

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.
Foundation for a Greater America, Inc.

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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.
Type or Print Name of Treasurer Mr. James P. Hodgins

Signature of Treasurer Mr. James P. Hodgins [Electronically Filed] Date / /

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

Foundation for a Greater America, Inc.

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="2016"/> | <input type="text" value="3813.64"/> | <input type="text" value="3813.64"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="1685.50"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="28333.00"/> | <input type="text" value="95353.44"/> |
| (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="30018.50"/> | <input type="text" value="99167.08"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="29722.73"/> | <input type="text" value="98871.31"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="295.77"/> | <input type="text" value="295.77"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="220051.56"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="436466.62"/> | |

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

Foundation for a Greater America, Inc.

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)..... | 23677.00 | 74956.55 |
| (ii) Unitemized | 3606.00 | 18895.89 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 27283.00 | 93852.44 |
| (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) | 27283.00 | 93852.44 |
| 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.)..... | 1050.00 | 1501.00 |
| 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))..... ▶ | 28333.00 | 95353.44 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 28333.00 | 95353.44 |

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 | 4522.73 | 12796.31 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 4522.73 | 12796.31 |
| 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 | 25200.00 | 86075.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 29722.73 | 98871.31 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 29722.73 | 98871.31 |

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) | 27283.00 | 93852.44 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 27283.00 | 93852.44 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 4522.73 | 12796.31 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 4522.73 | 12796.31 |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 6 OF 74 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

A. Suzanne L. Armentrout
 Full Name (Last, First, Middle Initial)
 Mailing Address 2333 West 13th Street
 City The Dalles State OR Zip Code 97058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lutheran Choral Association Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2016
Transaction ID : INCA2955
 Amount of Each Receipt this Period
 110.00
 Memo Item

B. Alice M. Barney
 Full Name (Last, First, Middle Initial)
 Mailing Address 8611 Cromwell Drive
 City Springfield State VA Zip Code 22151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer n/a Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 786.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2016
Transaction ID : INCA3193
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Kahleen M. Beagle
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Kirkwood Circle
 City Brigantine State NJ Zip Code 08203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer n/a Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2016
Transaction ID : INCA2866
 Amount of Each Receipt this Period
 500.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 640.00 |
| 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: PAGE 7 OF 74
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)
A. LeEtta Bennet

Mailing Address 240 North Pierce Street

City State Zip Code
 Salem SD 57058

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

Name of Employer Occupation
 n/a Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 950.00

Date of Receipt
 04 / 20 / 2016
Transaction ID : INCA3138

Amount of Each Receipt this Period
 200.00

Memo Item

Full Name (Last, First, Middle Initial)
B. LeEtta Bennet

Mailing Address 240 North Pierce Street

City State Zip Code
 Salem SD 57058

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

Name of Employer Occupation
 n/a Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 950.00

Date of Receipt
 05 / 05 / 2016
Transaction ID : INCA3058

Amount of Each Receipt this Period
 100.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Nancy Bergstorm

Mailing Address 3935 Ramble Creek Drive

City State Zip Code
 Missouri City TX 77459

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

Name of Employer Occupation
 University of Texas Houston Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 05 / 11 / 2016
Transaction ID : INCA3110

Amount of Each Receipt this Period
 200.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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 74 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

A. Adrienna Brown
Full Name (Last, First, Middle Initial)

Mailing Address 4350 Portchester Way

City Snellville State GA Zip Code 30039

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

Name of Employer n/a Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt **05 / 13 / 2016**

Transaction ID : INCA3146

Amount of Each Receipt this Period **200.00**

Memo Item

B. Priscilla E. Browning
Full Name (Last, First, Middle Initial)

Mailing Address 1 Pleasant Grove Lane

City Ithaca State NY Zip Code 14850

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

Name of Employer Unitrust Occupation Chair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt **05 / 04 / 2016**

Transaction ID : INCA2996

Amount of Each Receipt this Period **500.00**

Memo Item

C. G.G. Connally
Full Name (Last, First, Middle Initial)

Mailing Address 12 University Avenue

City Buffalo State NY Zip Code 14214

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

Name of Employer G.G. Connally Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **206.00**

Date of Receipt **04 / 03 / 2016**

Transaction ID : INCA2875

Amount of Each Receipt this Period **26.00**

Memo Item

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 726.00 |
| 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 74 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)
A. G.G. Connally

Mailing Address 12 University Avenue

City Buffalo State NY Zip Code 14214

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

Name of Employer G.G. Connally Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
206.00

Date of Receipt
05 / 03 / 2016

Transaction ID : INCA2947

Amount of Each Receipt this Period
26.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Barbara R. Currie

Mailing Address 4800 Filmore Avenue, Apt. 544

City Alexandria State VA Zip Code 22311

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

Name of Employer n/a Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 11 / 2016

