

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
AG AMERICA

ADDRESS (number and street) **PO Box 3479**
 Check if different than previously reported. (ACC) **Glen Allen VA 23058**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00567560 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / 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.
Sechrist, Erica, Ann, ,
Type or Print Name of Treasurer

Signature of Treasurer Sechrist, Erica, Ann, , [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

AG AMERICA

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text"/>	<input type="text" value="1885.78"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="17046.02"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="118905.00"/>	<input type="text" value="338287.00"/>
(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="135951.02"/>	<input type="text" value="340172.78"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="132787.11"/>	<input type="text" value="337008.87"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3163.91"/>	<input type="text" value="3163.91"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="130856.56"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

AG AMERICA

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	118905.00	338287.00
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)).....▶	118905.00	338287.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	118905.00	338287.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	132787.11	337008.87
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)) ..	132787.11	337008.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	132787.11	337008.87

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 43
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
AG AMERICA

A. American Farm Bureau Federation
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 600 Maryland Ave., SW
City Washington State DC Zip Code 20024
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 ▼ 5496.00

Date of Receipt 07 / 31 / 2017
Transaction ID : SA17.4919
Amount of Each Receipt this Period 197.00
 Memo Item
Non-Contribution Account

B. American Seed Trade Association
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1701 Duke Street, Ste 275
City Alexandria State VA Zip Code 22314
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 ▼ 5496.00

Date of Receipt 07 / 31 / 2017
Transaction ID : SA17.4921
Amount of Each Receipt this Period 197.00
 Memo Item
Non-Contribution Account

C. American Seed Trade Association
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1701 Duke Street, Ste 275
City Alexandria State VA Zip Code 22314
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 ▼ 5793.00

Date of Receipt 08 / 31 / 2017
Transaction ID : SA17.4927
Amount of Each Receipt this Period 297.00
 Memo Item
Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ▶ 691.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 43
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AG AMERICA

A. American Seed Trade Association

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

Mailing Address 1701 Duke Street, Ste 275

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

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 ▼
10793.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2017

Transaction ID : SA17.4899

Amount of Each Receipt this Period
5000.00

Memo Item
Non-Contribution Account

B. Archer Daniels Midland Company

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

Mailing Address Box 1470

City Decatur	State IL	Zip Code 62525
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10496.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2017

Transaction ID : SA17.4924

Amount of Each Receipt this Period
197.00

Memo Item
Non-Contribution Account

C. Basu Strategies Inc.

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

Mailing Address 6208 Oscar Ct.
Suite B900

City Woodbridge	State VA	Zip Code 22193
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2017

Transaction ID : SA17.4918

Amount of Each Receipt this Period
2500.00

Memo Item
Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	7697.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 43
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AG AMERICA

A. Biotechnology Innovation Organization

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

Mailing Address 1201 Maryland Ave., SW
Suite 900

City Washington State DC Zip Code 20024

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 ▼ 6799.00

Date of Receipt: 08 / 07 / 2017
Transaction ID : SA17.4901

Amount of Each Receipt this Period: 1500.00

Memo Item
Non-Contribution Account

B. Center for Consumer Freedom

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

Mailing Address PO Box 34557

City Washington State DC Zip Code 20043

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 ▼ 297.00

Date of Receipt: 09 / 30 / 2017
Transaction ID : SA17.4935

Amount of Each Receipt this Period: 297.00

Memo Item
Non-Contribution Account

C. Corn Refiners Association

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

Mailing Address 1701 Pennsylvania Avenue, NW
Ste. 950

City Washington State DC Zip Code 20006

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 5596.00

Date of Receipt: 09 / 30 / 2017
Transaction ID : SA17.4933

Amount of Each Receipt this Period: 297.00

Memo Item
Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....▶ 2094.00

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 43
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AG AMERICA

A. Dow AgroSciences, LLC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9330 Zionsville Road

City Indianapolis	State IN	Zip Code 46268
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
596.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

Transaction ID : SA17.4936

Amount of Each Receipt this Period
297.00

Memo Item
Non-Contribution Account

B. Grocery Manufacturers Association
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1350 I Street, NW #300

City Washington	State DC	Zip Code 20005
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15297.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

Transaction ID : SA17.4934

Amount of Each Receipt this Period
297.00

Memo Item
Non-Contribution Account

C. International Association of Fairs and Expositions
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3043 E Cairo Street

City Springfield	State MO	Zip Code 65802
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2017

Transaction ID : SA17.4902

Amount of Each Receipt this Period
1500.00

Memo Item
Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	2094.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 43
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AG AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Iowa Ethanol Producers Assoc.		Date of Receipt
Mailing Address 2601 320th Street		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2017"/>
City Jewell	State IA	Zip Code 50130
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.4912
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Iowa Farm Bureau Federation		Date of Receipt
Mailing Address 5400 University Avenue		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2017"/>
City West Des Moines	State IA	Zip Code 50266
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.4910
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Iowa Renewable Fuels Association		Date of Receipt
Mailing Address 5505 NW 88th Street, #100		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2017"/>
City Johnston	State IA	Zip Code 50131
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.4905
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="1500.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="9000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 43
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AG AMERICA

