

**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

AMERICAN COURAGE

ADDRESS (number and street)

20423 STATE ROAD 7

SUITE F-18

☐ Check if different than previously reported. (ACC)

BOCA RATON

FL

33498

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00508226

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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

☐ POST-Election  
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
07 01 2012

through

M M M / D D D / Y Y Y Y Y Y  
09 30 2012

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 Richard Kwal

Signature of Treasurer

Richard Kwal

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
10 12 2012

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN COURAGE

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
07		01		2012

To:

M M	/	D D	/	Y Y Y Y Y
09		30		2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2012</div></div>		<div><div></div><div>25230.97</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>30275.81</div></div>	
(c) Total Receipts (from Line 19) .....	<div><div></div><div>2750.00</div></div>	<div><div></div><div>57213.03</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>33025.81</div></div>	<div><div></div><div>82444.00</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>7083.84</div></div>	<div><div></div><div>56502.03</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div><div></div><div>25941.97</div></div>	<div><div></div><div>25941.97</div></div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	



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)

Page 3

Write or Type Committee Name

**AMERICAN COURAGE**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
07	/	01	/	2012

To:

M M	/	D D	/	Y Y Y Y
09	/	30	/	2012

**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).....

2600.00

45400.00

(ii) Unitemized .....

150.00

3375.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

2750.00

48775.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

5000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

2750.00

53775.00

## 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

3438.03

## 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))..... ►

2750.00

57213.03

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

2750.00

57213.03

**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 .....	1083.84	39064.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1083.84	39064.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	17438.03
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)) ..	7083.84	56502.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7083.84	56502.03

**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) .....	2750.00	53775.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2750.00	53775.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	1083.84	39064.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	1083.84	39064.00

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

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

FOR LINE NUMBER: PAGE 6 OF 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

Full Name (Last, First, Middle Initial)

**A. Michael M. Ambach**

Mailing Address 21218 St. Andrews Boulevard  
 #414

City State Zip Code  
 Boca Raton FL 33433

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Compass Health

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 14 2012

Transaction ID : SA11AI.4348

Amount of Each Receipt this Period

1000.00

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

Galvan Messick, LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 11 2012

Transaction ID : SA11AI.4334

Amount of Each Receipt this Period

100.00

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

Galvan Messick, LLP

Occupation

Attorney

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  
 08 09 2012

Transaction ID : SA11AI.4343

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1200.00

# **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 10

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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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  
 Galvan Messick, LLP

Occupation  
 Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2012

Transaction ID : SA11AI.4356

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. Ronald E. Hawk**

Mailing Address 2626 Hampton Circle North

City State Zip Code  
 Delray Beach FL 33445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Blosser Cuomo Hawk & Royal

Occupation  
 Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2012

Transaction ID : SA11AI.4332

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **C. James K. Jones**

Mailing Address 23 Shorewood Way

City State Zip Code  
 Jupiter FL 33458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Doctors Choice, Inc.

Occupation  
 President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2012

Transaction ID : SA11AI.4355

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1400.00

2600.00

# **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)

PAGE 8 OF 10

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

Full Name (Last, First, Middle Initial)

## **A. BB&T**

Mailing Address 1909 K Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement  
credit card processing fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2012

**Transaction ID : SB21B.4346**

Amount of Each Disbursement this Period

14.71

Full Name (Last, First, Middle Initial)

## **B. Real Payment Solutions**

Mailing Address 3207 NW 23rd Terrace

City Boca Raton State FL Zip Code 33431

Purpose of Disbursement  
credit card processing fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 12 / 2012

**Transaction ID : SB21B.4331**

Amount of Each Disbursement this Period

8.64

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 processing fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 03 / 2012

**Transaction ID : SB21B.4335**

Amount of Each Disbursement this Period

33.50

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

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

56.85



<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

NAME OF COMMITTEE (In Full)  
AMERICAN COURAGE

### A. Real Payment Solutions

Age Group	Percentage
18-24	45.59
25-34	38.21
35-44	31.83
45-54	25.45
55-64	19.07
65-74	12.69
75+	6.31

State:  District:

### B. Real Payment Solutions

MM / DD / YYYY

36.30

State:  District:

### C. RNF Technologies

09 / 06 / 2012


749.00

State:  District:

830.89

887.74

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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

Full Name (Last, First, Middle Initial)

**A. ADAM HASNER FOR US HOUSE**

Mailing Address PO BOX 276093

City	State	Zip Code
BOCA RATON	FL	33427

Purpose of Disbursement  
contribution

Candidate Name

**ADAM HASNER**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2012

**Transaction ID : SB23.4341**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. ADAM HASNER FOR US HOUSE**

Mailing Address PO BOX 276093

City	State	Zip Code
BOCA RATON	FL	33427

Purpose of Disbursement  
contribution

Candidate Name

**ADAM HASNER**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2012

**Transaction ID : SB23.4342**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. ROMNEY VICTORY INC**

Mailing Address 585 COMMERCIAL STREET

City	State	Zip Code
BOSTON	MA	02109

Purpose of Disbursement  
contribution

Candidate Name

**MITT ROMNEY**Office Sought: ☐ House  
☐ Senate  
☒ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2012

**Transaction ID : SB23.4336**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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6000.00
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