



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**AMERICAN COALITION FOR INJURED VETERANS PAC**

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="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7859.33"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="358218.58"/>	<input type="text" value="522061.86"/>
(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="366077.91"/>	<input type="text" value="522061.86"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="345950.71"/>	<input type="text" value="501934.66"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="20127.20"/>	<input type="text" value="20127.20"/>
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 COALITION FOR INJURED VETERANS PAC**

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).....	4450.00	7750.00
(ii) Unitemized .....	353768.58	514311.86
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	358218.58	522061.86
(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) .....	358218.58	522061.86
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)).....▶	358218.58	522061.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	358218.58	522061.86

**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 .....	322650.71	470634.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	322650.71	470634.66
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) .....	23300.00	31300.00
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).....	0.00	0.00
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)) ..	345950.71	501934.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	345950.71	501934.66

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	358218.58	522061.86
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	358218.58	522061.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	322650.71	470634.66
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	322650.71	470634.66

: 97 `A -G79 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFH`ZG7 <98I @ `CF `H9A -N5 H-CB

Form/Schedule: F3XN  
Transaction ID :

Our PAC makes its best efforts to collect required record keeping information for individuals who have contributed more than \$200 in a calendar year. All original solicitation contain a clear and conspicuous request for the required contributor information on reply materials with the required explanatory statement. If the information is not provided to the Committee, then we will follow up by sending a letter to the donor within 30 days of the donation requesting the missing information. This letter is sent by itself with no solicitation. It clearly requests the missing information, informs the donor that federal law requires that we report this information and includes a return envelope. We then make sure to update the records and report any additional information to the Commission prior to our next reporting date, or as memo entries in the next regularly scheduled report. For reporting purposes we have used the term "Donor Outreach" on our Schedule B supporting line 21(b). We have contracted multiple companies to provide "Donor Outreach" services for us. "DonorOutreach" services include but are not limited to FUNDRAISING ACTIVITIES, DONOR DATABASE MANAGEMENT, CAGING AND ESROW, DIRECT MAIL SERVICES, Letterhead/Envelopes/Stationary and List Acquisition

Form/Schedule:  
Transaction ID:

**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 21
	<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 COALITION FOR INJURED VETERANS PAC**

**A. ANDERSON, DANA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 337 MOUNT LEBANON CHURCH RD  
 City GREER State SC Zip Code 29651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFO REQ PER BEST EFFORTS Occupation (for Individual) INFO REQ PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 13 / 2018  
**Transaction ID : SA11AI.4242**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. BRAUN, CHRISTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10402 DOCKSIDER DR W  
 City JACKSONVILLE State FL Zip Code 32257  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CONTROLLER Occupation (for Individual) LANAR HOME  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 26 / 2018  
**Transaction ID : SA11AI.4237**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. BYERLY, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 224 37TH ST  
 City AVALON State NJ Zip Code 08202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFO REQ PER BEST EFFORTS Occupation (for Individual) INFO REQ PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 06 / 2018  
**Transaction ID : SA11AI.4266**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<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 8 OF 21
	<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	

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NAME OF COMMITTEE (In Full)  
**AMERICAN COALITION FOR INJURED VETERANS PAC**

**A. CHRISTENSEN, KREG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2300 N HIGHWAY 89 N9  
 City OGDEN State UT Zip Code 84404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFO REQ PER BEST EFFORTS Occupation (for Individual) INFO REQ PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 10 / 2018  
**Transaction ID : SA11AI.4253**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. COVERT, MARGARET, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1711 COBBLESTONE BLVD  
 City ELKHART State IN Zip Code 46514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEMBER Occupation (for Individual) COMMUNITY FOUNDATION OF ELKHART  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 14 / 2018  
**Transaction ID : SA11AI.4255**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. HAMILTON, ANITA J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 425 WORTH AVE APT 5E  
 City PALM BEACH State FL Zip Code 33480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNEMPLOYED Occupation (for Individual) UNEMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 26 / 2018  
**Transaction ID : SA11AI.4234**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1150.00
<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 9 OF 21
<input checked="" 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 type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN COALITION FOR INJURED VETERANS PAC**

