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

Mailing Address 2211 Norfolk Street, #410

City Houston	State TX	Zip Code 77098
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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 ▼
7500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2018

Transaction ID : SA17.5196

Amount of Each Receipt this Period
7500.00

Memo Item
Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	22799.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 23
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AG AMERICA

A. Corteva Agriscience
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 2211 H.H. Dow Way
City Midland State MI Zip Code 48674
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 ▼ 299.00

Date of Receipt 04 / 30 / 2018
Transaction ID : SA17.5205
Amount of Each Receipt this Period 299.00
 Memo Item
Non-Contribution Account

B. Dow AgroSciences, LLC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 9330 Zionsville Road
City Indianapolis State IN Zip Code 46268
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 ▼ 1500.00

Date of Receipt 06 / 27 / 2018
Transaction ID : SA17.5274
Amount of Each Receipt this Period 1500.00
 Memo Item
Non-Contribution Account

C. Equipment Dealers Association
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 165 N MeraMec Avenue Ste. 430
City St. Louis State MO Zip Code 63105
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 ▼ 299.00

Date of Receipt 04 / 30 / 2018
Transaction ID : SA17.5207
Amount of Each Receipt this Period 299.00
 Memo Item
Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ▶ 2098.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 23
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AG AMERICA

A. Land O'Lakes, Inc.

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

Mailing Address 4001 Lexington Avenue
N

City Arden Hills State MN Zip Code 55126

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 ▼
15000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 21 / 2018

Transaction ID : SA17.5191

Amount of Each Receipt this Period
15000.00

Memo Item
Non-Contribution Account

B. Michigan Pork Producers Association

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

Mailing Address 3515 West Road
Ste. B

City East Lansing State MI Zip Code 48823

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 ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 16 / 2018

Transaction ID : SA17.5211

Amount of Each Receipt this Period
2500.00

Memo Item
Non-Contribution Account

C. North Bay Produce, Inc.

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

Mailing Address PO Box 549

City Traverse City State MI Zip Code 49685

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 ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 03 / 2018

Transaction ID : SA17.5182

Amount of Each Receipt this Period
5000.00

Memo Item
Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	22500.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 23
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AG AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. R Street Institute		Date of Receipt
Mailing Address 506 N Parkview Avenue		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2018"/>
City Bexley	State OH	Zip Code 43209
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.5193
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="1500.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. The Scotts Company and Subsidiaries		Date of Receipt
Mailing Address 14111 Scottslawn Road		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2018"/>
City Marysville	State OH	Zip Code 43041
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.5273
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="10000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="10000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Wal-Mart Stores, Inc.		Date of Receipt
Mailing Address 702 SW 8th St.		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2018"/>
City Bentonville	State AR	Zip Code 72716
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.5209
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="299.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="5299.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="11799.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 23
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AG AMERICA

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wal-Mart Stores, Inc.

Mailing Address 702 SW 8th St.

City Bentonville	State AR	Zip Code 72716
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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 ▼
10299.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		07		2018

Transaction ID : SA17.5197

Amount of Each Receipt this Period
5000.00

Memo Item
Non-Contribution Account

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).....	5000.00
TOTAL This Period (last page this line number only).....	64196.00

**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"/> 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)
AG AMERICA

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement MM / DD / YYYY 04 / 17 / 2018
Mailing Address PO Box 650448		FEC Identification Number C [] Transaction ID : SB29.5188 Amount of Each Disbursement this Period [] 7810.39
City Dallas	State TX	Zip Code 75265
Purpose of Disbursement Non-Contribution Account, see itemization below		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. American Airlines		Date of Disbursement MM / DD / YYYY 04 / 17 / 2018
Mailing Address 4255 Amon Carter Blvd.		FEC Identification Number C [] Transaction ID : SB29.5188.0 Amount of Each Disbursement this Period [] 4148.63
City Fort Worth	State TX	Zip Code 76155
Purpose of Disbursement Travel Expense, Non-Contribution Account		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Intuit		Date of Disbursement MM / DD / YYYY 04 / 17 / 2018
Mailing Address 2700 Coast Avenue		FEC Identification Number C [] Transaction ID : SB29.5188.1 Amount of Each Disbursement this Period [] 150.00
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Subscription, Non-Contribution Account		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 checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 7810.39
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)
AG AMERICA