A. Iowa Soybean Association
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1255 SW Prairie Trail Parkway

City Ankeny State IA Zip Code 50023

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2017

Transaction ID : SA17.4916

Amount of Each Receipt this Period
1500.00

Memo Item
Non-Contribution Account

B. Irrigation Association
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8280 Willow Oaks Corp. Drive Suite 400

City Fairfax State VA Zip Code 22031

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 ▼
5000.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2017

Transaction ID : SA17.4893

Amount of Each Receipt this Period
5000.00

Memo Item
Non-Contribution Account

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

Mailing Address 800 N. Lindbergh

City Creve Couer State MO Zip Code 63167

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 ▼
596.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2017

Transaction ID : SA17.4932

Amount of Each Receipt this Period
297.00

Memo Item
Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ▶ 6797.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 43
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AG AMERICA

A. Monsanto Company
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 N. Lindbergh

City Creve Couer	State MO	Zip Code 63167
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2096.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2017

Transaction ID : SA17.4908

Amount of Each Receipt this Period
1500.00

Memo Item
Non-Contribution Account

B. Monsanto Company
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 N. Lindbergh

City Creve Couer	State MO	Zip Code 63167
---------------------	-------------	-------------------

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 ▼
17096.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2017

Transaction ID : SA17.4900

Amount of Each Receipt this Period
15000.00

Memo Item
Non-Contribution Account

C. National Pork Producers Council
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 10383

City Des Moines	State IA	Zip Code 50306
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2017

Transaction ID : SA17.4914

Amount of Each Receipt this Period
1500.00

Memo Item
Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	18000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 43
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AG AMERICA

A. Publix Super Markets, Inc.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 407
 City Lakeland State FL Zip Code 33802
 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 ▼ 50000.00

Date of Receipt **08 / 07 / 2017**
Transaction ID : SA17.4892
 Amount of Each Receipt this Period 50000.00
 Memo Item
 Non-Contribution Account

B. Sanderson Farms, Inc.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 988
 City Laurel State MS Zip Code 39441
 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 ▼ 15000.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : SA17.4897
 Amount of Each Receipt this Period 15000.00
 Memo Item
 Non-Contribution Account

C. States Strategies
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 953
 City Occoquan State VA Zip Code 22125
 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 ▼ 596.00

Date of Receipt **10 / 31 / 2017**
Transaction ID : SA17.4939
 Amount of Each Receipt this Period 297.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	65297.00
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 14 OF 43
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AG AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Syngenta Crop Protection, LLC		Date of Receipt
Mailing Address SN630000 PO Box 18300		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City Greensboro	State NC	Zip Code 27419
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.4920
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="197.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5496.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Syngenta Crop Protection, LLC		Date of Receipt
Mailing Address SN630000 PO Box 18300		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City Greensboro	State NC	Zip Code 27419
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.4929
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="197.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5693.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Vote Hemp, Inc.		Date of Receipt
Mailing Address PO Box 862		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2017"/>
City Bedford	State MA	Zip Code 01730
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.4894
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="5394.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

**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 15 OF 43
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AG AMERICA

A. World Food Prize Organization

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

Mailing Address 666 Grand Avenue
1700 Ruan Center

City Des Moines State IA Zip Code 50309

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 ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 18 / 2017

Transaction ID : SA17.5021

Amount of Each Receipt this Period
1250.00

Memo Item
Non-Contribution Account

B.

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	118314.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

Full Name (Last, First, Middle Initial) A. ABM Parking		Date of Disbursement MM / DD / YYYY 08 / 16 / 2017
Mailing Address 4801 Abbot Drive		FEC Identification Number C [] Transaction ID : SB29.5025 Amount of Each Disbursement this Period [] 94.00
City Omaha	State NE	Zip Code 68110
Purpose of Disbursement 001, Travel Expense, Non-Contribution Account		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. AC Hotel Des Moines E Village		Date of Disbursement MM / DD / YYYY 12 / 07 / 2017
Mailing Address 401 E Grand Avenue		FEC Identification Number C [] Transaction ID : SB29.5040 Amount of Each Disbursement this Period [] 211.68
City Des Moines	State IA	Zip Code 50309
Purpose of Disbursement 002, Travel Expense, Non-Contribution Account		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Adams, Jamie, Clover, ,		Date of Disbursement MM / DD / YYYY 11 / 15 / 2017
Mailing Address 3565 Wynbrooke Drive		FEC Identification Number C [] Transaction ID : SB29.5000 Amount of Each Disbursement this Period [] 666.76
City Lansing	State MI	Zip Code 48906
Purpose of Disbursement Travel Expense Reimbursement, Non-Contribution Account		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

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

[] 666.76
[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

A. Crowne Plaza - Indianapolis

Full Name (Last, First, Middle Initial)

Mailing Address 123 West Louisiana Street

City Indianapolis State IN Zip Code 46225

Purpose of Disbursement
Travel Expense, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 15 / 2017

FEC Identification Number: C
Transaction ID : SB29.5000.0
Amount of Each Disbursement this Period: 666.76

Memo Item

B. American Airlines

Full Name (Last, First, Middle Initial)

Mailing Address 4255 Amon Carter Blvd.