**A. HEADLEE, DOLORES D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13619 RYTON RIDGE LN  
 City GAINESVILLE State VA Zip Code 20155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFO REQ PER BEST EFFORTS Occupation (for Individual) INFO REQ PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 03 / 2018**  
**Transaction ID : SA11AI.4244**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. LAYMAN, RETHA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2714 DELANO AVE  
 City MIDLAND State TX Zip Code 79701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cashier Occupation (for Individual) Cracker Barrel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 23 / 2018**  
**Transaction ID : SA11AI.4264**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. MANN, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 131 HOWARD RD  
 City FARMINGTON State PA Zip Code 15437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt **09 / 06 / 2018**  
**Transaction ID : SA11AI.4246**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<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 21
	<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	

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NAME OF COMMITTEE (In Full)  
**AMERICAN COALITION FOR INJURED VETERANS PAC**

**A. MOLDEN, MICHAEL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4253 MASSABIELLE DR

City SAINT LOUIS	State MO	Zip Code 63129
---------------------	-------------	-------------------

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

Name of Employer (for Individual) LEGAL ADMIN SPECIALIST	Occupation (for Individual) VETERAN'S AFFAIRS
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2018

**Transaction ID : SA11AI.4257**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. ORTEGA, ESTEBAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12335 RIO OSO RD

City AUBURN	State CA	Zip Code 95602
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFO REQ PER BEST EFFORTS	Occupation (for Individual) INFO REQ PER BEST EFFORTS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

**Transaction ID : SA11AI.4248**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. SAMPSON, DALE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 308 GARFIELD ST

City AMERICAN FALLS	State ID	Zip Code 83211
------------------------	-------------	-------------------

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

Name of Employer (for Individual) maintenance supervisor	Occupation (for Individual) floor idaho
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2018

**Transaction ID : SA11AI.4240**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<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 21
	<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	

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NAME OF COMMITTEE (In Full)  
**AMERICAN COALITION FOR INJURED VETERANS PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
THOMAS, JUDITH A, , ,

Mailing Address 13300 TWIN HILLS DR APT 46D

City SEAL BEACH	State CA	Zip Code 90740
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

**Transaction ID : SA11AI.4251**

Amount of Each Receipt this Period  
300.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
WICKHAM, RANDY, , ,

Mailing Address 2100 E HIGH ST APT 6M

City SPRINGFIELD	State OH	Zip Code 45505
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

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
09		06		2018

**Transaction ID : SA11AI.4262**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	4450.00

**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"/> 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 COALITION FOR INJURED VETERANS PAC**

Full Name (Last, First, Middle Initial) <b>A. Action Committee Marketing LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2018
Mailing Address 698 Old Commons Dr		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4268</b> Amount of Each Disbursement this Period [ ] 1861.80
City Greenwood	State IN	Zip Code 46142
Purpose of Disbursement Donor Outreach		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>B. Action Committee Marketing LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2018
Mailing Address 698 Old Commons Dr		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4269</b> Amount of Each Disbursement this Period [ ] 3932.40
City Greenwood	State IN	Zip Code 46142
Purpose of Disbursement Donor Outreach		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>C. American Public Resource LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2018
Mailing Address 3855 S. 500 West, Ste D		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4271</b> Amount of Each Disbursement this Period [ ] 2961.55
City South Salt Lake	State UT	Zip Code 84115
Purpose of Disbursement Donor Outreach		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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 8755.75
<b>TOTAL</b> 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"/> 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 COALITION FOR INJURED VETERANS PAC**

Full Name (Last, First, Middle Initial)

**A. American Public Resource LLC**

Mailing Address 3855 S. 500 West, Ste D

City  
South Salt Lake

State  
UT

Zip Code  
84115

Purpose of Disbursement  
Donor Outreach

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	8

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.4272**  
Amount of Each Disbursement this Period  
[ ] 6859.80 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Public Resource LLC**

