

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 **11** / **06** / **2018** in the State of **VA**

5. Covering Period **10** / **01** / **2018** through **11** / **26** / **2018**

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 **Sechrist, Erica, Ann, ,**

Signature of Treasurer **Sechrist, Erica, Ann, ,** [Electronically Filed] Date **12** / **05** / **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="36480.14"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="101451.00"/>	<input type="text" value="367235.00"/>
(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="137931.14"/>	<input type="text" value="370398.91"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="92531.29"/>	<input type="text" value="324999.06"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="45399.85"/>	<input type="text" value="45399.85"/>
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="2045.90"/>	

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.).....	101451.00	367235.00
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)).....▶	101451.00	367235.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	101451.00	367235.00

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).....	92531.29	324999.06
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)) ..	92531.29	324999.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	92531.29	324999.06

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 26
<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. 2, 4-D Task Force II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Northway Court
 City Raleigh State NC Zip Code 27615
 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 10 / 10 / 2018
Transaction ID : SA17.5365
 Amount of Each Receipt this Period 1500.00
 Memo Item
 Non-Contribution Account

B. Altria Client Services, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 85088
 City Richmond State VA Zip Code 23285
 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 ▼ 30000.00

Date of Receipt 10 / 30 / 2018
Transaction ID : SA17.5401
 Amount of Each Receipt this Period 30000.00
 Memo Item
 Non-Contribution Account

C. Archer Daniels Midland Company
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Box 1470
 City Decatur State IL Zip Code 62525
 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 ▼ 12500.00

Date of Receipt 10 / 31 / 2018
Transaction ID : SA17.5402
 Amount of Each Receipt this Period 10000.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	41500.00
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 26
<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. 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

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 ▼
15299.00

Date of Receipt
10 / 31 / 2018
Transaction ID : SA17.5421

Amount of Each Receipt this Period
299.00

Memo Item
Non-Contribution Account

B. Bean, Linda, L.,

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

Mailing Address PO Box 239

City Port Clyde State ME Zip Code 04855

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

Name of Employer (for Individual) Occupation (for Individual)
Linda Bean's Perfect Maine Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
10 / 29 / 2018
Transaction ID : SA17.5385

Amount of Each Receipt this Period
10000.00

Memo Item
Non-Contribution Account

C. CivicPoint, LLC

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

Mailing Address 250 W Main St.
Ste. 2800

City Lexington State KY Zip Code 40507

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
10 / 31 / 2018
Transaction ID : SA17.5422

Amount of Each Receipt this Period
299.00

Memo Item
Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	10598.00
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 26
<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. Corn Refiners Association

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

Mailing Address 1701 Pennsylvania Avenue, NW
Ste. 950

City Washington State DC Zip Code 20006

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 ▼
22000.00

Date of Receipt
11 / 08 / 2018
Transaction ID : SA17.5407

Amount of Each Receipt this Period
11000.00

Memo Item
Non-Contribution Account

B. CropLife America

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

Mailing Address 1156 Fifteenth St., NW #400

City Washington State DC Zip Code 20005

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 ▼
30000.00

Date of Receipt
11 / 02 / 2018
Transaction ID : SA17.5403

Amount of Each Receipt this Period
15000.00

Memo Item
Non-Contribution Account

C. Fiesta Shows

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

Mailing Address PO Box 460

City Seabrook State NH Zip Code 03874

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 ▼
500.00

Date of Receipt
11 / 13 / 2018
Transaction ID : SA17.5411

Amount of Each Receipt this Period
500.00

Memo Item
Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	26500.00
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 26
<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. GenCanna Global USA, Inc.