Full Name (Last, First, Middle Initial) A. Delta Air Lines, Inc.		Date of Disbursement MM / DD / YYYY 04 / 17 / 2018	
Mailing Address PO Box 20706		FEC Identification Number C [REDACTED] Transaction ID : SB29.5188.2 Amount of Each Disbursement this Period 3511.76	
City Atlanta	State GA	Zip Code 30320	Category/ Type
Purpose of Disbursement Travel Expense, Non-Contribution Account			
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 checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement MM / DD / YYYY 04 / 23 / 2018	
Mailing Address PO Box 650448		FEC Identification Number C [REDACTED] Transaction ID : SB29.5192 Amount of Each Disbursement this Period 4367.34	
City Dallas	State TX	Zip Code 75265	Category/ Type
Purpose of Disbursement Non-Contribution Account, see itemization below			
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. Elect Hugh Weathers Ag Commissioner		Date of Disbursement MM / DD / YYYY 04 / 23 / 2018	
Mailing Address PO Box 277		FEC Identification Number C [REDACTED] Transaction ID : SB29.5192.0 Amount of Each Disbursement this Period 3500.00	
City Bowman	State SC	Zip Code 29018	Category/ Type
Purpose of Disbursement Non-Federal Contribution, Non-Contribution Account			
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 checked="" type="checkbox"/> Memo Item		

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

4367.34

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)
AG AMERICA

Full Name (Last, First, Middle Initial) A. Delta Air Lines, Inc.		Date of Disbursement MM / DD / YYYY 04 / 23 / 2018	
Mailing Address PO Box 20706		FEC Identification Number C [REDACTED] Transaction ID : SB29.5192.1 Amount of Each Disbursement this Period [REDACTED] 689.60	
City Atlanta	State GA	Zip Code 30320	Category/ Type [REDACTED]
Purpose of Disbursement Travel Expense, Non-Contribution Account		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) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement MM / DD / YYYY 04 / 23 / 2018	
Mailing Address PO Box 650448		FEC Identification Number C [REDACTED] Transaction ID : SB29.5192.3 Amount of Each Disbursement this Period [REDACTED] 175.00	
City Dallas	State TX	Zip Code 75265	Category/ Type [REDACTED]
Purpose of Disbursement Annual Fee, Non-Contribution Account		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) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. American Express		Date of Disbursement MM / DD / YYYY 05 / 10 / 2018	
Mailing Address PO Box 650448		FEC Identification Number C [REDACTED] Transaction ID : SB29.5203 Amount of Each Disbursement this Period [REDACTED] 8780.78	
City Dallas	State TX	Zip Code 75265	Category/ Type [REDACTED]
Purpose of Disbursement Non-Contribution Account, see itemization below		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 8780.78
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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"/> 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)
AG AMERICA

Full Name (Last, First, Middle Initial) A. Intuit		Date of Disbursement MM / DD / YYYY 05 / 10 / 2018
Mailing Address 2700 Coast Avenue		FEC Identification Number C [] Transaction ID : SB29.5203.0 Amount of Each Disbursement this Period [] 100.00
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Subscription, Non-Contribution Account		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Alexandrian Autograph Collection		Date of Disbursement MM / DD / YYYY 05 / 10 / 2018
Mailing Address 480 King Street		FEC Identification Number C [] Transaction ID : SB29.5203.1 Amount of Each Disbursement this Period [] 282.38
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Travel Expense, Non-Contribution Account		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ABM Parking		Date of Disbursement MM / DD / YYYY 05 / 10 / 2018
Mailing Address 4801 Abbot Drive		FEC Identification Number C [] Transaction ID : SB29.5203.2 Amount of Each Disbursement this Period [] 141.00
City Omaha	State NE	Zip Code 68110
Purpose of Disbursement Travel Expense, Non-Contribution Account		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 checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AG AMERICA

Full Name (Last, First, Middle Initial) A. Amway Grand Plaza Hotel		Date of Disbursement MM / DD / YYYY 05 / 10 / 2018
Mailing Address 187 Monroe Avenue NW		FEC Identification Number C [] Transaction ID : SB29.5203.4 Amount of Each Disbursement this Period [] 461.95
City Grand Rapids	State MI	Zip Code 49503
Purpose of Disbursement Travel Expense, Non-Contribution Account		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CityFlats Hotel		Date of Disbursement MM / DD / YYYY 05 / 10 / 2018
Mailing Address 83 Monroe Center, NW		FEC Identification Number C [] Transaction ID : SB29.5203.6 Amount of Each Disbursement this Period [] 1214.71
City Grand Rapids	State MI	Zip Code 49503
Purpose of Disbursement Travel Expense, Non-Contribution Account		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Hertz		Date of Disbursement MM / DD / YYYY 05 / 10 / 2018
Mailing Address 8501 Williams Road		FEC Identification Number C [] Transaction ID : SB29.5203.7 Amount of Each Disbursement this Period [] 238.86
City Estero	State FL	Zip Code 33928
Purpose of Disbursement Travel Expense, Non-Contribution Account		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 checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AG AMERICA