Mailing Address 3855 S. 500 West, Ste D

City  
South Salt Lake

State  
UT

Zip Code  
84115

Purpose of Disbursement  
Donor Outreach

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	8

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.4273**  
Amount of Each Disbursement this Period  
[ ] 8653.43 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C. COMMUNITY GROWTH COUNCIL**

Mailing Address 13635 WEST OLD OAK LANE

City  
NEW BERLIN

State  
WI

Zip Code  
53151

Purpose of Disbursement  
Donor Outreach

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	8

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.4276**  
Amount of Each Disbursement this Period  
[ ] 1264.87 [ ]

Memo Item

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

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

1	6	7	7	8	.	1	0
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**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"/> 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 COALITION FOR INJURED VETERANS PAC**

Full Name (Last, First, Middle Initial)

**A. GSI, INC**

Mailing Address 6655 Chicago Rd, Suite 9

City Warren State MI Zip Code 48092

Purpose of Disbursement Donor Outreach

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.4277  
Amount of Each Disbursement this Period  
5600.10

Memo Item

Full Name (Last, First, Middle Initial)

**B. GSI, INC**

Mailing Address 6655 Chicago Rd, Suite 9

City Warren State MI Zip Code 48092

Purpose of Disbursement Donor Outreach

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.4278  
Amount of Each Disbursement this Period  
1427.44

Memo Item

Full Name (Last, First, Middle Initial)

**C. GSI, INC**

Mailing Address 6655 Chicago Rd, Suite 9

City Warren State MI Zip Code 48092

Purpose of Disbursement Donor Outreach

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.4279  
Amount of Each Disbursement this Period  
1527.78

Memo Item

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

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

8555.32

**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"/> 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 COALITION FOR INJURED VETERANS PAC**

Full Name (Last, First, Middle Initial) <b>A. LIFELINE SERVICES, INC</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2018	
Mailing Address 5622 Marine Parkway, Suite 9		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4280</b> Amount of Each Disbursement this Period 9602.90	
City New Port Richey	State FL	Zip Code 34652	Category/ Type [ ]
Purpose of Disbursement Donor Outreach		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. LIFELINE SERVICES, INC</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2018	
Mailing Address 5622 Marine Parkway, Suite 9		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4281</b> Amount of Each Disbursement this Period 3063.14	
City New Port Richey	State FL	Zip Code 34652	Category/ Type [ ]
Purpose of Disbursement Donor Outreach		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. LIFELINE SERVICES, INC</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2018	
Mailing Address 5622 Marine Parkway, Suite 9		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4282</b> Amount of Each Disbursement this Period 292.00	
City New Port Richey	State FL	Zip Code 34652	Category/ Type [ ]
Purpose of Disbursement Donor Outreach		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	12958.04
<b>TOTAL</b> 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"/> 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 COALITION FOR INJURED VETERANS PAC**

Full Name (Last, First, Middle Initial)

**A. MARKET PROCESS GROUP**

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City Washington State DC Zip Code 20036

Purpose of Disbursement Donor Outreach

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.4283  
Amount of Each Disbursement this Period  
37598.58

Memo Item

Full Name (Last, First, Middle Initial)

**B. MARKET PROCESS GROUP**

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City Washington State DC Zip Code 20036

Purpose of Disbursement Donor Outreach

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.4284  
Amount of Each Disbursement this Period  
27708.73

Memo Item

Full Name (Last, First, Middle Initial)

**C. MARKET PROCESS GROUP**

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City Washington State DC Zip Code 20036

Purpose of Disbursement Donor Outreach

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.4285  
Amount of Each Disbursement this Period  
23128.47

Memo Item

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

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

88435.78



**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"/> 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 COALITION FOR INJURED VETERANS PAC**

Full Name (Last, First, Middle Initial)

**A. OSI**

Mailing Address 1629 K ST. N.W.

City  
WASHINGTON

State  
DC

Zip Code  
20006

Purpose of Disbursement  
rent

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2018

FEC Identification Number

C  
Transaction ID : **SB21B.4286**  
Amount of Each Disbursement this Period  
179.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. OSI**

Mailing Address 1629 K ST. N.W.