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

Mailing Address 321 Venable Road
Ste. 2

City Winchester State KY Zip Code 40391

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
10 / 31 / 2018
Transaction ID : SA17.5429

Amount of Each Receipt this Period
299.00

Memo Item
Non-Contribution Account

B. GenCanna Global USA, Inc.

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

Mailing Address 321 Venable Road
Ste. 2

City Winchester State KY Zip Code 40391

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 ▼
5299.00

Date of Receipt
11 / 10 / 2018
Transaction ID : SA17.5409

Amount of Each Receipt this Period
5000.00

Memo Item
Non-Contribution Account

C. Gray & Oscar, LLC

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

Mailing Address 6354 Alderman Drive

City Alexandria State VA Zip Code 22315

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
10 / 31 / 2018
Transaction ID : SA17.5425

Amount of Each Receipt this Period
299.00

Memo Item
Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....▶	5598.00
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 10 OF 26
<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. Gray, Robert, J., ,		Date of Receipt MM / DD / YYYY 11 / 05 / 2018
Mailing Address 6354 Alderman Drive		Transaction ID : SA17.5387
City Alexandria	State VA	Zip Code 22315
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) States Ratification Committee	Occupation (for Individual) President	<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 ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Grocery Manufacturers Association		Date of Receipt MM / DD / YYYY 11 / 10 / 2018
Mailing Address 1350 I Street, NW #300		Transaction ID : SA17.5408
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10000.00
Name of Employer (for Individual)	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 ▼ 10000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Maine Forest Products Council		Date of Receipt MM / DD / YYYY 11 / 24 / 2018
Mailing Address 535 Civic Center Drive		Transaction ID : SA17.5413
City Augusta	State ME	Zip Code 04330
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual)	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 ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	11250.00
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 26
<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. Northeast Packaging Company
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 875 Skyway St.

City Presque Isle	State ME	Zip Code 04769
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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 ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2018

Transaction ID : SA17.5404

Amount of Each Receipt this Period
1500.00

Memo Item
Non-Contribution Account

B. Outdoor Amusement Business Assoc.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1035 S Semoran Blvd.
Ste. 1045A

City Winter Park	State FL	Zip Code 32792
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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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2018

Transaction ID : SA17.5406

Amount of Each Receipt this Period
500.00

Memo Item
Non-Contribution Account

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

Mailing Address 1020 19th St., NW

City Washington	State DC	Zip Code 20036
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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 M	/	D D D	/	Y Y Y Y Y Y
10		31		2018

Transaction ID : SA17.5424

Amount of Each Receipt this Period
299.00

Memo Item
Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	2299.00
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 12 OF 26
<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. PuppySpot Group, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 254
 City Cooper City State FL Zip Code 33330
 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 ▼ 5299.00

Date of Receipt 10 / 31 / 2018
Transaction ID : SA17.5420
 Amount of Each Receipt this Period 299.00
 Memo Item
 Non-Contribution Account

B. RAI Services Company
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 464
 City Winston-Salem State NC Zip Code 27102
 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 ▼ 50299.00

Date of Receipt 10 / 31 / 2018
Transaction ID : SA17.5416
 Amount of Each Receipt this Period 299.00
 Memo Item
 Non-Contribution Account

C. Stonehenge Capital Company
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 236 Third St.
 City Baton Rouge State LA Zip Code 70801
 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 10 / 31 / 2018
Transaction ID : SA17.5427
 Amount of Each Receipt this Period 299.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	897.00
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 26
<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. Syngenta Crop Protection, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address SN630000
 PO Box 18300
 City Greensboro State NC Zip Code 27419
 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 ▼
 10897.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 31 / 2018
Transaction ID : SA17.5418
 Amount of Each Receipt this Period
 299.00
 Memo Item
 Non-Contribution Account

B. The Scotts Company and Subsidiaries
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14111 Scottslawn Road
 City Marysville State OH Zip Code 43041
 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 ▼
 12500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 19 / 2018
Transaction ID : SA17.5400
 Amount of Each Receipt this Period
 2500.00
 Memo Item
 Non-Contribution Account

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 Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2799.00
TOTAL This Period (last page this line number only).....	101441.00

