

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 M M M / D D D / Y Y Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y Y Y
07 / 01 / 2015 through 12 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer BEN P CANNATTI

Signature of Treasurer BEN P CANNATTI [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y Y Y
01 / 30 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2015"/>	<input type="text" value="6931.26"/>	<input type="text" value="6931.26"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1629.42"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="97500.00"/>	<input type="text" value="147500.00"/>
(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="99129.42"/>	<input type="text" value="154431.26"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="97966.05"/>	<input type="text" value="153267.89"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1163.37"/>	<input type="text" value="1163.37"/>
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="15801.50"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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	1000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	1000.00
(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	1000.00
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.).....	97500.00	146500.00
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))..... ▶	97500.00	147500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	97500.00	147500.00

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	91.67	91.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	91.67	91.67
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 (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	97874.38	153176.22
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	97966.05	153267.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	97966.05	153267.89

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	1000.00
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	1000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	91.67	91.67
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	91.67	91.67

**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 27
<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 Seed Trade Association
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : SA17.4210
 Amount of Each Receipt this Period
 5000.00
 Non-contribution account

B. Archer Daniels Midland Company
 Full Name (Last, First, Middle Initial)
 Mailing Address Box 1470
 City Decatur State IL Zip Code 62525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 03 / 2015
Transaction ID : SA17.4202
 Amount of Each Receipt this Period
 3000.00
 Non-contribution account

C. Council for Biotechnology Information
 Full Name (Last, First, Middle Initial)
 Mailing Address 1201 Maryland Ave., SW
 City Washington State DC Zip Code 20024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2015
Transaction ID : SA17.4204
 Amount of Each Receipt this Period
 5000.00
 Non-contribution account

SUBTOTAL of Receipts This Page (optional).....	13000.00
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 27
<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 (Last, First, Middle Initial) A. CropLife America		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2015 Transaction ID : SA17.4208
Mailing Address 1156 Fifteenth St., NW #400		Amount of Each Receipt this Period 5000.00
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C	Non-contribution account	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. E.I. Dupont De Nemours & Company		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 10 / 2015 Transaction ID : SA17.4200
Mailing Address PO Box 80040		Amount of Each Receipt this Period 10000.00
City Wilmington	State DE	Zip Code 19880
FEC ID number of contributing federal political committee. C	Non-contribution account	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) C. Feld Entertainment, Inc.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2015 Transaction ID : SA17.4191
Mailing Address 2001 US Highway 301		Amount of Each Receipt this Period 1000.00
City Palmetto	State FL	Zip Code 34221
FEC ID number of contributing federal political committee. C	Non-contribution account	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	16000.00
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 27
<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. Charles Herbster
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 645

City Falls City State NE Zip Code 68355

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

Name of Employer Conklin Company Inc Occupation President CEO and COB

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
60000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 10 / 2015
Transaction ID : SA17.4195

Amount of Each Receipt this Period
10000.00

Non-contribution account

B. Land O'Lakes, Inc.
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 64

City St. Paul State MN Zip Code 55164

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2015
Transaction ID : SA17.4196

Amount of Each Receipt this Period
10000.00

Non-contribution account

C. Monsanto Company
Full Name (Last, First, Middle Initial)

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 Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 09 / 2015
Transaction ID : SA17.4183

Amount of Each Receipt this Period
15000.00

Non-contribution account

SUBTOTAL of Receipts This Page (optional).....	35000.00
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 27
	<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 (Last, First, Middle Initial)
A. SeaWorld Parks & Entertainment, Inc.

Mailing Address PO Box 690129

City Orlando State FL Zip Code 32869

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2015
Transaction ID : SA17.4206

Amount of Each Receipt this Period
 2500.00

Non-contribution account

Full Name (Last, First, Middle Initial)
B. Southern Crop Production Association PAC

Mailing Address PO Box 7000

City Dawson State GA Zip Code 39842

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2015
Transaction ID : SA17.4187

Amount of Each Receipt this Period
 1000.00

Non-contribution account

Full Name (Last, First, Middle Initial)
C. The Catfish Institute

Mailing Address PO Box 1669

City Madison State MS Zip Code 39130

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2015
Transaction ID : SA17.4193