Transaction ID : INCA3103

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
c. Chistine Star Davis

Mailing Address 851 Moraine Drive

City Lincoln State NE Zip Code 68510

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

Name of Employer Lincoln Public School System Occupation Mentor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
05 / 17 / 2016

Transaction ID : INCA3276

Amount of Each Receipt this Period
155.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 281.00 |
| 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 74 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Norma Davis | | Date of Receipt MM / DD / YYYY 04 / 02 / 2016 |
| Mailing Address 1308 Lasuen Drive | | Transaction ID : INCA2914 |
| City Millbrae | State CA | Zip Code 94030 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer Norma Davis | Occupation Business Owner | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5500.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Norma Davis | | Date of Receipt MM / DD / YYYY 05 / 02 / 2016 |
| Mailing Address 1308 Lasuen Drive | | Transaction ID : INCA2919 |
| City Millbrae | State CA | Zip Code 94030 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer Norma Davis | Occupation Business Owner | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5500.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Norma Davis | | Date of Receipt MM / DD / YYYY 05 / 13 / 2016 |
| Mailing Address 1308 Lasuen Drive | | Transaction ID : INCA3154 |
| City Millbrae | State CA | Zip Code 94030 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 | |
| Name of Employer Norma Davis | Occupation Business Owner | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2500.00 |
| 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 11 OF 74 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

A. Jane E. Devens
Full Name (Last, First, Middle Initial)

Mailing Address 18251 Roas P. Court

City North Fortmeyers State FL Zip Code 33917

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

Name of Employer n/a Occupation Not Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016

Transaction ID : INCA3132

Amount of Each Receipt this Period
50.00

Memo Item

B. Sylvia Durrwachter
Full Name (Last, First, Middle Initial)

Mailing Address 809 West 5th Street

City Port Angeles State WA Zip Code 98363

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

Name of Employer n/a Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2016

Transaction ID : INCA3237

Amount of Each Receipt this Period
50.00

Memo Item

C. Sylvia Durrwachter
Full Name (Last, First, Middle Initial)

Mailing Address 809 West 5th Street

City Port Angeles State WA Zip Code 98363

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

Name of Employer n/a Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2016

Transaction ID : INCA3147

Amount of Each Receipt this Period
200.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 300.00 |
| 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: PAGE 12 OF 74
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)
A. Esther Fishman

Mailing Address 3240 Lake Point Blvd., #327

City State Zip Code
Sarasota FL 34231

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

Name of Employer Occupation
n/a Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2016

Transaction ID : INCA3168

Amount of Each Receipt this Period
45.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Edie A. Fraser

Mailing Address 2916 32nd Street NW

City State Zip Code
Washington DC 20008

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

Name of Employer Occupation
STEMconnector Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2016

Transaction ID : INCA3158

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Randall J. Gingiss

Mailing Address 1035 Valley View Drive

City State Zip Code
Vermillion SD 57069

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

Name of Employer Occupation
University of South Dakota Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2016

Transaction ID : INCA2910

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 245.00

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: PAGE 13 OF 74
(check only one)

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

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NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

A. Randall J. Gingiss
Full Name (Last, First, Middle Initial)
Mailing Address 1035 Valley View Drive
City Vermillion State SD Zip Code 57069
FEC ID number of contributing federal political committee. **C**
Name of Employer University of South Dakota Occupation Professor
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt **05 / 05 / 2016**
Transaction ID : INCA3060
Amount of Each Receipt this Period **100.00**
 Memo Item

B. Gerald Goldberg
Full Name (Last, First, Middle Initial)
Mailing Address 20 Van Akaen, Unit 310
City Shaker Heights State OH Zip Code 44122
FEC ID number of contributing federal political committee. **C**
Name of Employer n/a Occupation Retired
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **700.00**

Date of Receipt **04 / 26 / 2016**
Transaction ID : INCA3234
Amount of Each Receipt this Period **100.00**
 Memo Item

C. Gerald Goldberg
Full Name (Last, First, Middle Initial)
Mailing Address 20 Van Akaen, Unit 310
City Shaker Heights State OH Zip Code 44122
FEC ID number of contributing federal political committee. **C**
Name of Employer n/a Occupation Retired
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **700.00**

Date of Receipt **05 / 17 / 2016**
Transaction ID : INCA3265
Amount of Each Receipt this Period **50.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **250.00**
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 74 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

A. Amitava Gupta
Full Name (Last, First, Middle Initial)

Mailing Address 5322 Fox Den Road

City Roanoke State VA Zip Code 24018

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

Name of Employer Elenza, Inc. Occupation Chief Technical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3250.00**