**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 10 / 01 / 2018	
Mailing Address PO Box 650448		FEC Identification Number C [REDACTED] Transaction ID : SB29.5368 Amount of Each Disbursement this Period 2720.00	
City Dallas	State TX	Zip Code 75265	Category/ Type
Purpose of Disbursement Non-Contribution Account, See Itemization, 001			
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. American Express		Date of Disbursement MM / DD / YYYY 11 / 04 / 2018	
Mailing Address PO Box 650448		FEC Identification Number C [REDACTED] Transaction ID : SB29.5392 Amount of Each Disbursement this Period 16544.31	
City Dallas	State TX	Zip Code 75265	Category/ Type
Purpose of Disbursement Non-Contribution Account, See Itemization			
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 11 / 04 / 2018	
Mailing Address 4255 Amon Carter Blvd.		FEC Identification Number C [REDACTED] Transaction ID : SB29.5392.0 Amount of Each Disbursement this Period 2584.37	
City Fort Worth	State TX	Zip Code 76155	Category/ Type
Purpose of Disbursement Travel Expense, Non-Contribution Account			
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)..... ▶

19264.31

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. Custom Coach & Limousine

Full Name (Last, First, Middle Initial)

Mailing Address 19 Bartlett Road

City Gorham State ME Zip Code 04038

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: 11 / 04 / 2018

FEC Identification Number: C

Transaction ID : SB29.5392.1

Amount of Each Disbursement this Period: 1850.00

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: 11 / 04 / 2018

FEC Identification Number: C

Transaction ID : SB29.5392.2

Amount of Each Disbursement this Period: 7138.40

Memo Item

C. Expedia

Full Name (Last, First, Middle Initial)

Mailing Address 333 108th Avenue, NE

City Bellevue State WA Zip Code 98004

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: 11 / 04 / 2018

FEC Identification Number: C

Transaction ID : SB29.5392.3

Amount of Each Disbursement this Period: 792.89

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. Hertz		Date of Disbursement MM / DD / YYYY 11 / 04 / 2018	
Mailing Address 8501 Williams Road		FEC Identification Number C [REDACTED] Transaction ID : SB29.5392.4 Amount of Each Disbursement this Period [REDACTED] 246.81	
City Estero	State FL	Zip Code 33928	Category/ Type [REDACTED]
Purpose of Disbursement Travel Expense, Non-Contribution Account			
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:			

Full Name (Last, First, Middle Initial) B. Intuit		Date of Disbursement MM / DD / YYYY 11 / 04 / 2018	
Mailing Address 2700 Coast Avenue		FEC Identification Number C [REDACTED] Transaction ID : SB29.5392.6 Amount of Each Disbursement this Period [REDACTED] 200.00	
City Mountain View	State CA	Zip Code 94043	Category/ Type [REDACTED]
Purpose of Disbursement Subscription, Non-Contribution Account			
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:			

Full Name (Last, First, Middle Initial) C. Residence Inn - Arlington		Date of Disbursement MM / DD / YYYY 11 / 04 / 2018	
Mailing Address 2850 Potomac Avenue		FEC Identification Number C [REDACTED] Transaction ID : SB29.5392.8 Amount of Each Disbursement this Period [REDACTED] 600.03	
City Arlington	State VA	Zip Code 22202	Category/ Type [REDACTED]
Purpose of Disbursement Travel Expense, Non-Contribution Account			
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).....▶	[REDACTED] 0.00
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. Southwest Air		Date of Disbursement MM / DD / YYYY 11 / 04 / 2018
Mailing Address PO Box 36647-1CR		FEC Identification Number C [REDACTED] Transaction ID : SB29.5392.9 Amount of Each Disbursement this Period 1140.56
City Dallas	State TX	Zip Code 75235
Purpose of Disbursement Travel Expense, Non-Contribution Account		Category/ Type [REDACTED]
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. United Airlines		Date of Disbursement MM / DD / YYYY 11 / 04 / 2018
Mailing Address 233 South Wacker Dr.		FEC Identification Number C [REDACTED] Transaction ID : SB29.5392.10 Amount of Each Disbursement this Period 1973.00
City Chicago	State IL	Zip Code 60606
Purpose of Disbursement Travel Expense, Non-Contribution Account		Category/ Type [REDACTED]
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. American Express		Date of Disbursement MM / DD / YYYY 11 / 26 / 2018
Mailing Address PO Box 650448		FEC Identification Number C [REDACTED] Transaction ID : SB29.5433 Amount of Each Disbursement this Period 8917.09
City Dallas	State TX	Zip Code 75265
Purpose of Disbursement Non-Contribution Account, See Itemization		Category/ Type [REDACTED]
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).....▶	8917.09
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