Amount of Each Receipt this Period
 5000.00

Non-contribution account

SUBTOTAL of Receipts This Page (optional).....▶	8500.00
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 27
<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. THE SCOTTS MIRACLE-GRO COMPANY STEWARDSHIP PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 14111 SCOTTSLAWN ROAD
 City MARYSVILLE State OH Zip Code 43041
 FEC ID number of contributing federal political committee. **C** C00365254
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA17.4265
 Amount of Each Receipt this Period
 10000.00
 Non-contribution account

B. TruGreen
 Full Name (Last, First, Middle Initial)
 Mailing Address 860 Ridge Lake Blvd.
 City Memphis State TN Zip Code 38120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 15000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 16 / 2015
Transaction ID : SA17.4185
 Amount of Each Receipt this Period
 15000.00
 Non-contribution account

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

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

SUBTOTAL of Receipts This Page (optional).....▶	25000.00
TOTAL This Period (last page this line number only).....▶	97500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AG AMERICA

Full Name (Last, First, Middle Initial)

A. Dan Clayton

Mailing Address 1411 Skillman Ave. W

City Roseville State MN Zip Code 55113

Purpose of Disbursement
Logo design, not candidate related

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2015

Transaction ID : SB21B.4258

Amount of Each Disbursement this Period

91.67

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

91.67

91.67

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. Barnes Association Consultants

Mailing Address 5164 Brawner Place

City Alexandria State VA Zip Code 22304

Purpose of Disbursement
Campaign Mgt. and Consulting, non-contribution acct.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : **SB29.4245**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Barnes Association Consultants

Mailing Address 5164 Brawner Place

City Alexandria State VA Zip Code 22304

Purpose of Disbursement
Phone, Ring Central, non-contribution acct.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : **SB29.4246**

Amount of Each Disbursement this Period

35.80

Full Name (Last, First, Middle Initial)

C. Barnes Association Consultants

Mailing Address 5164 Brawner Place

City Alexandria State VA Zip Code 22304

Purpose of Disbursement
Travel expense reimb., non-contribution acct.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : **SB29.4247**

Amount of Each Disbursement this Period

20.00

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

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

5055.80

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. Barnes Association Consultants

Mailing Address 5164 Brawner Place

City Alexandria State VA Zip Code 22304

Purpose of Disbursement
Travel expense reimb., non-contribution acct.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2015

Transaction ID : **SB29.4222**

Amount of Each Disbursement this Period

375.61

Full Name (Last, First, Middle Initial)

B. Barnes Association Consultants

Mailing Address 5164 Brawner Place

City Alexandria State VA Zip Code 22304

Purpose of Disbursement
Campaign Mgt. and Consulting, non-contribution acct.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2015

Transaction ID : **SB29.4219**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Barnes Association Consultants

Mailing Address 5164 Brawner Place

City Alexandria State VA Zip Code 22304

Purpose of Disbursement
Phone, Ring Central, non-contribution acct.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2015

Transaction ID : **SB29.4221**

Amount of Each Disbursement this Period

35.80

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

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

5411.41

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. Barnes Association Consultants

Mailing Address 5164 Brawner Place

City Alexandria State VA Zip Code 22304

Purpose of Disbursement Campaign Mgt. and Consulting, non-contribution acct.

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2015

Transaction ID : **SB29.4226**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Barnes Association Consultants

Mailing Address 5164 Brawner Place

City Alexandria State VA Zip Code 22304

Purpose of Disbursement Phone, Ring Central, non-contribution acct.

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2015

Transaction ID : **SB29.4227**

Amount of Each Disbursement this Period

35.80

Full Name (Last, First, Middle Initial)

C. Barnes Association Consultants

Mailing Address 5164 Brawner Place

City Alexandria State VA Zip Code 22304

Purpose of Disbursement Travel expense reimb., non-contribution acct.

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2015

Transaction ID : **SB29.4228**

Amount of Each Disbursement this Period

183.06

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

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

5218.86

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. Barnes Association Consultants

Mailing Address 5164 Brawner Place

City Alexandria State VA Zip Code 22304

Purpose of Disbursement
Phone, Ring Central, non-contribution acct.

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : **SB29.4231**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Barnes Association Consultants

Mailing Address 5164 Brawner Place

City Alexandria State VA Zip Code 22304

Purpose of Disbursement
Campaign Mgt. and Consulting, non-contribution acct.

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : **SB29.4232**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Barnes Association Consultants

Mailing Address 5164 Brawner Place

City Alexandria State VA Zip Code 22304

Purpose of Disbursement
Travel expense reimb., non-contribution acct.