City  
WASHINGTON

State  
DC

Zip Code  
20006

Purpose of Disbursement  
rent

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

MM / DD / YYYY  
08 / 01 / 2018

FEC Identification Number

C  
Transaction ID : **SB21B.4287**  
Amount of Each Disbursement this Period  
75.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Politicause LLC**

Mailing Address 204 W. Spear St #3719

City  
Carson City

State  
NV

Zip Code  
89703

Purpose of Disbursement  
Donor Outreach

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2018

FEC Identification Number

C  
Transaction ID : **SB21B.4288**  
Amount of Each Disbursement this Period  
53076.13

Memo Item

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

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

53330.13

**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"/> 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 COALITION FOR INJURED VETERANS PAC**

Full Name (Last, First, Middle Initial) <b>A. Politicause LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2018	
Mailing Address 204 W. Spear St #3719		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4289</b> Amount of Each Disbursement this Period 46130.83	
City Carson City	State NV	Zip Code 89703	Category/ Type
Purpose of Disbursement Donor Outreach		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Politicause LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2018	
Mailing Address 204 W. Spear St #3719		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4290</b> Amount of Each Disbursement this Period 83441.15	
City Carson City	State NV	Zip Code 89703	Category/ Type
Purpose of Disbursement Donor Outreach		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. PREMIER CALLING, INC</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2018	
Mailing Address 10432 US HWY 19		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4291</b> Amount of Each Disbursement this Period 3909.61	
City Port Richey	State FL	Zip Code 34668	Category/ Type
Purpose of Disbursement Donor Outreach		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

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

133481.59

**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"/> 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 COALITION FOR INJURED VETERANS PAC**

Full Name (Last, First, Middle Initial) <b>A. PREMIER CALLING, INC</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2018	
Mailing Address 10432 US HWY 19		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4292</b> Amount of Each Disbursement this Period [ ] 252.00	
City Port Richey	State FL	Zip Code 34668	Category/ Type [ ]
Purpose of Disbursement Donor Outreach		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. PREMIER CALLING, INC</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2018	
Mailing Address 10432 US HWY 19		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4293</b> Amount of Each Disbursement this Period [ ] 36.00	
City Port Richey	State FL	Zip Code 34668	Category/ Type [ ]
Purpose of Disbursement Donor Outreach		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

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

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

[ ] 288.00

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

[ ] 322582.71

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICAN COALITION FOR INJURED VETERANS PAC
FEC IDENTIFICATION NUMBER
C C00664128

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee Tampa Media Marketing
Mailing Address 7320 E Fletcher Ave
City Tampa State FL Zip Code 33637
Purpose of Expenditure Advertising - Radio
Category/Type 004
Name of Federal Candidate: MALONEY, CAROLYN, ,
Support Oppose
Office Sought: House District: 12
President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 7900.00
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee Tampa Media Marketing
Mailing Address 7320 E Fletcher Ave
City Tampa State FL Zip Code 33637
Purpose of Expenditure Advertising - Radio
Category/Type 004
Name of Federal Candidate: MAST, BRIAN, ,
Support Oppose
Office Sought: House District: 18
President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 8400.00
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 16300.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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.

Bass, Zachary, , [Electronically Filed] Date 10 / 05 / 2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICAN COALITION FOR INJURED VETERANS PAC
FEC IDENTIFICATION NUMBER
C C00664128

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee Tampa Media Marketing
Mailing Address 7320 E Fletcher Ave
City Tampa State FL Zip Code 33637
Purpose of Expenditure Advertising - Radio
Category/Type 004
Name of Federal Candidate: COLVIN, JESSE, ,
Support Oppose
Office Sought: House District: 01
President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 2000.00
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee Tampa Media Marketing
Mailing Address 7320 E Fletcher Ave
City Tampa State FL Zip Code 33637
Purpose of Expenditure Advertising - Radio
Category/Type 004
Name of Federal Candidate: KOPSER, JOSEPH, ,
Support Oppose
Office Sought: House District: 21
President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 5000.00
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 7000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 23300.00

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.

Bass, Zachary, , [Electronically Filed] Date 10 / 05 / 2018
Signature