City Fort Worth State TX Zip Code 76155

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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 16 / 2017

FEC Identification Number: C
Transaction ID : SB29.5026
Amount of Each Disbursement this Period: 647.36

Memo Item

C. American Airlines

Full Name (Last, First, Middle Initial)

Mailing Address 4255 Amon Carter Blvd.

City Fort Worth State TX Zip Code 76155

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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 07 / 2017

FEC Identification Number: C
Transaction ID : SB29.5043
Amount of Each Disbursement this Period: 420.55

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement MM / DD / YYYY 08 / 16 / 2017
Mailing Address PO Box 650448		FEC Identification Number C Transaction ID : SB29.4957 Amount of Each Disbursement this Period 14325.00
City Dallas	State TX	
Zip Code 75265		Memo Item <input type="checkbox"/>
Purpose of Disbursement Credit Card Payment, Non-Contribution Account, See Itemization, 001		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement MM / DD / YYYY 09 / 04 / 2017
Mailing Address PO Box 650448		FEC Identification Number C Transaction ID : SB29.5033 Amount of Each Disbursement this Period 38.00
City Dallas	State TX	
Zip Code 75265		Memo Item <input type="checkbox"/>
Purpose of Disbursement Credit Card Payment, Non-Contribution Account		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. American Express		Date of Disbursement MM / DD / YYYY 09 / 04 / 2017
Mailing Address PO Box 650448		FEC Identification Number C Transaction ID : SB29.5033.0 Amount of Each Disbursement this Period 38.00
City Dallas	State TX	
Zip Code 75265		Memo Item <input checked="" type="checkbox"/>
Purpose of Disbursement Finance Charge, Non-Contribution Account		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	14363.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

A. American Express

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 650448

City Dallas State TX Zip Code 75265

Purpose of Disbursement
Credit Card Payment, Non-Contribution Account, See Itemization, 002

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 07 / 2017

FEC Identification Number: C

Transaction ID : **SB29.5035**

Amount of Each Disbursement this Period: 2500.00

Memo Item

B. Baise, Gary, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2201 Great Falls Street

City Falls Church State VA Zip Code 22043

Purpose of Disbursement
Travel Expense Reimbursement, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 07 / 2017

FEC Identification Number: C

Transaction ID : **SB29.5006**

Amount of Each Disbursement this Period: 463.02

Memo Item

C. Southwest Air

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 36647-1CR

City Dallas State TX Zip Code 75235

Purpose of Disbursement
Travel Expense, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 07 / 2017

FEC Identification Number: C

Transaction ID : **SB29.5006.0**

Amount of Each Disbursement this Period: 378.06

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2963.02

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

Full Name (Last, First, Middle Initial) A. Blue Wave		Date of Disbursement MM / DD / YYYY 07 / 11 / 2017
Mailing Address 3008 N 161st Terrace		FEC Identification Number C [] Transaction ID : SB29.4941 Amount of Each Disbursement this Period [] 10500.00
City Omaha	State NE	Zip Code 68116
Purpose of Disbursement Campaign Mgmt. & Consulting, Non-Contribution Account		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Blue Wave		Date of Disbursement MM / DD / YYYY 08 / 16 / 2017
Mailing Address 3008 N 161st Terrace		FEC Identification Number C [] Transaction ID : SB29.4958 Amount of Each Disbursement this Period [] 14000.00
City Omaha	State NE	Zip Code 68116
Purpose of Disbursement Campaign Mgmt. & Consulting, Non-Contribution Account		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Blue Wave		Date of Disbursement MM / DD / YYYY 10 / 27 / 2017
Mailing Address 3008 N 161st Terrace		FEC Identification Number C [] Transaction ID : SB29.4984 Amount of Each Disbursement this Period [] 5000.00
City Omaha	State NE	Zip Code 68116
Purpose of Disbursement Campaign Mgmt. & Consulting, Non-Contribution Account		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 29500.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

A. Blue Wave

Full Name (Last, First, Middle Initial)

Mailing Address 3008 N 161st Terrace

City Omaha State NE Zip Code 68116

Purpose of Disbursement Campaign Mgmt. & Consulting, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
11 / 22 / 2017

FEC Identification Number: C

Transaction ID : SB29.5003

Amount of Each Disbursement this Period: 10500.00

Memo Item

B. Caleb Consulting

Full Name (Last, First, Middle Initial)

Mailing Address 1105 Havre Lafitte Dr.

