

# 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.   
AMERICAN COURAGE

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)   
   -

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

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 CABELL HOBBS

Signature of Treasurer CABELL HOBBS [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**AMERICAN COURAGE**

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="2013"/>	<input type="text" value="23374.82"/>	<input type="text" value="23374.82"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="23374.82"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="18990.00"/>	<input type="text" value="18990.00"/>
(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="42364.82"/>	<input type="text" value="42364.82"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="26816.92"/>	<input type="text" value="26816.92"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="15547.90"/>	<input type="text" value="15547.90"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

AMERICAN COURAGE

Report Covering the Period: From: 01 / 01 / 2013 To: 06 / 30 / 2013

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).....	18450.00	18450.00
(ii) Unitemized .....	540.00	540.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	18990.00	18990.00
(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) .....	18990.00	18990.00
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.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	18990.00	18990.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18990.00	18990.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	26816.92	26816.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	26816.92	26816.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	26816.92	26816.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26816.92	26816.92

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	18990.00	18990.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18990.00	18990.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	26816.92	26816.92
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	26816.92	26816.92

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

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

NAME OF COMMITTEE (In Full)  
**AMERICAN COURAGE**

**A. David Abellard**  
Full Name (Last, First, Middle Initial)

Mailing Address 17649 Middlebrook Way

City Boca Raton State FL Zip Code 33496

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

Name of Employer Self-Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 08 / 2013  
Transaction ID : SA11AI.4427

Amount of Each Receipt this Period 2500.00

Contribution

**B. Steven Amen**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 NW 7th street

City Boca Raton State FL Zip Code 33486

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

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 08 / 2013  
Transaction ID : SA11AI.4398

Amount of Each Receipt this Period 250.00

Contribution

**C. Marta T. Batmasian**  
Full Name (Last, First, Middle Initial)

Mailing Address 215 N. Federal Highway

City Boca Raton State FL Zip Code 33432

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

Name of Employer Commercial Real Esatate Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 02 / 21 / 2013  
Transaction ID : SA11AI.4409

Amount of Each Receipt this Period 3500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6250.00

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

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

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

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

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

NAME OF COMMITTEE (In Full)  
**AMERICAN COURAGE**

Full Name (Last, First, Middle Initial)  
**A. Jeffrey Galvan**

Mailing Address 1471 West Bexley Park Drive

City State Zip Code  
Delray Beach FL 33445

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

Name of Employer Occupation  
Galvan Messick, LLP Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 05 / 2013  
**Transaction ID : SA11AI.4414**

Amount of Each Receipt this Period  
100.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Jeffrey Galvan**

Mailing Address 1471 West Bexley Park Drive

City State Zip Code  
Delray Beach FL 33445

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

Name of Employer Occupation  
Galvan Messick, LLP Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 05 / 2013  
**Transaction ID : SA11AI.4416**

Amount of Each Receipt this Period  
100.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Jeffrey Galvan**

Mailing Address 1471 West Bexley Park Drive

City State Zip Code  
Delray Beach FL 33445

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

Name of Employer Occupation  
Galvan Messick, LLP Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 05 / 05 / 2013  
**Transaction ID : SA11AI.4417**

Amount of Each Receipt this Period  
100.00

Contribution

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

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

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

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

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

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

NAME OF COMMITTEE (In Full)  
**AMERICAN COURAGE**

Full Name (Last, First, Middle Initial)  
**A. Jeffrey Galvan**

Mailing Address 1471 West Bexley Park Drive

City State Zip Code  
Delray Beach FL 33445

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

Name of Employer Occupation  
Galvan Messick, LLP Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : SA11AI.4418**

Amount of Each Receipt this Period  
100.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. John P Girard**

Mailing Address 5875 Windsor Court

City State Zip Code  
Boca Raton FL 33496

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

Name of Employer Occupation  
Self-Employed Physician

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  
 02 / 08 / 2013  
**Transaction ID : SA11AI.4429**

Amount of Each Receipt this Period  
500.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Joel H Goldsmith**

Mailing Address 6493 Enclave Way

City State Zip Code  
Boca Raton FL 33434

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

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 07 / 2013  
**Transaction ID : SA11AI.4433**

Amount of Each Receipt this Period  
2500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3100.00

**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 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**AMERICAN COURAGE**

Full Name (Last, First, Middle Initial) <b>A. Steven Greenberg</b>		Date of Receipt MM / DD / YYYY 02 / 19 / 2013 <b>Transaction ID : SA11AI.4406</b>
Mailing Address 7900 Glades Road Suite 520		Amount of Each Receipt this Period 500.00
City Boca Raton	State FL	Zip Code 33434
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer CRGO Law	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Robert W Harrigan</b>		Date of Receipt MM / DD / YYYY 02 / 08 / 2013 <b>Transaction ID : SA11AI.4431</b>
Mailing Address 8121 Falls Ln		Amount of Each Receipt this Period 500.00
City Parkland	State FL	Zip Code 33067
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Ronald E. Hawk</b>		Date of Receipt MM / DD / YYYY 02 / 11 / 2013 <b>Transaction ID : SA11AI.4424</b>
Mailing Address 2626 Hampton Circle N		Amount of Each Receipt this Period 300.00
City Delray Beach	State FL	Zip Code 33445
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Self-Employed	Occupation Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> 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 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**AMERICAN COURAGE**