Full Name (Last, First, Middle Initial) A. Founders Brewing Company		Date of Disbursement MM / DD / YYYY 05 / 10 / 2018
Mailing Address 235 Grandville Avenue SW		FEC Identification Number C [] Transaction ID : SB29.5203.8 Amount of Each Disbursement this Period [] 3043.80
City Grand Rapids	State MI	Zip Code 49503
Purpose of Disbursement Facility Rental, Food & Bev., A/V, Non-Contribution Account		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. White Knight Limousine, Inc.		Date of Disbursement MM / DD / YYYY 05 / 10 / 2018
Mailing Address 1720 Waterbury Drive SE		FEC Identification Number C [] Transaction ID : SB29.5203.10 Amount of Each Disbursement this Period [] 3190.00
City Kentwood	State MI	Zip Code 49508
Purpose of Disbursement Transportation Services, Non-Contribution Account		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement MM / DD / YYYY 04 / 25 / 2018
Mailing Address PO Box 84314		FEC Identification Number C [] Transaction ID : SB29.5195 Amount of Each Disbursement this Period [] 58.80
City Baton Rouge	State LA	Zip Code 70884
Purpose of Disbursement Contribution Processing Fees, non-contribution account		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)..... ▶

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

[] 58.80
[]

**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"/> 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)
AG AMERICA

A. Blue Wave

Full Name (Last, First, Middle Initial)

Mailing Address 3008 N 161st Terrace

City Omaha State NE Zip Code 68116

Purpose of Disbursement Campaign Mgmt. & Consulting, Non-Contribution Account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 05 / 07 / 2018

FEC Identification Number C

Transaction ID : SB29.5199

Amount of Each Disbursement this Period 21000.00

Memo Item

B. Caleb Consulting

Full Name (Last, First, Middle Initial)

Mailing Address 1105 Havre Lafitte Dr.

City Austin State TX Zip Code 78746

Purpose of Disbursement Political Strategy Consulting, Subscription, Travel Expense Reimb., Non-Contribution Account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 05 / 07 / 2018

FEC Identification Number C

Transaction ID : SB29.5200

Amount of Each Disbursement this Period 8694.14

Memo Item

C. Devos Place

Full Name (Last, First, Middle Initial)

Mailing Address 303 Monroe Avenue NW

City Grand Rapids State MI Zip Code 49503

Purpose of Disbursement Facility Rental, Food & Bev., A/V, Non-Contribution Account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 05 / 23 / 2018

FEC Identification Number C

Transaction ID : SB29.5216

Amount of Each Disbursement this Period 2597.60

Memo Item

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

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

32291.74

**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"/> 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)
AG AMERICA

Full Name (Last, First, Middle Initial) A. Georgia Republican Party		Date of Disbursement MM / DD / YYYY 05 / 23 / 2018
Mailing Address PO Box 550008		FEC Identification Number C [REDACTED] Transaction ID : SB29.5218 Amount of Each Disbursement this Period 5000.00
City Atlanta	State GA	Zip Code 30355
Purpose of Disbursement Non-Federal Contribution, Non-Contribution Account		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. MAXimum Compliance, LLC		Date of Disbursement MM / DD / YYYY 05 / 07 / 2018
Mailing Address 4703 Woodway Lane, NW		FEC Identification Number C [REDACTED] Transaction ID : SB29.5198 Amount of Each Disbursement this Period 2000.00
City Washington	State DC	Zip Code 20016
Purpose of Disbursement Bookkeeping, Non-Contribution Account		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. MDC & Associates, Inc.		Date of Disbursement MM / DD / YYYY 05 / 23 / 2018
Mailing Address 11972 Grey Oaks Park Rd.		FEC Identification Number C [REDACTED] Transaction ID : SB29.5224 Amount of Each Disbursement this Period 472.92
City Glen Allen	State VA	Zip Code 23059
Purpose of Disbursement Bookkeeping, Non-Contribution Account		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).....▶	7472.92
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)
AG AMERICA

A. Quarles, Ryan, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 123 Placid Drive

City Georgetown State KY Zip Code 40324

Purpose of Disbursement
Travel Expense Reimb., Non-Contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 23 / 2018

FEC Identification Number: C
Transaction ID : SB29.5225
Amount of Each Disbursement this Period: 469.38

Memo Item

B. Delta Air Lines, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
Travel Expense, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 23 / 2018

FEC Identification Number: C
Transaction ID : SB29.5225.0
Amount of Each Disbursement this Period: 290.60

Memo Item

C. RegOnline by Lanyon

Full Name (Last, First, Middle Initial)

Mailing Address 717 N Harwood Street Ste. 2200

City Dallas State TX Zip Code 75201

Purpose of Disbursement
Credit Card Processing Fees, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 30 / 2018