Date of Receipt **04 / 01 / 2016**

Transaction ID : INCA2926

Amount of Each Receipt this Period **500.00**

Memo Item

B. Amitava Gupta
Full Name (Last, First, Middle Initial)

Mailing Address 5322 Fox Den Road

City Roanoke State VA Zip Code 24018

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

Name of Employer Elenza, Inc. Occupation Chief Technical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3250.00**

Date of Receipt **04 / 24 / 2016**

Transaction ID : INCA3166

Amount of Each Receipt this Period **1000.00**

Memo Item

C. Louise Hainline
Full Name (Last, First, Middle Initial)

Mailing Address 9 Prospect Park W

City Brooklyn State NY Zip Code 11215

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

Name of Employer Brooklyn College Occupation Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 22 / 2016**

Transaction ID : INCA3151

Amount of Each Receipt this Period **250.00**

Memo Item

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1750.00 |
| 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 15 OF 74 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)
A. George A. Halsey

Mailing Address 111 Camellia Way

City Hendersonville State NC Zip Code 28739

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

Name of Employer n/a Occupation Not Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2016

Transaction ID : INCA3126

Amount of Each Receipt this Period
50.00

Memo Item

Full Name (Last, First, Middle Initial)
B. George A. Halsey

Mailing Address 111 Camellia Way

City Hendersonville State NC Zip Code 28739

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

Name of Employer n/a Occupation Not Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016

Transaction ID : INCA3127

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Margaret Harrington

Mailing Address 750 Lovell Avenue

City Mill Valley State CA Zip Code 94941

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

Name of Employer Margaret Harrington Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2016

Transaction ID : INCA3122

Amount of Each Receipt this Period
125.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 275.00 |
| 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: | PAGE 16 OF 74 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)
A. Mary E. Haubold

Mailing Address 5747 Southwest 22nd Terrace, Apt.

| | | |
|----------------|-------------|-------------------|
| City Topeka | State KS | Zip Code 66614 |
|----------------|-------------|-------------------|

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

| | |
|-------------------------|-----------------------|
| Name of Employer n/a | Occupation Retired |
|-------------------------|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 01 | | 2016 |

Transaction ID : INCA3009

Amount of Each Receipt this Period
50.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Mary E. Haubold

Mailing Address 5747 Southwest 22nd Terrace, Apt.

| | | |
|----------------|-------------|-------------------|
| City Topeka | State KS | Zip Code 66614 |
|----------------|-------------|-------------------|

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

| | |
|-------------------------|-----------------------|
| Name of Employer n/a | Occupation Retired |
|-------------------------|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 01 | | 2016 |

Transaction ID : INCA2906

Amount of Each Receipt this Period
50.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Elizabeth T. Hayes

Mailing Address 7774 McDermott Road

| | | |
|-----------------|-------------|-------------------|
| City Manlius | State NY | Zip Code 13104 |
|-----------------|-------------|-------------------|

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

| | |
|-------------------------|-----------------------|
| Name of Employer n/a | Occupation Retired |
|-------------------------|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 19 | | 2016 |

Transaction ID : INCA3128

Amount of Each Receipt this Period
50.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 150.00 |
| 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: PAGE 17 OF 74
(check only one)

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

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NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)
A. Elizabeth T. Hayes

Mailing Address 7774 McDermott Road

| | | |
|-----------------|-------------|-------------------|
| City Manlius | State NY | Zip Code 13104 |
|-----------------|-------------|-------------------|

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

| | |
|-------------------------|-----------------------|
| Name of Employer n/a | Occupation Retired |
|-------------------------|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 16 | / | 2016 |

Transaction ID : INCA3242

Amount of Each Receipt this Period
50.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Gloria M. Henderson

Mailing Address 2442 Chapel Hill Road

| | | |
|-----------------|-------------|-------------------|
| City Griffin | State GA | Zip Code 30224 |
|-----------------|-------------|-------------------|

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

| | |
|-------------------------|-----------------------|
| Name of Employer n/a | Occupation Retired |
|-------------------------|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | / | 27 | / | 2016 |

Transaction ID : INCA3291

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Jeanne Huber

Mailing Address 5341 Cove Garden Road

| | | |
|--------------------|-------------|-------------------|
| City Covesville | State VA | Zip Code 22931 |
|--------------------|-------------|-------------------|

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

| | |
|-------------------------|-----------------------|
| Name of Employer n/a | Occupation Retired |
|-------------------------|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 03 | / | 2016 |

Transaction ID : INCA2959

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 400.00 |
| 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 18 OF 74 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