Full Name (Last, First, Middle Initial) <b>A. Joseph Imbriale</b>		Date of Receipt MM / DD / YYYY 02 / 18 / 2013 <b>Transaction ID : SA11AI.4404</b>
Mailing Address 2417 Lob Lolly Lane		Amount of Each Receipt this Period 250.00
City Deerfield Beach	State FL	Zip Code 33442
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Self-Employed	Occupation Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. James K Jones</b>		Date of Receipt MM / DD / YYYY 02 / 05 / 2013 <b>Transaction ID : SA11AI.4435</b>
Mailing Address 223 Shorewood Way		Amount of Each Receipt this Period 250.00
City Jupiter	State FL	Zip Code 33458
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Steven Levin</b>		Date of Receipt MM / DD / YYYY 02 / 08 / 2013 <b>Transaction ID : SA11AI.4426</b>
Mailing Address 4800 N Federal Hwy Suite D307		Amount of Each Receipt this Period 500.00
City Boca Raton	State FL	Zip Code 33431
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Southern Mgmt & Development	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> 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 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**AMERICAN COURAGE**

Full Name (Last, First, Middle Initial)  
**A. Alan Markowitz**

Mailing Address 9325 Glades Road  
Suite 102

City Boca Raton State FL Zip Code 33434

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

Name of Employer Self-employed Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
04 / 03 / 2013  
**Transaction ID : SA11AI.4413**

Amount of Each Receipt this Period  
250.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Lothar Mayer**

Mailing Address 2494 S. Ocean Blvd.

City Boca Raton State FL Zip Code 33432

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
02 / 09 / 2013  
**Transaction ID : SA11AI.4402**

Amount of Each Receipt this Period  
500.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Irene Milin**

Mailing Address 170045 Brookwood Drive

City Boca Raton State FL Zip Code 33496

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
02 / 08 / 2013  
**Transaction ID : SA11AI.4400**

Amount of Each Receipt this Period  
500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> 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 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**AMERICAN COURAGE**

Full Name (Last, First, Middle Initial) <b>A. David Reinke</b>			Date of Receipt
Mailing Address PO Box 7398			<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.4412</b>
Madison	WI	53707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="2500.00"/>
Name of Employer	Occupation	Contribution	
Liberty Parts Team	Owner		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. John J Slavic</b>			Date of Receipt
Mailing Address 10308 La Reina Rd			<input type="text" value="02"/> / <input type="text" value="08"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.4437</b>
Delray Beach	FL	33446	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="2500.00"/>
Name of Employer	Occupation	Contribution	
Slavic 401k	Owner		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Gail Tenzer</b>			Date of Receipt
Mailing Address 1471 West Bexley Park Drive			<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.4395</b>
Delray Beach	FL	33445	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation	Contribution	
Information Requested	Information Requested		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="5250.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="18450.00"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**AMERICAN COURAGE**

Full Name (Last, First, Middle Initial)

**A. Huckaby Davis Lisker**

Mailing Address 228 S. Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
COMPLIANCE CONSULTING/DELIVERY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 05 / 2013

Transaction ID : SB21B.4441

Amount of Each Disbursement this Period

4773.58

Full Name (Last, First, Middle Initial)

**B. MAGGIANOS**

Mailing Address 21090 ST ANDREWS BLVD

City BOCA RATON State FL Zip Code 33433

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 07 / 2013

Transaction ID : SB21B.4443

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. MAGGIANOS**

Mailing Address 21090 ST ANDREWS BLVD

City BOCA RATON State FL Zip Code 33433

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 11 / 2013

Transaction ID : SB21B.4444

Amount of Each Disbursement this Period

4079.93

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

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

10353.51

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

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**AMERICAN COURAGE**

Full Name (Last, First, Middle Initial)

**A. MAGGIANOS**

Mailing Address 21090 ST ANDREWS BLVD

City BOCA RATON State FL Zip Code 33433

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2013

Transaction ID : SB21B.4448

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. MAGGIANOS**

Mailing Address 21090 ST ANDREWS BLVD

City BOCA RATON State FL Zip Code 33433

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 01 / 2013

Transaction ID : SB21B.4449

Amount of Each Disbursement this Period

4255.76

Full Name (Last, First, Middle Initial)

**C. Real Payment Solutions**

Mailing Address 3207 NW 23rd Terrace

City Boca Raton State FL Zip Code 33431

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 05 / 2013

Transaction ID : SB21B.4445

Amount of Each Disbursement this Period

398.20

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

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

6153.96

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

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**AMERICAN COURAGE**

Full Name (Last, First, Middle Initial)

**A. Real Payment Solutions**

Mailing Address 3207 NW 23rd Terrace

City State Zip Code  
Boca Raton FL 33431

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4450**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Real Payment Solutions**

Mailing Address 3207 NW 23rd Terrace

City State Zip Code  
Boca Raton FL 33431

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4451**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Real Payment Solutions**

Mailing Address 3207 NW 23rd Terrace

City State Zip Code  
Boca Raton FL 33431

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4452**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**AMERICAN COURAGE**

Full Name (Last, First, Middle Initial)

**A. Real Payment Solutions**

Mailing Address 3207 NW 23rd Terrace

City State Zip Code  
Boca Raton FL 33431

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	3

**Transaction ID : SB21B.4453**

Amount of Each Disbursement this Period

2	1	.	2	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. VAN VARICK**

Mailing Address 109 INTERNATIONAL DR

City State Zip Code  
FRANKLIN TN 37067

Purpose of Disbursement  
SPEAKERS BUREAU FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	3

**Transaction ID : SB21B.4447**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

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

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

1	0	0	2	1	.	2	0
---	---	---	---	---	---	---	---

2	6	6	9	.	4	3	7
---	---	---	---	---	---	---	---