City Austin State TX Zip Code 78746

Purpose of Disbursement Political Strategy Consulting, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
08 / 16 / 2017

FEC Identification Number: C

Transaction ID : SB29.4959

Amount of Each Disbursement this Period: 7083.33

Memo Item

C. Caleb Consulting

Full Name (Last, First, Middle Initial)

Mailing Address 1105 Havre Lafitte Dr.

City Austin State TX Zip Code 78746

Purpose of Disbursement Political Strategy Consulting, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
08 / 16 / 2017

FEC Identification Number: C

Transaction ID : SB29.4960

Amount of Each Disbursement this Period: 7083.33

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 24666.66

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

A. Caleb Consulting

Full Name (Last, First, Middle Initial)

Mailing Address 1105 Havre Lafitte Dr.

City Austin State TX Zip Code 78746

Purpose of Disbursement Political Strategy Consulting, Non-Contribution Account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 27 / 2017

FEC Identification Number: C

Transaction ID : SB29.4985

Amount of Each Disbursement this Period: 5000.00

Memo Item

B. Clark, Kimmie, Lewis, ,

Full Name (Last, First, Middle Initial)

Mailing Address 43200 Highway 109

City La Junta State CO Zip Code 81050

Purpose of Disbursement Travel Expense Reimbursement., Non-Contribution Account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 08 / 2017

FEC Identification Number: C

Transaction ID : SB29.4965

Amount of Each Disbursement this Period: 228.98

Memo Item

C. Southwest Air

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 36647-1CR

City Dallas State TX Zip Code 75235

Purpose of Disbursement Travel Expense, Non-Contribution Account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 08 / 2017

FEC Identification Number: C

Transaction ID : SB29.4965.0

Amount of Each Disbursement this Period: 228.98

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5228.98

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement MM / DD / YYYY 07 / 12 / 2017
Mailing Address 1593 Spring Hill Rd. Suite 400		FEC Identification Number C [REDACTED] Transaction ID : SB29.4948
City Tysons Corner	State VA	Zip Code 22182
Purpose of Disbursement Database, Non-Contribution Account		Amount of Each Disbursement this Period [REDACTED] 250.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement MM / DD / YYYY 08 / 11 / 2017
Mailing Address 1593 Spring Hill Rd. Suite 400		FEC Identification Number C [REDACTED] Transaction ID : SB29.4956
City Tysons Corner	State VA	Zip Code 22182
Purpose of Disbursement Database, Non-Contribution Account		Amount of Each Disbursement this Period [REDACTED] 250.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement MM / DD / YYYY 09 / 13 / 2017
Mailing Address 1593 Spring Hill Rd. Suite 400		FEC Identification Number C [REDACTED] Transaction ID : SB29.4976
City Tysons Corner	State VA	Zip Code 22182
Purpose of Disbursement Database, Non-Contribution Account		Amount of Each Disbursement this Period [REDACTED] 250.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 750.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
AG AMERICA

A. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 Spring Hill Rd.
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement Database, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 12 / 2017

FEC Identification Number: C

Transaction ID : **SB29.4982**

Amount of Each Disbursement this Period: 250.00

Memo Item

B. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 Spring Hill Rd.
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement Database, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 14 / 2017

FEC Identification Number: C

Transaction ID : **SB29.4992**

Amount of Each Disbursement this Period: 250.00

Memo Item

C. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 Spring Hill Rd.
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement Database, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 13 / 2017

FEC Identification Number: C

Transaction ID : **SB29.5019**

Amount of Each Disbursement this Period: 250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 750.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

A. Delta Air Lines, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 16 / 2017

FEC Identification Number: C

Transaction ID : **SB29.5027**

Amount of Each Disbursement this Period: 2867.00

Memo Item

B. Delta Air Lines, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement 002, Travel Expense, Non-Contribution Account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 07 / 2017

FEC Identification Number: C

Transaction ID : **SB29.5036**

Amount of Each Disbursement this Period: 1365.80

Memo Item

C. FIG Marketing Events

Full Name (Last, First, Middle Initial)

Mailing Address 5012 Desert Oak Circle

City Austin State TX Zip Code 78749

Purpose of Disbursement Fundraising & Event Management Services, Non-Contribution Account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 17 / 2017

FEC Identification Number: C

Transaction ID : **SB29.4961**

Amount of Each Disbursement this Period: 3750.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3750.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

A. FIG Marketing Events

Full Name (Last, First, Middle Initial)