A. Eileen Ireland
 Full Name (Last, First, Middle Initial)
 Mailing Address 722 5th Street
 City Las Vegas State NV Zip Code 87701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of New Mexico Occupation Educator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 04 / 12 / 2016
Transaction ID : INCA3043
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Eileen Ireland
 Full Name (Last, First, Middle Initial)
 Mailing Address 722 5th Street
 City Las Vegas State NV Zip Code 87701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of New Mexico Occupation Educator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 12 / 2016
Transaction ID : INCA3125
 Amount of Each Receipt this Period 200.00
 Memo Item

c. Sue A. Ireland
 Full Name (Last, First, Middle Initial)
 Mailing Address 1151 North Rush Street
 City Gary State IN Zip Code 46403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer U.S. Government Occupation Investigator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 04 / 17 / 2016
Transaction ID : INCA3123
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 500.00 |
| 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: | PAGE 19 OF 74 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)
A. Sue A. Ireland

Mailing Address 1151 North Rush Street

| | | |
|------|-------|----------|
| City | State | Zip Code |
| Gary | IN | 46403 |

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

| | |
|------------------|--------------|
| Name of Employer | Occupation |
| U.S. Government | Investigator |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 03 / 2016

Transaction ID : INCA2966

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Lesley L. Isreal

Mailing Address P.O. Box 69

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Royal Oak | MD | 21662 |

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
| n/a | Retired |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5875.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2016

Transaction ID : INCA2985

Amount of Each Receipt this Period
600.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Lesley L. Isreal

Mailing Address P.O. Box 69

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Royal Oak | MD | 21662 |

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
| n/a | Retired |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5875.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2016

Transaction ID : INCA3113

Amount of Each Receipt this Period
400.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1100.00 |
| 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: PAGE 20 OF 74
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)
A. Lesley L. Isreal

Mailing Address P.O. Box 69

City State Zip Code
 Royal Oak MD 21662

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

Name of Employer Occupation
 n/a Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5875.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2016

Transaction ID : INCA3231

Amount of Each Receipt this Period
 100.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Lesley L. Isreal

Mailing Address P.O. Box 69

City State Zip Code
 Royal Oak MD 21662

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

Name of Employer Occupation
 n/a Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5875.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2016

Transaction ID : INCA2963

Amount of Each Receipt this Period
 400.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Lesley L. Isreal

Mailing Address P.O. Box 69

City State Zip Code
 Royal Oak MD 21662

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

Name of Employer Occupation
 n/a Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5875.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2016

Transaction ID : INCA3299

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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 21 OF 74 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

A. Betsy A. Keefer
Full Name (Last, First, Middle Initial)
Mailing Address 2500 Fairway Drive

| | | |
|--------------|-------------|-------------------|
| City York | State PA | Zip Code 17402 |
|--------------|-------------|-------------------|

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

| | |
|-------------------------|-----------------------|
| Name of Employer n/a | Occupation Retired |
|-------------------------|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | / | 25 | / | 2016 |

Transaction ID : INCA3198

Amount of Each Receipt this Period
100.00

Memo Item

B. Betsy A. Keefer
Full Name (Last, First, Middle Initial)
Mailing Address 2500 Fairway Drive

| | | |
|--------------|-------------|-------------------|
| City York | State PA | Zip Code 17402 |
|--------------|-------------|-------------------|

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

| | |
|-------------------------|-----------------------|
| Name of Employer n/a | Occupation Retired |
|-------------------------|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 05 | / | 2016 |

Transaction ID : INCA3062

Amount of Each Receipt this Period
150.00

Memo Item

C. Betsy A. Keefer
Full Name (Last, First, Middle Initial)
Mailing Address 2500 Fairway Drive

| | | |
|--------------|-------------|-------------------|
| City York | State PA | Zip Code 17402 |
|--------------|-------------|-------------------|

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

| | |
|-------------------------|-----------------------|
| Name of Employer n/a | Occupation Retired |
|-------------------------|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 26 | / | 2016 |

Transaction ID : INCA3315

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 500.00 |
| 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 22 OF 74 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

A. L. Erlenmeyer Kimling
Full Name (Last, First, Middle Initial)

Mailing Address 1 Briarwood Lane

City Stamford State CT Zip Code 06903

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

Name of Employer n/a Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **6250.00**

Date of Receipt **04 / 19 / 2016**

Transaction ID : INCA3145

Amount of Each Receipt this Period **500.00**

Memo Item

B. L. Erlenmeyer Kimling
Full Name (Last, First, Middle Initial)

Mailing Address 1 Briarwood Lane

City Stamford State CT Zip Code 06903

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

Name of Employer n/a Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **6250.00**

Date of Receipt **05 / 10 / 2016**

Transaction ID : INCA3098

Amount of Each Receipt this Period **1000.00**

Memo Item

C. Earl King
Full Name (Last, First, Middle Initial)

Mailing Address 14505 Stetson Road

City Los Gatos State CA Zip Code 95033

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

Name of Employer n/a Occupation Not Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **05 / 04 / 2016**