A. ABM Parking

Full Name (Last, First, Middle Initial)

Mailing Address 4801 Abbot Drive

City Omaha State NE Zip Code 68110

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: 11 / 26 / 2018

FEC Identification Number: C

Transaction ID : SB29.5433.0

Amount of Each Disbursement this Period: 94.00

Memo Item

B. AV Portland, LLC

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 541

City Portland State ME Zip Code 04112

Purpose of Disbursement
AV Services, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 26 / 2018

FEC Identification Number: C

Transaction ID : SB29.5433.1

Amount of Each Disbursement this Period: 250.00

Memo Item

C. 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: 11 / 26 / 2018

FEC Identification Number: C

Transaction ID : SB29.5433.2

Amount of Each Disbursement this Period: 95.00

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. Dimillo's		Date of Disbursement MM / DD / YYYY 11 / 26 / 2018	
Mailing Address 25 Long Wharf		FEC Identification Number C [] Transaction ID : SB29.5433.3 Amount of Each Disbursement this Period [] 3703.08	
City Portland	State ME	Zip Code 04101	Category/ Type []
Purpose of Disbursement Catering/Food & Beverage, Non-Contribution Account			
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:			

Full Name (Last, First, Middle Initial) B. FedEx Office		Date of Disbursement MM / DD / YYYY 11 / 26 / 2018	
Mailing Address 3875 Airways Module H3 Dept. 4634		FEC Identification Number C [] Transaction ID : SB29.5433.4 Amount of Each Disbursement this Period [] 598.19	
City Memphis	State TN	Zip Code 38116	Category/ Type []
Purpose of Disbursement Printing, Non-Contribution Account			
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:			

Full Name (Last, First, Middle Initial) C. Intuit		Date of Disbursement MM / DD / YYYY 11 / 26 / 2018	
Mailing Address 2700 Coast Avenue		FEC Identification Number C [] Transaction ID : SB29.5433.6 Amount of Each Disbursement this Period [] 120.00	
City Mountain View	State CA	Zip Code 94043	Category/ Type []
Purpose of Disbursement Subscription, Non-Contribution Account			
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).....▶	[] 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

A. Linda Bean's Maine

Full Name (Last, First, Middle Initial)

Mailing Address 83 Main St.

City Freeport State ME Zip Code 04032

Purpose of Disbursement Catering/Food & Beverage, AV, Non-Contribution Account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 26 / 2018

FEC Identification Number: C

Transaction ID : SB29.5433.7

Amount of Each Disbursement this Period: 3260.42

Memo Item

B. United Airlines

Full Name (Last, First, Middle Initial)

Mailing Address 233 South Wacker Dr.

City Chicago State IL Zip Code 60606

Purpose of Disbursement Travel Expense, Non-Contribution Account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 26 / 2018

FEC Identification Number: C

Transaction ID : SB29.5433.11

Amount of Each Disbursement this Period: 552.80

Memo Item

C. American Feed Industry Association

Full Name (Last, First, Middle Initial)

Mailing Address 2101 Wilson Blvd. Ste. 810

City Arlington State VA Zip Code 22201

Purpose of Disbursement Refund - Non-Contribution Account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB29.5432

Amount of Each Disbursement this Period: 299.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 299.00

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

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 Catering 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: 10 / 12 / 2018

FEC Identification Number: C

Transaction ID : **SB29.5378**

Amount of Each Disbursement this Period: 15000.00

Memo Item

B. Blue Wave

Full Name (Last, First, Middle Initial)

Mailing Address 3008 N 161st Terrace

City Omaha State NE Zip Code 68116

Purpose of Disbursement Travel, Subscription, Interest and Telephone Expenses Non-Contribution Account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 11 / 2018

FEC Identification Number: C

Transaction ID : **SB29.5398**

Amount of Each Disbursement this Period: 23165.92

Memo Item

C. Blue Wave

Full Name (Last, First, Middle Initial)

Mailing Address 3008 N 161st Terrace

City Omaha State NE Zip Code 68116

Purpose of Disbursement Travel and Interest Expense, Non-Contribution Account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 11 / 2018

FEC Identification Number: C

Transaction ID : **SB29.5399**

Amount of Each Disbursement this Period: 836.86

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 39002.78

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. Caleb Consulting

Mailing Address 1105 Havre Lafitte Dr.

