

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
Appalachian Community Action Political Action Committee

ADDRESS (number and street) 7 South Sixth Street
Check if different than previously reported. (ACC) Jacksonville OH 45740

2. FEC IDENTIFICATION NUMBER C C00412213
3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: X April 15 Quarterly Report (Q1)
(b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11)
(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R)
(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 / 01 / 2016 through 03 / 31 / 2016

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 Ron Rees

Signature of Treasurer Ron Rees [Electronically Filed] Date 05 / 10 / 2016

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Appalachian Community Action Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

|  | COLUMN A<br>This Period              | COLUMN B<br>Calendar Year-to-Date    |
|--|--------------------------------------|--------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2016"/>  | <input type="text" value="7509.77"/> | <input type="text" value="7509.77"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="7509.77"/> |                                      |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="2487.00"/> | <input type="text" value="2487.00"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="9996.77"/> | <input type="text" value="9996.77"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="3000.00"/> | <input type="text" value="3000.00"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="6996.77"/> | <input type="text" value="6996.77"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>    |                                      |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Appalachian Community Action Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 100.00                        | 100.00                            |
| (ii) Unitemized .....   | 1592.00                       | 1592.00                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 1692.00                       | 1692.00                           |
| (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) .....  | 1692.00                       | 1692.00                           |
| 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.).....   | 795.00                        | 795.00                            |
| 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))..... ▶                        | 2487.00                       | 2487.00                           |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 2487.00                       | 2487.00                           |

**DETAILED SUMMARY PAGE**

of Disbursements

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| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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) .....  | 3000.00                       | 3000.00                           |
| 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)) ..      | 3000.00                       | 3000.00                           |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 3000.00                       | 3000.00                           |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 1692.00                       | 1692.00                           |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 1692.00                       | 1692.00                           |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(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 9 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <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)  
**Appalachian Community Action Political Action Committee**

**A. Mr. Tom Reed**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 141 Mulberry Avenue  
 City Pomeroy State OH Zip Code 45769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gallia - Meigs CAC Occupation Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2016  
**Transaction ID : SA11AI.10729**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

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

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

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

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

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 100.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 100.00 |

**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 7 OF 9                            |
| <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)  
**Appalachian Community Action Political Action Committee**

**A. William Cassady**  
Full Name (Last, First, Middle Initial)

Mailing Address 214 South Sixth Street

City Marietta State OH Zip Code 45750

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

Name of Employer Washington Morgan CAA Occupation Inspector

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
705.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2016

**Transaction ID : SA17.10714**

Amount of Each Receipt this Period  
705.00

Memo Item  
CASH

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 705.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 705.00 |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Appalachian Community Action Political Action Committee</b>  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00412213 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> |  |

|   |   |
|---|---|
| Full Name of Payee<br><b>COMMITTEE TO ELECT GINNY FAVEDE</b> <input type="checkbox"/> Memo Item                             | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>02 / 16 / 2016    |
| Mailing Address<br>PO BOX 792   | Amount<br><span style="border: 1px solid black; padding: 2px;">1000.00</span>   |
| City State Zip Code<br>ST CLAIRSVILLE OH 43950  |   |
| Purpose of Expenditure<br>CK#1767   | Category/Type <span style="border: 1px solid black; padding: 2px;">011</span>   |
| Name of Federal Candidate<br>Clyde Committee to Elect Clyde Evans   | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>02 / 16 / 2016           |
| <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose  | Office Sought: <input checked="" type="checkbox"/> House District: 95<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: OH |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1000.00</span> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶     |

|   |   |
|---|---|
| Full Name of Payee<br><b>FRIEND OF LOU GENTILE</b> <input type="checkbox"/> Memo Item                                       | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>03 / 22 / 2016    |
| Mailing Address<br>500 Luray Drive  | Amount<br><span style="border: 1px solid black; padding: 2px;">1000.00</span>   |
| City State Zip Code<br>Wintersville OH 43953  |   |
| Purpose of Expenditure<br>FRIENDS OF LOU GENTILE  | Category/Type <span style="border: 1px solid black; padding: 2px;">011</span>   |
| Name of Federal Candidate<br>Lou Gentile  | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>03 / 22 / 2016           |
| <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: 30<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1000.00</span> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶     |

|   |   |
|---|---|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶   | <span style="border: 1px solid black; padding: 2px;">2000.00</span> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶ | <span style="border: 1px solid black; padding: 2px;"> </span>       |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                  | <span style="border: 1px solid black; padding: 2px;"> </span>       |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ron Rees [Electronically Filed]

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y  
05 / 10 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |   |
|--|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Appalachian Community Action Political Action Committee</b>  |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> C00412213       </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |   |

|   |                             |  |   |
|---|-----------------------------|--|---|
| Full Name of Payee<br><b>FRIENDS OF RYAN SMITH</b> <input type="checkbox"/> Memo Item |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>01 / 20 / 2016</b> |   |
| Mailing Address<br>1661 Kemper Hollow Road  |                             | Amount<br><b>1000.00</b>   |   |
| City<br>Gallipolis  | State<br>OH                 | Zip Code<br>45631  | <b>Transaction ID : SE.10736</b>  |
| Purpose of Expenditure<br>CK#1765   | Category/Type<br><b>011</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>01 / 20 / 2016</b>        |   |
| Name of Federal Candidate<br>RYAN SMITH   |                             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose       | Office Sought: <input checked="" type="checkbox"/> House    District: <u>93</u><br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>OH</u> |
| Calendar Year-To-Date<br>Per Election for Office Sought                               |                             | <b>1000.00</b>   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                              |

|   |               |   |  |
|---|---------------|---|--|
| Full Name of Payee<br>                                  |               | Date of Public Distribution/Dissemination<br>MM / DD / YYYY         |  |
| Mailing Address   |               | Amount  |  |
| City  | State         | Zip Code  | Date of Disbursement or Obligation<br>MM / DD / YYYY   |
| Purpose of Expenditure                                  | Category/Type | MM / DD / YYYY  |  |
| Name of Federal Candidate                               |               | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House    District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____ |
| Calendar Year-To-Date<br>Per Election for Office Sought |               |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                      |

|  |                |
|--|----------------|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <b>1000.00</b> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |                |
| <b>(c) TOTAL</b> Independent Expenditures..... ▶                   | <b>3000.00</b> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ron Rees*
[Electronically Filed]
Date

Signature \_\_\_\_\_ Date MM / DD / YYYY  
**05 / 10 / 2016**