Transaction ID : INCA3013

Amount of Each Receipt this Period **100.00**

Memo Item

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1600.00 |
| 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: | PAGE 23 OF 74 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

A. Claire G. Lampson
Full Name (Last, First, Middle Initial)

Mailing Address 18899 Independence Lane

| | | |
|---------------------|-------------|-------------------|
| City Geyserville | State CA | Zip Code 95941 |
|---------------------|-------------|-------------------|

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

| | |
|--|------------------------|
| Name of Employer Copeland & Therman | Occupation Attorney |
|--|------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 20 | | 2016 |

Transaction ID : INCA3136

Amount of Each Receipt this Period
200.00

Memo Item

B. Claire G. Lampson
Full Name (Last, First, Middle Initial)

Mailing Address 18899 Independence Lane

| | | |
|---------------------|-------------|-------------------|
| City Geyserville | State CA | Zip Code 95941 |
|---------------------|-------------|-------------------|

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

| | |
|--|------------------------|
| Name of Employer Copeland & Therman | Occupation Attorney |
|--|------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 03 | | 2016 |

Transaction ID : INCA2974

Amount of Each Receipt this Period
100.00

Memo Item

C. Winston Matthews
Full Name (Last, First, Middle Initial)

Mailing Address 587 Lenox Road

| | | |
|------------------|-------------|-------------------|
| City Brooklyn | State NY | Zip Code 11203 |
|------------------|-------------|-------------------|

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

| | |
|--------------------------------------|----------------------------------|
| Name of Employer Winston Matthews | Occupation Business Executive |
|--------------------------------------|----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 03 | | 2016 |

Transaction ID : INCA2943

Amount of Each Receipt this Period
100.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 400.00 |
| 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 24 OF 74 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

A. Robert McAdams
 Full Name (Last, First, Middle Initial)
 Mailing Address 9753 Keeneland Row
 City La Jolla State CA Zip Code 92037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer n/a Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 14 / 2016
Transaction ID : INCA3074
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Janice C. Monahan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1130 Bridlewood Way
 City Reno State NV Zip Code 89509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer n/a Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 04 / 07 / 2016
Transaction ID : INCA2987
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Janice C. Monahan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1130 Bridlewood Way
 City Reno State NV Zip Code 89509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer n/a Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 05 / 03 / 2016
Transaction ID : INCA2952
 Amount of Each Receipt this Period 50.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 450.00 |
| 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: PAGE 25 OF 74
(check only one)

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

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NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)
A. Phillip L. Montague

Mailing Address 2612 Sag Harbor Way

City State Zip Code
The Villages FL 32162

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

Name of Employer Occupation
n/a Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
05 / 16 / 2016
Transaction ID : INCA3213

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Ronald Morrison

Mailing Address 9116 Northeast 21st Court

City State Zip Code
Vancouver WA 98665

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

Name of Employer Occupation
n/a Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
05 / 11 / 2016
Transaction ID : INCA3116

Amount of Each Receipt this Period
35.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Ronald Morrison

Mailing Address 9116 Northeast 21st Court

City State Zip Code
Vancouver WA 98665

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

Name of Employer Occupation
n/a Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
05 / 17 / 2016
Transaction ID : INCA3288

Amount of Each Receipt this Period
35.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00

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 26 OF 74 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

A. Mary Murnik
Full Name (Last, First, Middle Initial)

Mailing Address 331 West Slosson Avenue

City Reed City State MI Zip Code 49677

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

Name of Employer Ferris State University Occupation Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **05 / 03 / 2016**

Transaction ID : INCA2939

Amount of Each Receipt this Period **100.00**

Memo Item

B. Mary Murnik
Full Name (Last, First, Middle Initial)

Mailing Address 331 West Slosson Avenue

City Reed City State MI Zip Code 49677

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

Name of Employer Ferris State University Occupation Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **05 / 17 / 2016**

Transaction ID : INCA3280

Amount of Each Receipt this Period **100.00**

Memo Item

c. Mary C. Neill
Full Name (Last, First, Middle Initial)

Mailing Address 2618 Starlight Court

City San Antonio State TX Zip Code 78261

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

Name of Employer n/a Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 04 / 2016**

Transaction ID : INCA3119

Amount of Each Receipt this Period **100.00**

Memo Item

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 300.00 |
| 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: | PAGE 27 OF 74 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

A. Mary C. Neill
Full Name (Last, First, Middle Initial)

Mailing Address 2618 Starlight Court

City San Antonio State TX Zip Code 78261

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

Name of Employer n/a Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : INCA2999