City Austin State TX Zip Code 78746

Purpose of Disbursement
Political Strategy Consulting, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 01 / 2018

FEC Identification Number: C
Transaction ID : **SB29.5367**
Amount of Each Disbursement this Period: 14166.66

Memo Item

Full Name (Last, First, Middle Initial)
B. Crocker, Gary, , ,

Mailing Address 12 Manning Drive

City West Gardiner State ME Zip Code 04345

Purpose of Disbursement
Entertainment Services, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 04 / 2018

FEC Identification Number: C
Transaction ID : **SB29.5389**
Amount of Each Disbursement this Period: 1500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Delta Air Lines, Inc.

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
001, Travel Expense, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 01 / 2018

FEC Identification Number: C
Transaction ID : **SB29.5380**
Amount of Each Disbursement this Period: 70.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 15666.66

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. Intuit

Full Name (Last, First, Middle Initial)

Mailing Address 2700 Coast Avenue

City Mountain View State CA Zip Code 94043

Purpose of Disbursement 001, Subscription, Non-Contribution Account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 01 / 2018

FEC Identification Number: C

Transaction ID : **SB29.5372**

Amount of Each Disbursement this Period: 150.00

Memo Item

B. MAXimum Compliance, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 4703 Woodway Lane, NW

City Washington State DC Zip Code 20016

Purpose of Disbursement Bookkeeping, Non-Contribution Account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 04 / 2018

FEC Identification Number: C

Transaction ID : **SB29.5391**

Amount of Each Disbursement this Period: 4017.40

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2018

FEC Identification Number: C

Transaction ID : **SB29.5430**

Amount of Each Disbursement this Period: 223.05

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4240.45

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

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

Full Name (Last, First, Middle Initial) A. Republican State Leadership Committee		Date of Disbursement MM / DD / YYYY 10 / 12 / 2018
Mailing Address 1201 F Street, NW Ste. 675		FEC Identification Number C [] Transaction ID : SB29.5376 Amount of Each Disbursement this Period 5000.00
City Washington	State DC	Zip Code 20004
Purpose of Disbursement 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. The Westin Portland Harborview		Date of Disbursement MM / DD / YYYY 10 / 01 / 2018
Mailing Address 157 High St.		FEC Identification Number C [] Transaction ID : SB29.5374 Amount of Each Disbursement this Period 2500.00
City Portland	State ME	Zip Code 04101
Purpose of Disbursement 001, 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.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period
City	State	Zip Code
Purpose of Disbursement		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).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	92390.29

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 25 OF 26
	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 2720.00	Transaction ID : SD10.5278	
Amount Incurred This Period 0.00	Payment This Period 2720.00	Outstanding Balance at Close of This Period 0.00

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 38165.92	Transaction ID : SD10.4878	
Amount Incurred This Period 0.00	Payment This Period 38165.92	Outstanding Balance at Close of This Period 0.00

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 14166.66	Transaction ID : SD10.4879	
Amount Incurred This Period 943.11	Payment This Period 14166.66	Outstanding Balance at Close of This Period 943.11

1) SUBTOTALS This Period This Page (optional)..... ▶	943.11
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 26 OF 26
	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 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	Transaction ID : SD10.5360	
<input type="text" value="540.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="540.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Reese, Jim, , ,			Nature of Debt (Purpose): Travel Expense
Mailing Address 2800 N Lincoln Blvd.			
City Oklahoma City	State OK	Zip Code 73105	

Outstanding Balance Beginning This Period	Transaction ID : SD10.5469	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="562.79"/>	<input type="text" value="0.00"/>	<input type="text" value="562.79"/>

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

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="1102.79"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="2045.90"/>
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="2045.90"/>