Mailing Address 5012 Desert Oak Circle

City Austin State TX Zip Code 78749

Purpose of Disbursement Fundraising & Event Management Services, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.4962
 Amount of Each Disbursement this Period

Memo Item

B. FIG Marketing Events

Full Name (Last, First, Middle Initial)

Mailing Address 5012 Desert Oak Circle

City Austin State TX Zip Code 78749

Purpose of Disbursement Fundraising & Event Management Services, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.4983
 Amount of Each Disbursement this Period

Memo Item

C. Goehring, Doug, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 3816 Kingston Drive

City Bismark State ND Zip Code 58503

Purpose of Disbursement Travel Expense Reimbursement, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.4995
 Amount of Each Disbursement this Period

Memo Item

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

Full Name (Last, First, Middle Initial) A. Crowne Plaza - Indianapolis		Date of Disbursement MM / DD / YYYY 11 / 15 / 2017
Mailing Address 123 West Louisiana Street		FEC Identification Number C [REDACTED] Transaction ID : SB29.4995.0 Amount of Each Disbursement this Period [REDACTED] 617.76
City Indianapolis	State IN	Zip Code 46225
Purpose of Disbursement Travel Expense, Non-Contribution Account		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. goFish Advertising		Date of Disbursement MM / DD / YYYY 08 / 16 / 2017
Mailing Address PO Box 33754		FEC Identification Number C [REDACTED] Transaction ID : SB29.5028 Amount of Each Disbursement this Period [REDACTED] 243.56
City San Antonio	State TX	Zip Code 78265
Purpose of Disbursement 001, Printing Expense, Non-Contribution Account		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Hertz		Date of Disbursement MM / DD / YYYY 12 / 07 / 2017
Mailing Address 8501 Williams Road		FEC Identification Number C [REDACTED] Transaction ID : SB29.5039 Amount of Each Disbursement this Period [REDACTED] 194.53
City Estero	State FL	Zip Code 33928
Purpose of Disbursement 002, Travel Expense, Non-Contribution Account		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

A. Hyatt Regency Orlando Convention Center

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 9801 International Drive

M M M	/	D D D	/	Y Y Y Y Y
08		16		2017

City Orlando State FL Zip Code 32819

FEC Identification Number

Purpose of Disbursement 001, Travel Expense, AV, Catering/Food and Bev., Non-Contribution Account

C

Transaction ID : SB29.5032

Candidate Name

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

8449.06

Memo Item

State: District:

B. HyVee

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 7101 University Avenue

M M M	/	D D D	/	Y Y Y Y Y
10		05		2017

City Windsor Heights State IA Zip Code 50324

FEC Identification Number

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

C

Transaction ID : SB29.4979

Candidate Name

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

5265.67

Memo Item

State: District:

C. MAXimum Compliance, LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 4703 Woodway Lane, NW

M M M	/	D D D	/	Y Y Y Y Y
07		11		2017

City Washington State DC Zip Code 20016

FEC Identification Number

Purpose of Disbursement Bookkeeping, Non-Contribution Account

C

Transaction ID : SB29.4942

Candidate Name

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

1298.87

Memo Item

State: District:

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

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

6564.54

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

Full Name (Last, First, Middle Initial) A. MAXimum Compliance, LLC		Date of Disbursement MM / DD / YYYY 07 / 11 / 2017	
Mailing Address 4703 Woodway Lane, NW		FEC Identification Number C [REDACTED] Transaction ID : SB29.4943 Amount of Each Disbursement this Period 2009.80	
City Washington	State DC	Zip Code 20016	Category/ Type
Purpose of Disbursement Bookkeeping, Non-Contribution Account		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
State: District:			
Full Name (Last, First, Middle Initial) B. MAXimum Compliance, LLC		Date of Disbursement MM / DD / YYYY 10 / 27 / 2017	
Mailing Address 4703 Woodway Lane, NW		FEC Identification Number C [REDACTED] Transaction ID : SB29.4986 Amount of Each Disbursement this Period 1000.00	
City Washington	State DC	Zip Code 20016	Category/ Type
Purpose of Disbursement Bookkeeping, Non-Contribution Account		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
State: District:			
Full Name (Last, First, Middle Initial) C. MAXimum Compliance, LLC		Date of Disbursement MM / DD / YYYY 12 / 07 / 2017	
Mailing Address 4703 Woodway Lane, NW		FEC Identification Number C [REDACTED] Transaction ID : SB29.5011 Amount of Each Disbursement this Period 82.23	
City Washington	State DC	Zip Code 20016	Category/ Type
Purpose of Disbursement Bookkeeping, Non-Contribution Account		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
State: District:			
SUBTOTAL of Disbursements This Page (optional)..... ▶		3092.03	
TOTAL This Period (last page this line number only)..... ▶		[REDACTED]	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