Amount of Each Receipt this Period
100.00

Memo Item

B. Nicholas Passell
Full Name (Last, First, Middle Initial)

Mailing Address 524 Lincoln Avenue

City Eau Claire State WI Zip Code 54701

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

Name of Employer Nicholas Passell Occupation Business Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2016

Transaction ID : INCA3215

Amount of Each Receipt this Period
25.00

Memo Item

C. Nicholas Passell
Full Name (Last, First, Middle Initial)

Mailing Address 524 Lincoln Avenue

City Eau Claire State WI Zip Code 54701

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

Name of Employer Nicholas Passell Occupation Business Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2016

Transaction ID : INCA3140

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00

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 28 OF 74 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

A. Kathleen M. Podolsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Davey Glen Road, Apt. 3925
 City Belmont State CA Zip Code 94002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer n/a Occupation Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **315.00**

Date of Receipt **05 / 03 / 2016**
Transaction ID : INCA2982
 Amount of Each Receipt this Period **15.00**
 Memo Item

B. Margaret M. Pugh
 Full Name (Last, First, Middle Initial)
 Mailing Address 1011 D Street
 City Juneau State AK Zip Code 99801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer n/a Occupation Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 12 / 2016**
Transaction ID : INCA3047
 Amount of Each Receipt this Period **300.00**
 Memo Item

C. Alyce Rey Ritti
 Full Name (Last, First, Middle Initial)
 Mailing Address 170 Cherrywood Way
 City Port Matilda State PA Zip Code 16870
 FEC ID number of contributing federal political committee. **C**
 Name of Employer n/a Occupation Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **950.00**

Date of Receipt **05 / 10 / 2016**
Transaction ID : INCA3095
 Amount of Each Receipt this Period **100.00**
 Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 415.00 |
| 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: | PAGE 29 OF 74 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)
A. Alexandra E. Rosen

Mailing Address 50 Taylor Road

| | | |
|---------------------|-------------|-------------------|
| City Mount Cisco | State NY | Zip Code 10549 |
|---------------------|-------------|-------------------|

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

| | |
|-------------------------|----------------------------|
| Name of Employer n/a | Occupation Not Employed |
|-------------------------|----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 06 | / | 2016 |

Transaction ID : INCA3086

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Ruth W. Rosen

Mailing Address 5 Mount Hood Court

| | | |
|--------------------|-------------|-------------------|
| City San Rafael | State CA | Zip Code 94903 |
|--------------------|-------------|-------------------|

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

| | |
|-------------------------|-----------------------|
| Name of Employer n/a | Occupation Retired |
|-------------------------|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | / | 27 | / | 2016 |

Transaction ID : INCA3293

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Ruth W. Rosen

Mailing Address 5 Mount Hood Court

| | | |
|--------------------|-------------|-------------------|
| City San Rafael | State CA | Zip Code 94903 |
|--------------------|-------------|-------------------|

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

| | |
|-------------------------|-----------------------|
| Name of Employer n/a | Occupation Retired |
|-------------------------|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 04 | / | 2016 |

Transaction ID : INCA3053

Amount of Each Receipt this Period
50.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 400.00 |
| 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 30 OF 74 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

A. Bennie Roundtree
Full Name (Last, First, Middle Initial)

Mailing Address 602 Bonners Lane

City Greenville State NC Zip Code 27834

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

Name of Employer Roundtree Real Estate Occupation Business Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **05 / 04 / 2016**

Transaction ID : INCA3018

Amount of Each Receipt this Period **50.00**

Memo Item

B. Alice Coleman Schelling
Full Name (Last, First, Middle Initial)

Mailing Address 8300 Burdette Road

City Bethesda State MD Zip Code 20817

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

Name of Employer n/a Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt **04 / 13 / 2016**

Transaction ID : INCA3061

Amount of Each Receipt this Period **1000.00**

Memo Item

C. Alice Coleman Schelling
Full Name (Last, First, Middle Initial)

Mailing Address 8300 Burdette Road

City Bethesda State MD Zip Code 20817

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

Name of Employer n/a Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt **05 / 04 / 2016**

Transaction ID : INCA3007

Amount of Each Receipt this Period **1000.00**

Memo Item

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2050.00 |
| 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 31 OF 74 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

A. Donald R. Sims
Full Name (Last, First, Middle Initial)
Mailing Address 130 Baywatch Circle
City Fayetteville State GA Zip Code 30215
FEC ID number of contributing federal political committee. **C**
Name of Employer n/a Occupation Retired
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 11 / 2016**
Transaction ID : INCA3105
Amount of Each Receipt this Period **100.00**
 Memo Item

B. Shirley Smith
Full Name (Last, First, Middle Initial)
Mailing Address 6 Veterans Road, Unit 21
City Amherst State NH Zip Code 03031
FEC ID number of contributing federal political committee. **C**
Name of Employer n/a Occupation Retired
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **235.00**