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : **SB29.4233**

Amount of Each Disbursement this Period

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. Barnes Association Consultants

Mailing Address 5164 Brawner Place

City Alexandria State VA Zip Code 22304

Purpose of Disbursement
Travel expense reimb., non-contribution acct.

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2015

Transaction ID : **SB29.4239**

Amount of Each Disbursement this Period

876.05

Full Name (Last, First, Middle Initial)

B. Barnes Association Consultants

Mailing Address 5164 Brawner Place

City Alexandria State VA Zip Code 22304

Purpose of Disbursement
Campaign Mgt. and Consulting, non-contribution acct.

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : **SB29.4237**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Barnes Association Consultants

Mailing Address 5164 Brawner Place

City Alexandria State VA Zip Code 22304

Purpose of Disbursement
Phone, Ring Central, non-contribution acct.

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : **SB29.4238**

Amount of Each Disbursement this Period

35.65

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

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

5911.70

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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

Mailing Address 3008 N 161st Terrace

City Omaha State NE Zip Code 68116

Purpose of Disbursement
Campaign Mgt. and Consulting, non-contribution acct.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4250

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Blue Wave

Mailing Address 3008 N 161st Terrace

City Omaha State NE Zip Code 68116

Purpose of Disbursement
Campaign Mgt. and Consulting, non-contribution acct.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4251

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Blue Wave

Mailing Address 3008 N 161st Terrace

City Omaha State NE Zip Code 68116

Purpose of Disbursement
Subscription, non-contribution account

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4217

Amount of Each Disbursement this Period

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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

Mailing Address 3008 N 161st Terrace

City Omaha State NE Zip Code 68116

Purpose of Disbursement
Travel expense reimb., non-contribution account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : SB29.4218

Amount of Each Disbursement this Period

1118.70

Full Name (Last, First, Middle Initial)

B. Blue Wave

Mailing Address 3008 N 161st Terrace

City Omaha State NE Zip Code 68116

Purpose of Disbursement
Subscription, non-contribution account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2015

Transaction ID : SB29.4223

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Blue Wave

Mailing Address 3008 N 161st Terrace

City Omaha State NE Zip Code 68116

Purpose of Disbursement
Travel expense reimb., non-contribution account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2015

Transaction ID : SB29.4224

Amount of Each Disbursement this Period

138.32

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

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

1507.02

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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

Mailing Address 3008 N 161st Terrace

City Omaha State NE Zip Code 68116

Purpose of Disbursement
Telephone, non-contribution account

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4225

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Blue Wave

Mailing Address 3008 N 161st Terrace

City Omaha State NE Zip Code 68116

Purpose of Disbursement
Subscription, non-contribution account

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4234

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Blue Wave

Mailing Address 3008 N 161st Terrace

City Omaha State NE Zip Code 68116

Purpose of Disbursement
Campaign Mgt. and Consulting, non-contribution acct.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4235

Amount of Each Disbursement this Period

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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

Mailing Address 3008 N 161st Terrace

City Omaha State NE Zip Code 68116

Purpose of Disbursement
Travel expense reimb., non-contribution account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : **SB29.4236**

Amount of Each Disbursement this Period

534.79

Full Name (Last, First, Middle Initial)

B. Blue Wave

Mailing Address 3008 N 161st Terrace

City Omaha State NE Zip Code 68116

Purpose of Disbursement
Subscription, non-contribution account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : **SB29.4240**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Blue Wave

Mailing Address 3008 N 161st Terrace

City Omaha State NE Zip Code 68116

Purpose of Disbursement
Travel expense reimb., non-contribution acct.

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : **SB29.4241**

Amount of Each Disbursement this Period

1573.94

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

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

2358.73

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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

Mailing Address 3008 N 161st Terrace

City Omaha State NE Zip Code 68116

Purpose of Disbursement
Campaign Mgt. and Consulting, non-contribution acct.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
12 / 15 / 2015

Transaction ID : **SB29.4242**

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B. Dan Clayton

Mailing Address 1411 Skillman Ave. W

City Roseville State MN Zip Code 55113

Purpose of Disbursement
Logo design, non-contribution account

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
09 / 22 / 2015

Transaction ID : **SB29.4256**

Amount of Each Disbursement this Period

275.01

Full Name (Last, First, Middle Initial)