Full Name (Last, First, Middle Initial) A. MAXimum Compliance, LLC		Date of Disbursement MM / DD / YYYY 12 / 14 / 2017
Mailing Address 4703 Woodway Lane, NW		FEC Identification Number C [] Transaction ID : SB29.5020 Amount of Each Disbursement this Period [] 118.00
City Washington	State DC	Zip Code 20016
Purpose of Disbursement Bookkeeping, Non-Contribution Account		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Mears Transportation Group		Date of Disbursement MM / DD / YYYY 08 / 16 / 2017
Mailing Address 324 W Gore Street		FEC Identification Number C [] Transaction ID : SB29.5029 Amount of Each Disbursement this Period [] 1155.00
City Orlando	State FL	Zip Code 32806
Purpose of Disbursement 001, Travel Expense, Non-Contribution Account		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Pronghorn Agency, LLC		Date of Disbursement MM / DD / YYYY 07 / 11 / 2017
Mailing Address 106 East Lincoln Way Ste. 300		FEC Identification Number C [] Transaction ID : SB29.4944 Amount of Each Disbursement this Period [] 2000.00
City Cheyenne	State WY	Zip Code 82001
Purpose of Disbursement Research Consulting Services, Non-Contribution Account		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 2118.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

Full Name (Last, First, Middle Initial) A. Pronghorn Agency, LLC		Date of Disbursement MM / DD / YYYY 09 / 08 / 2017	
Mailing Address 106 East Lincoln Way Ste. 300		FEC Identification Number C [] Transaction ID : SB29.4968 Amount of Each Disbursement this Period [] 664.10	
City Cheyenne	State WY	Zip Code 82001	Category/ Type
Purpose of Disbursement Travel Expense Reimbursement, Non-Contribution Account			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) B. Quarles, Ryan, , ,		Date of Disbursement MM / DD / YYYY 08 / 09 / 2017	
Mailing Address 123 Placid Drive		FEC Identification Number C [] Transaction ID : SB29.4952 Amount of Each Disbursement this Period [] 463.47	
City Georgetown	State KY	Zip Code 40324	Category/ Type
Purpose of Disbursement Travel Expense Reimbursement, Non-Contribution Account			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) C. Quarles, Ryan, , ,		Date of Disbursement MM / DD / YYYY 09 / 08 / 2017	
Mailing Address 123 Placid Drive		FEC Identification Number C [] Transaction ID : SB29.4970 Amount of Each Disbursement this Period [] 140.12	
City Georgetown	State KY	Zip Code 40324	Category/ Type
Purpose of Disbursement Travel Expense Reimbursement, Non-Contribution Account			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)..... ▶		[] 1267.69	
TOTAL This Period (last page this line number only)..... ▶		[]	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

A. RegOnline by Lanyon

Full Name (Last, First, Middle Initial)

Mailing Address 717 N Harwood Street Ste. 2200

City Dallas State TX Zip Code 75201

Purpose of Disbursement Credit Card Processing Fees, Non-Contribution Account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 31 / 2017

FEC Identification Number C

Transaction ID : SB29.4922

Amount of Each Disbursement this Period 59.85

Memo Item

B. RegOnline by Lanyon

Full Name (Last, First, Middle Initial)

Mailing Address 717 N Harwood Street Ste. 2200

City Dallas State TX Zip Code 75201

Purpose of Disbursement Credit Card Processing Fees, Non-Contribution Account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 08 / 31 / 2017

FEC Identification Number C

Transaction ID : SB29.4931

Amount of Each Disbursement this Period 108.75

Memo Item

C. RegOnline by Lanyon

Full Name (Last, First, Middle Initial)

Mailing Address 717 N Harwood Street Ste. 2200

City Dallas State TX Zip Code 75201

Purpose of Disbursement Credit Card Processing Fees, Non-Contribution Account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 30 / 2017

FEC Identification Number C

Transaction ID : SB29.4937

Amount of Each Disbursement this Period 116.95

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 285.55

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

A. RegOnline by Lanyon

Full Name (Last, First, Middle Initial)

Mailing Address 717 N Harwood Street Ste. 2200

City Dallas State TX Zip Code 75201

Purpose of Disbursement Credit Card Processing Fees, Non-Contribution Account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB29.4940

Amount of Each Disbursement this Period: 32.35

Memo Item

B. Residence Inn Marriott

Full Name (Last, First, Middle Initial)

Mailing Address 1456 Duke Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Travel Expense, Non-Contribution Account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 09 / 2017

FEC Identification Number: C

Transaction ID : SB29.4955

Amount of Each Disbursement this Period: 359.39

Memo Item

C. Rube's Steakhouse

Full Name (Last, First, Middle Initial)