Date of Receipt **05 / 16 / 2016**
Transaction ID : INCA3217
Amount of Each Receipt this Period **50.00**
 Memo Item

C. Walter Smith
Full Name (Last, First, Middle Initial)
Mailing Address 1803 Hickory Avenue
City Niceville State FL Zip Code 32578
FEC ID number of contributing federal political committee. **C**
Name of Employer United States Army Occupation Air Force Captain
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **375.00**

Date of Receipt **05 / 18 / 2016**
Transaction ID : INCA3300
Amount of Each Receipt this Period **100.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **250.00**
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 32 OF 74 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

A. Jonnie B. Stahl
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Laurel Avenue, Apt. 802
 City San Mateo State CA Zip Code 94401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer n/a Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 05 / 03 / 2016
Transaction ID : INCA2971
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Patricia Stelzner
 Full Name (Last, First, Middle Initial)
 Mailing Address 3521 Campbell Court NW
 City Albuquerque State NM Zip Code 87104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer n/a Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 04 / 28 / 2016
Transaction ID : INCA2863
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Patricia Stelzner
 Full Name (Last, First, Middle Initial)
 Mailing Address 3521 Campbell Court NW
 City Albuquerque State NM Zip Code 87104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer n/a Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 05 / 17 / 2016
Transaction ID : INCA3269
 Amount of Each Receipt this Period 1000.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2150.00 |
| 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 33 OF 74 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)
A. Diana Taylor

Mailing Address **640 Davis Street, Apt. 13**

City **San Francisco** State **CA** Zip Code **94111**

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

Name of Employer **n/a** Occupation **Retired**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **04 / 03 / 2016**

Transaction ID : INCA3100

Amount of Each Receipt this Period **100.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. Bonnie Vitti

Mailing Address **10240 Moorpark Street**

City **Toluca Lake** State **CA** Zip Code **91602**

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

Name of Employer **n/a** Occupation **Not Employed**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt **05 / 11 / 2016**

Transaction ID : INCA3111

Amount of Each Receipt this Period **1000.00**

Memo Item

Full Name (Last, First, Middle Initial)
C. Diann L. Weinman

Mailing Address **4310 Northwest 6th Drive**

City **Des Moines** State **IA** Zip Code **50313**

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

Name of Employer **n/a** Occupation **Retired**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **04 / 25 / 2016**

Transaction ID : INCA3195

Amount of Each Receipt this Period **200.00**

Memo Item

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1300.00 |
| 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 34 OF 74 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

A. Diann L. Weinman
Full Name (Last, First, Middle Initial)

Mailing Address 4310 Northwest 6th Drive

City Des Moines State IA Zip Code 50313

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

Name of Employer n/a Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 14 / 2016
Transaction ID : INCA3155

Amount of Each Receipt this Period 100.00

Memo Item

B. Lucille Werlinich
Full Name (Last, First, Middle Initial)

Mailing Address 18 Ponds Lane

City Puchase State NY Zip Code 10577

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

Name of Employer n/a Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 11 / 2016
Transaction ID : INCA3032

Amount of Each Receipt this Period 1000.00

Memo Item

C. Nancy M. White
Full Name (Last, First, Middle Initial)

Mailing Address 1516 Enyart Way, #204

City Annapolis State MD Zip Code 21409

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

Name of Employer Nancy M. White Occupation Educator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 04 / 09 / 2016
Transaction ID : INCA3101

Amount of Each Receipt this Period 50.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1150.00 |
| 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 35 OF 74 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

A. Nancy M. White
 Full Name (Last, First, Middle Initial)
 Mailing Address 1516 Enyart Way, #204
 City Annapolis State MD Zip Code 21409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nancy M. White Occupation Educator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **05 / 04 / 2016**
Transaction ID : INCA3002
 Amount of Each Receipt this Period **100.00**
 Memo Item

B. Elizabeth William
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Bishop Gadsden Way
 City Charleston State SC Zip Code 29412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer n/a Occupation Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2200.00**

Date of Receipt **05 / 03 / 2016**
Transaction ID : INCA2970
 Amount of Each Receipt this Period **300.00**
 Memo Item

C. Elizabeth William
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Bishop Gadsden Way
 City Charleston State SC Zip Code 29412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer n/a Occupation Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2200.00**

Date of Receipt **05 / 12 / 2016**
Transaction ID : INCA3130
 Amount of Each Receipt this Period **300.00**
 Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 700.00 |
| 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: PAGE 36 OF 74
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)
A. Cynthia Woolbright

Mailing Address 667 Midship Circle

City State Zip Code
 Webster NY 14580

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

Name of Employer Occupation
 Cynthia Woolbright Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 05 / 17 / 2016
Transaction ID : INCA3283