C. Anna Driscoll

Mailing Address 810 Otis Place, NW

City Washington State DC Zip Code 20010

Purpose of Disbursement
Fundraising Consulting, Non-contribution account

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
12 / 15 / 2015

Transaction ID : **SB29.4269**

Amount of Each Disbursement this Period

2500.00

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

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

12775.01

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. FLS Connect

Mailing Address 7300 Hudson Blvd.
Suite 270

City St. Paul State MN Zip Code 55128

Purpose of Disbursement
Conference call, non-contribution account

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
10 / 12 / 2015

Transaction ID : SB29.4252

Amount of Each Disbursement this Period

512.34

Category/
Type

Full Name (Last, First, Middle Initial)

B. Gober Hilgers PLLC

Mailing Address 1005 Congress Ave
Ste 350

City Austin State TX Zip Code 78701

Purpose of Disbursement
Legal services, non-contribution account

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
08 / 14 / 2015

Transaction ID : SB29.4244

Amount of Each Disbursement this Period

280.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Gober Hilgers PLLC

Mailing Address 1005 Congress Ave
Ste 350

City Austin State TX Zip Code 78701

Purpose of Disbursement
Legal services, non-contribution account

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
08 / 24 / 2015

Transaction ID : SB29.4249

Amount of Each Disbursement this Period

4958.50

Category/
Type

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

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

5750.84

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. Intuit

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Bank supplies, non-contribution account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 29 / 2015

Transaction ID : **SB29.4216**

Amount of Each Disbursement this Period: 252.69

Category/Type

Full Name (Last, First, Middle Initial)

B. Mammoth Marketing Group

Mailing Address 905 Nueces Street

City Austin State TX Zip Code 78701

Purpose of Disbursement Website Development, non-contribution account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 12 / 2015

Transaction ID : **SB29.4254**

Amount of Each Disbursement this Period: 6000.00

Category/Type

Full Name (Last, First, Middle Initial)

C. MDC & Associates, Inc.

Mailing Address 11972 Grey Oaks Park Rd.

City Glen Allen State VA Zip Code 23059

Purpose of Disbursement Bookkeeping, non-contribution account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 14 / 2015

Transaction ID : **SB29.4243**

Amount of Each Disbursement this Period: 500.00

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6752.69

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. MDC & Associates, Inc.

Mailing Address 11972 Grey Oaks Park Rd.

City State Zip Code
Glen Allen VA 23059

Purpose of Disbursement
Bookkeeping, non-contribution account

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.4248

Amount of Each Disbursement this Period

B. MDC & Associates, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 11972 Grey Oaks Park Rd.

City State Zip Code
Glen Allen VA 23059

Purpose of Disbursement
Bookkeeping, non-contribution account

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.4229

Amount of Each Disbursement this Period

C. MDC & Associates, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 11972 Grey Oaks Park Rd.

City State Zip Code
Glen Allen VA 23059

Purpose of Disbursement
Bookkeeping, non-contribution account

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.4230

Amount of Each Disbursement this Period

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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

Full Name (Last, First, Middle Initial)

A. MH Media

Mailing Address 282 35th St.

City Avalon State NJ Zip Code 08202

Purpose of Disbursement
Radio Placement & Production, Non-federal, non-contribution account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /
10 / 19 / 2015

Transaction ID : SB29.4266

Amount of Each Disbursement this Period

25000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

25000.00

97813.91

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 26 OF 27
	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): Consulting, Political
Mailing Address 1105 Havre Lafitte Dr.	
City State Zip Code Austin TX 78746	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4271	
Amount Incurred This Period 5400.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5400.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC	Nature of Debt (Purpose): Legal services
Mailing Address 1005 Congress Ave Ste 350	
City State Zip Code Austin TX 78701	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4275	
Amount Incurred This Period 2151.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 2151.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mammoth Marketing Group	Nature of Debt (Purpose): Website development
Mailing Address 905 Nueces Street	
City State Zip Code Austin TX 78701	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4274	
Amount Incurred This Period 6950.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6950.00

1) SUBTOTALS This Period This Page (optional)..... ▶	14501.50
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 27 OF 27
	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 State Zip Code Glen Allen VA 23059	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.4273	
Amount Incurred This Period <input type="text" value="1300.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1300.00"/>

B. 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"/>
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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"/>
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1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="1300.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="15801.50"/>
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="15801.50"/>