Mailing Address 3309 Ute Avenue

City Waukee State IA Zip Code 50263

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 04 / 2017

FEC Identification Number: C

Transaction ID : SB29.4977

Amount of Each Disbursement this Period: 2946.56

Memo Item

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

2978.91

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.4955

Part of 8/9/2017 \$463.47 Ryan Quarles payment

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

Full Name (Last, First, Middle Initial)
A. Shelby, Rick, , ,

Mailing Address 119 Ingleside Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement
Travel Expense Reimbursement, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 07 / 2017

FEC Identification Number: C

Transaction ID : **SB29.5012**

Amount of Each Disbursement this Period: 741.35

Memo Item

Full Name (Last, First, Middle Initial)
B. Ruth Young Travel Service

Mailing Address PO Box 1528

City Ardmore State OK Zip Code 73402

Purpose of Disbursement
Travel Expense, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 07 / 2017

FEC Identification Number: C

Transaction ID : **SB29.5012.0**

Amount of Each Disbursement this Period: 611.56

Memo Item

Full Name (Last, First, Middle Initial)
C. Sign11 Inc.

Mailing Address 3655 Burnette Park Drive

City Suwanee State GA Zip Code 30024

Purpose of Disbursement
002, Printing Expense, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 07 / 2017

FEC Identification Number: C

Transaction ID : **SB29.5037**

Amount of Each Disbursement this Period: 232.44

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 741.35

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

Full Name (Last, First, Middle Initial) A. South Carolina Republican Party		Date of Disbursement MM / DD / YYYY 12 / 28 / 2017
Mailing Address 1913 Marion Street		FEC Identification Number C [REDACTED] Transaction ID : SB29.5023 Amount of Each Disbursement this Period 15000.00
City Columbia	State SC	Zip Code 29201
Purpose of Disbursement Non-Federal Contribution, Non-Contribution Account		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Southwest Air		Date of Disbursement MM / DD / YYYY 08 / 16 / 2017
Mailing Address PO Box 36647-1CR		FEC Identification Number C [REDACTED] Transaction ID : SB29.5031 Amount of Each Disbursement this Period 869.02
City Dallas	State TX	Zip Code 75235
Purpose of Disbursement 001, Travel Expense, Non-Contribution Account		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Sullivan, Diane, , ,		Date of Disbursement MM / DD / YYYY 11 / 02 / 2017
Mailing Address 83 Jerome Street		FEC Identification Number C [REDACTED] Transaction ID : SB29.4987 Amount of Each Disbursement this Period 1000.00
City Medford	State MA	Zip Code 02155
Purpose of Disbursement Speaking Fee, Non-Contribution Account		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	16000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

A. Transportation for America

Full Name (Last, First, Middle Initial)

Mailing Address 1152 15th Street, NW
Ste. 450

City Washington State DC Zip Code 20005

Purpose of Disbursement Refund - Non-Contribution Account

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 31 / 2017

FEC Identification Number: C
Transaction ID : SB29.4923
Amount of Each Disbursement this Period: 299.00

Memo Item

B. United Airlines

Full Name (Last, First, Middle Initial)

Mailing Address 233 South Wacker Dr.

City Chicago State IL Zip Code 60606

Purpose of Disbursement 002, Travel Expense, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 07 / 2017

FEC Identification Number: C
Transaction ID : SB29.5042
Amount of Each Disbursement this Period: 75.00

Memo Item

C. Weathers, Hugh, , ,

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 489

City Bowman State SC Zip Code 29018

Purpose of Disbursement Travel Expense Reimbursement, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 07 / 2017

FEC Identification Number: C
Transaction ID : SB29.5009
Amount of Each Disbursement this Period: 662.75

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 961.75

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement MM / DD / YYYY 12 / 07 / 2017
Mailing Address 4255 Amon Carter Blvd.		FEC Identification Number C [] Transaction ID : SB29.5009.0 Amount of Each Disbursement this Period [] 393.30
City Fort Worth	State TX	Zip Code 76155
Purpose of Disbursement Travel Expense, Non-Contribution Account		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. WELLS FARGO BANK		Date of Disbursement MM / DD / YYYY 12 / 08 / 2017
Mailing Address PO BOX 6995		FEC Identification Number C [] Transaction ID : SB29.5017 Amount of Each Disbursement this Period [] 9.00
City PORTLAND	State OR	Zip Code 97228
Purpose of Disbursement Bank Fee, Non-Contribution Account		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. WELLS FARGO BANK		Date of Disbursement MM / DD / YYYY 12 / 08 / 2017
Mailing Address PO BOX 6995		FEC Identification Number C [] Transaction ID : SB29.5018 Amount of Each Disbursement this Period [] 3.00
City PORTLAND	State OR	Zip Code 97228
Purpose of Disbursement Bank Fee, Non-Contribution Account		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

[] 12.00

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

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

A. West Des Moines Marriott

Full Name (Last, First, Middle Initial)

Mailing Address 1250 Jordan Creek Parkway

City West Des Moines State IA Zip Code 50266

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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 22 / 2017