FEC Identification Number: C
Transaction ID : SB29.5204
Amount of Each Disbursement this Period: 114.50

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 583.88

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)
AG AMERICA

A. The Gober Group (fka Gober Hilgers PLLC)

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 341016
Ste 350

City Austin State TX Zip Code 78734

Purpose of Disbursement
Legal Services, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 05 / 23 / 2018

FEC Identification Number: C
Transaction ID : SB29.5240
Amount of Each Disbursement this Period: 3319.10

Memo Item

B. The Gober Group (fka Gober Hilgers PLLC)

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 341016
Ste 350

City Austin State TX Zip Code 78734

Purpose of Disbursement
Legal Services, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 05 / 23 / 2018

FEC Identification Number: C
Transaction ID : SB29.5241
Amount of Each Disbursement this Period: 275.00

Memo Item

C. Thomas Graphics, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 142226

City Austin State TX Zip Code 78714

Purpose of Disbursement
Graphic Design Services, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 05 / 23 / 2018

FEC Identification Number: C
Transaction ID : SB29.5242
Amount of Each Disbursement this Period: 204.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3798.70

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)
AG AMERICA

Full Name (Last, First, Middle Initial) A. Weathers, Hugh, , ,		Date of Disbursement MM / DD / YYYY 05 / 23 / 2018	
Mailing Address PO Box 489		FEC Identification Number C [] Transaction ID : SB29.5221 Amount of Each Disbursement this Period [] 783.25	
City Bowman	State SC	Zip Code 29018	Category/ Type []
Purpose of Disbursement Travel Expense Reimb., Non-Contribution Account		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. Delta Air Lines, Inc.		Date of Disbursement MM / DD / YYYY 05 / 23 / 2018	
Mailing Address PO Box 20706		FEC Identification Number C [] Transaction ID : SB29.5221.0 Amount of Each Disbursement this Period [] 744.00	
City Atlanta	State GA	Zip Code 30320	Category/ Type []
Purpose of Disbursement Travel Expense, Non-Contribution Account		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input checked="" type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY [] / [] / []	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []	
City	State	Zip Code	Category/ Type []
Purpose of Disbursement		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 783.25
TOTAL This Period (last page this line number only).....▶	[] 65947.80

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 22 OF 23
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
AG AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express			Nature of Debt (Purpose): Credit Card Payment
Mailing Address PO Box 650448			
City Dallas	State TX	Zip Code 75265	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5278	
Amount Incurred This Period 11381.01	Payment This Period 0.00	Outstanding Balance at Close of This Period 11381.01

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Blue Wave			Nature of Debt (Purpose): Campaign Mgmt. & Consulting, Travel, Telephone, Interest, Catering Food/Bev., AV
Mailing Address 3008 N 161st Terrace			
City Omaha	State NE	Zip Code 68116	

Outstanding Balance Beginning This Period 67006.47	Transaction ID : SD10.4878	
Amount Incurred This Period 12374.95	Payment This Period 21000.00	Outstanding Balance at Close of This Period 58381.42

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Caleb Consulting			Nature of Debt (Purpose): Political Strategy Consulting
Mailing Address 1105 Havre Lafitte Dr.			
City Austin	State TX	Zip Code 78746	

Outstanding Balance Beginning This Period 31472.35	Transaction ID : SD10.4879	
Amount Incurred This Period 8894.23	Payment This Period 8694.14	Outstanding Balance at Close of This Period 31672.44

1) SUBTOTALS This Period This Page (optional)..... ▶	101434.87
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 23 OF 23
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
AG AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MAXimum Compliance, LLC			Nature of Debt (Purpose): Bookkeeping
Mailing Address 4703 Woodway Lane, NW			
City Washington	State DC	Zip Code 20016	

Outstanding Balance Beginning This Period 6101.67	Transaction ID : SD10.4881	
Amount Incurred This Period 6111.39	Payment This Period 2000.00	Outstanding Balance at Close of This Period 10213.06

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MDC & Associates, Inc.			Nature of Debt (Purpose): Bookkeeping
Mailing Address 11972 Grey Oaks Park Rd.			
City Glen Allen	State VA	Zip Code 23059	

Outstanding Balance Beginning This Period 472.92	Transaction ID : SD10.5050	
Amount Incurred This Period 0.00	Payment This Period 472.92	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group (fka Gober Hilgers PLLC)			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016 Ste 350			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 3319.10	Transaction ID : SD10.4885	
Amount Incurred This Period 0.00	Payment This Period 3319.10	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	10213.06
2) TOTALS This Period (last page this line number only)..... ▶	111647.93
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	111647.93