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Image# 201506309000002347

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than An Aut	nonzed Committee	Office Use Only
NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Amerinet Political Action	n Committee		
ADDRESS (number and street)	2 CityPlace Drive, Suite 400		
Check if different			
than previously reported. (ACC)	St. Louis		MO 63141
2. FEC IDENTIFICATION NUM	MBER ▼ CIT	YA	STATE ▲ ZIP CODE ▲
C C00491555		S THIS EPORT X (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (I	(Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M 20 (M4) Jul 20 (M	(Non-Election Year Only)
April 15 Quarterly Report (Q1))		
X July 15 Quarterly Report (Q2)	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (YE	Electio	n on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Electio	n on	in the State of
5. Covering Period 04	01 2015	through 06	
I certify that I have examined this	Report and to the best of	my knowledge and belief it is	s true, correct and complete.
Type or Print Name of Treasurer	Mr. Michael D Costabile		
Signature of Treasurer Mr. Mic	chael D Costabile	[Electronically Filed]	Date 06 / 30 / 2015
NOTE: Submission of false, erronec	ous, or incomplete information	n may subject the person signir	ng this Report to the penalties of 2 U.S.C. §437g.
Office Use			FEC FORM 3X Rev. 12/2004

FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
Amerinet Political Action Commi	ittee	
Report Covering the Period: From:	04 01 / 2015 To:	M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015	[5270.00
(b) Cash on Hand at Beginning of Reporting Period	7905.00	
(c) Total Receipts (from Line 19)	450.00	3085.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	8355.00	8355.00
7. Total Disbursements (from Line 31)	1500.00	1500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6855.00	6855.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a mu	ulticandidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Report Covering the Period: From: 0	4 01 2015 To	06 30 2015
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	250.00	2000.00
(i) Itemized (use Schedule A)	7 7	<u></u>
(ii) Unitemized	200.00	1085.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	450.00	3085.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	450.00	3085.00
Totals to Line 33, page 5) Transfers From Affiliated/Other	100.00	
Party Committees	0.00	0.00
rany communication		
. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures		7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
 Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 		
(from Schedule H3)	0.00	0.00
(nom ochodalo rio)	0.00	0.00
(b) Lovin Fundo (from Cohodulo HE)	0.00	0.00
(b) Levin Funds (from Schedule H5)	7	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(e) Total Transfere (add Total and Total)	7	0.00
). Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	450.00	3085.00
,,,,,,	100.00	111000
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	450.00	3085.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
. Operating Expenditures: — (a) Allocated Federal/Non-Federal		Calchaa Tour-to-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) Non Fodoval Chave	0.00	0.00		
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00		
Expenditures	0.00	0.00		
(c) Total Operating Expenditures				
(add 21(a)(i), (a)(ii), and (b)) ▶	0.00	0.00		
Transfers to Affiliated/Other Party		0.00		
CommitteesContributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	1500.00	1500.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures	3.00			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Lasas Mada	0.00	0.00		
Loans Made Refunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
-				
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
F				
Other Disbursements	0.00	0.00		
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
	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	7			
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
_				
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1500.00	1500.00		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	1500.00	1500.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	450.00	3085.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	450.00	3085.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. 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 LIN	IE NU	IMBER	:	PAGE	6	OF	7
(check o	nly or	ne)					
X 11a		11b		11c	12		
13		14		15	16		17

	Statements may not be sold or used by any persone name and address of any political committee to			
NAME OF COMMITTEE (In Full)	, , ,			
Amerinet Political Action Comr	nittee			
/				
Full Name (Last, First, Middle Initial) A. Terri Gierer				
Mailing Address 2 CityPlace Drive, Suite 400		04 15 2015		
City	City State Zip Code			
St. Louis	MO 63141	Transaction ID : SA11AI.4450 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer	Occupation	donation		
Amerinet	VP, Contracting Support Services			
Receipt For:	Aggregate Year-to-Date ▼	1		
Primary General	00 0			
Other (specify) ▼	250.00			
Full Name (Last, First, Middle Initial) 3.		Date of Receipt		
Mailing Address		M = M / D = D / Y = Y = Y		
City	State Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	Tallount of Edon Flooript tills Forted		
Name of Employer	Occupation			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼			
Full Name (Last, First, Middle Initial)		Date of Receipt		
Mailing Address		Mam / Dab / Yayayay		
City	State Zip Code	Amount of Each Descint this Day		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period		
Name of Employer	Occupation			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼			
SUBTOTAL of Receipts This Page (optional)		250.00		
TOTAL This Period (last page this line number		250.00		

TEMIZED DISBURSEMENTS Uses separate schedule(s) Check only one). 21 22 28 28 29 29 29 20 20 20 20 20	SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 7 OF 7	
Detailed Summary Page 27 28 28 29 38 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 or solicit contributions from such committee. NAME OF COMMITTEE (In Full) Amerinet Political Action Committee Full Name (Last, First, Middle Initial) A. PEOPLE FOR PATTY MURRAY Mailing Address PO BOX 3662 City State Zip Code Senate Primary General Primary General Primary Human (Last, First, Middle Initial) 3. Mailing Address City State Zip Code Purpose of Disbursement State: WA District: 00 Pilipse of Disbursement Candidate Name Office Sought: House Disbursement For: 2016 State: District:	TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)			
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. Ameninet Political Action Committee Full Name (Last, First, Middle Initial) APEOPLE FOR PATTY MURRAY Mailing Address PO BOX 3682 City Statt Zip Code Purpose of Disbursement State: WA District on Distriction Distriction State: Van Distriction Amount of Each Disbursement This Period Category' Type Office Sought: House Disbursement Category' Type State: Zip Code Purpose of Disbursement State: Disbursement Category' Type Office Sought: House Disbursement For: 2016 Distriction Office Sought: House Disbursement For: State Zip Code Purpose of Disbursement Category' Type Amount of Each Disbursement this Period Category' Type Office Sought: House Disbursement For: Category' Type State: Zip Code Purpose of Disbursement Candidate Name Category' Type Office Sought: House Disbursement For: Category' Type State: Disbursement Candidate Name Candi						
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Senate Patry Murray Lunch Candidate Name PEOPLE FOR PATTY MURRAY Office Sought: House President State: WA District: 00 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Disbursement For: 2016 Office Sought: President Other (specify) Amount of Each Disbursement this Period Category/ Type Office Sought: House President Other (specify) State: District: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Type	92	WA 98124		Transaction ID:	5B23.4457	
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Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substruct: House Senate Primary General Other (specify) State: District: 1500.00		·				
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Substitution Provided Primary President State: District: □ Other (specify) ▼ Substitution Disbursements This Page (optional)	Purpose of Disbursement	rurpose of Disbursement				
Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: Subtotal of Disbursements This Page (optional)	Candidate Name	Category/	Amount of Each I	Disbursement this Period		
Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	Office Sought: House Disbursem	nent For:	туре			
State: District: SUBTOTAL of Disbursements This Page (optional)		Primary General				
SUBTOTAL of Disbursements This Page (optional)		Other (specify) ▼				
SOBTOTAL OF DISDUISEMENTS THIS Page (optional)	State: District:					
	SUBTOTAL of Disbursements This Page (ontional)				1500.00	
TOTAL This Device (lost page this line number calls)	age (optional)					