FEC Identification Number: C
Transaction ID : **SB29.5004**
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. Whitcomb, Walter, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 165 Birches Road

City Waldo State ME Zip Code 04915

Purpose of Disbursement
Travel Expense Reimbursement, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 08 / 2017

FEC Identification Number: C
Transaction ID : **SB29.4971**
Amount of Each Disbursement this Period: 238.69

Memo Item

C. Whitcomb, Walter, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 165 Birches Road

City Waldo State ME Zip Code 04915

Purpose of Disbursement
Travel Expense Reimbursement, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 07 / 2017

FEC Identification Number: C
Transaction ID : **SB29.5015**
Amount of Each Disbursement this Period: 139.26

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5377.95

TOTAL This Period (last page this line number only)..... ▶ 132529.71

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 40 OF 43
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
AG AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express			Nature of Debt (Purpose): Credit Card Payment
Mailing Address PO Box 650448			
City Dallas	State TX	Zip Code 75265	

Outstanding Balance Beginning This Period		Transaction ID : SD10.4618	
14325.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
9814.31	14325.00	9814.31	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Anderson, Charles, , ,			Nature of Debt (Purpose): Travel Expense Reimbursement
Mailing Address 7648 Rosenthal Parkway			
City Lorena	State TX	Zip Code 76655	

Outstanding Balance Beginning This Period		Transaction ID : SD10.5044	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
621.61	0.00	621.61	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Blue Wave			Nature of Debt (Purpose): Campaign Mgmt. & Consulting, Travel, Telephone, Interest, Catering Food/Bev., A/V
Mailing Address 3008 N 161st Terrace			
City Omaha	State NE	Zip Code 68116	

Outstanding Balance Beginning This Period		Transaction ID : SD10.4878	
36926.24			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
37909.27	10500.00	64335.51	

1) SUBTOTALS This Period This Page (optional)..... ▶	74771.43
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 41 OF 43
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
AG AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Caleb Consulting			Nature of Debt (Purpose): Political Strategy Consulting
Mailing Address 1105 Havre Lafitte Dr.			
City Austin	State TX	Zip Code 78746	

Outstanding Balance Beginning This Period 7083.33	Transaction ID : SD10.4879	
Amount Incurred This Period 32369.36	Payment This Period 7083.33	Outstanding Balance at Close of This Period 32369.36

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor FIG Marketing Events			Nature of Debt (Purpose): Fundraising & Event Management Services
Mailing Address 5012 Desert Oak Circle			
City Austin	State TX	Zip Code 78749	

Outstanding Balance Beginning This Period 3750.00	Transaction ID : SD10.4880	
Amount Incurred This Period 0.00	Payment This Period 3750.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MAXimum Compliance, LLC			Nature of Debt (Purpose): Bookkeeping
Mailing Address 4703 Woodway Lane, NW			
City Washington	State DC	Zip Code 20016	

Outstanding Balance Beginning This Period 1298.87	Transaction ID : SD10.4881	
Amount Incurred This Period 9115.68	Payment This Period 1298.87	Outstanding Balance at Close of This Period 9115.68

1) SUBTOTALS This Period This Page (optional)..... ▶	41485.04
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 42 OF 43
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
AG AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MDC & Associates, Inc.			Nature of Debt (Purpose): Bookkeeping
Mailing Address 11972 Grey Oaks Park Rd.			
City Glen Allen	State VA	Zip Code 23059	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.5050	
Amount Incurred This Period <input type="text" value="472.92"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="472.92"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pronghorn Agency, LLC			Nature of Debt (Purpose): Research Consulting Services
Mailing Address 106 East Lincoln Way Ste. 300			
City Cheyenne	State WY	Zip Code 82001	

Outstanding Balance Beginning This Period <input type="text" value="2000.00"/>	Transaction ID : SD10.4882	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Quarles, Ryan, , ,			Nature of Debt (Purpose): Travel Expense Reimb.
Mailing Address 123 Placid Drive			
City Georgetown	State KY	Zip Code 40324	

Outstanding Balance Beginning This Period <input type="text" value="463.47"/>	Transaction ID : SD10.4883	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="463.47"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="472.92"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 43 OF 43
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
AG AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group (fka Gober Hilgers PLLC)			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016 Ste 350			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period <input type="text" value="323.00"/>	Transaction ID : SD10.4885	
Amount Incurred This Period <input type="text" value="2996.10"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3319.10"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor West Des Moines Marriott			Nature of Debt (Purpose): Travel Expense, Catering/Food & Beverage
Mailing Address 1250 Jordan Creek Parkway			
City West Des Moines	State IA	Zip Code 50266	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.5056	
Amount Incurred This Period <input type="text" value="10808.07"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10808.07"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

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

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="14127.17"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="130856.56"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="130856.56"/>