Amount of Each Receipt this Period
 250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Deborah L. Zimmer

Mailing Address 648 Kirk Glen Drive

City State Zip Code
 San Jose CA 95133

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

Name of Employer Occupation
 n/a Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 466.00

Date of Receipt
 05 / 24 / 2016
Transaction ID : INCA3310

Amount of Each Receipt this Period
 250.00

Memo Item

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

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

Amount of Each Receipt this Period

Memo Item

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 500.00 |
| TOTAL This Period (last page this line number only).....▶ | 23677.00 |

**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 37 OF 74 |
| <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)
Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)
A. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

| | | |
|----------------|-------------|-------------------|
| City Aurora | State CO | Zip Code 80014 |
|----------------|-------------|-------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1415.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | / | 12 | / | 2016 |

Transaction ID : INCA3734

Amount of Each Receipt this Period
350.00

Memo Item
Refund of Merchant Fee

Full Name (Last, First, Middle Initial)
B. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

| | | |
|----------------|-------------|-------------------|
| City Aurora | State CO | Zip Code 80014 |
|----------------|-------------|-------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1415.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | / | 13 | / | 2016 |

Transaction ID : INCA3735

Amount of Each Receipt this Period
350.00

Memo Item
Refund of Merchant Fee

Full Name (Last, First, Middle Initial)
C. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

| | | |
|----------------|-------------|-------------------|
| City Aurora | State CO | Zip Code 80014 |
|----------------|-------------|-------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1415.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | / | 13 | / | 2016 |

Transaction ID : INCA3736

Amount of Each Receipt this Period
350.00

Memo Item
Refund of Merchant Fee

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1050.00 |
| TOTAL This Period (last page this line number only).....▶ | 1050.00 |

**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)
Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City State Zip Code
Saint Louis MO 63179

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3702

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City State Zip Code
Saint Louis MO 63179

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3704

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City State Zip Code
Saint Louis MO 63179

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3705

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 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)
Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City State Zip Code
Saint Louis MO 63179

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3708

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City State Zip Code
Saint Louis MO 63179

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3710

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City State Zip Code
Saint Louis MO 63179

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3712

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 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)
Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City State Zip Code
Saint Louis MO 63179

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3714

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City State Zip Code
Saint Louis MO 63179

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3716

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City State Zip Code
Saint Louis MO 63179

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3720

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 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)
Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City Saint Louis State MO Zip Code 63179

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3729

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City Saint Louis State MO Zip Code 63179

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3732

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City Saint Louis State MO Zip Code 63179

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3740

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 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)
Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City State Zip Code
Saint Louis MO 63179

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3750

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City State Zip Code
Saint Louis MO 63179

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3752

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City State Zip Code
Saint Louis MO 63179

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3757

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 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)
Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City State Zip Code
Saint Louis MO 63179

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3763

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City State Zip Code
Saint Louis MO 63179

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3769

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City State Zip Code
Saint Louis MO 63179

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3773

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 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)
Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City State Zip Code
Saint Louis MO 63179

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3777

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City State Zip Code
Saint Louis MO 63179

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3779

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City State Zip Code
Saint Louis MO 63179

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3783

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 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)
Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City State Zip Code
Saint Louis MO 63179

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3785

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City State Zip Code
Saint Louis MO 63179

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3789

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. James P. Hodgins

Mailing Address P.O. Box 3587

City State Zip Code
Tustin CA 92781

Purpose of Disbursement
Consulting Services

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3995

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 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)
Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Microsoft Office 365

Mailing Address One Microsoft Way

City Redmond State WA Zip Code 98052

Purpose of Disbursement
Software Supplier

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB1389

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Microsoft Office 365

Mailing Address One Microsoft Way

City Redmond State WA Zip Code 98052

Purpose of Disbursement
Software Supplier

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB1390

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Microsoft Office 365

Mailing Address One Microsoft Way

City Redmond State WA Zip Code 98052

Purpose of Disbursement
Software Supplier

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB1397

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 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)
Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Microsoft Office 365

Mailing Address One Microsoft Way

City Redmond State WA Zip Code 98052

Purpose of Disbursement
Software Supplier

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB1396

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City Aurora State CO Zip Code 80014

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3700

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City Aurora State CO Zip Code 80014

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB1391

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 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)
Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City Aurora State CO Zip Code 80014

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 11 / 2016

Transaction ID : EXPB3706

Amount of Each Disbursement this Period

976.19

Memo Item

Full Name (Last, First, Middle Initial)

B. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City Aurora State CO Zip Code 80014

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 26 / 2016

Transaction ID : EXPB3726

Amount of Each Disbursement this Period

365.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City Aurora State CO Zip Code 80014

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 26 / 2016

Transaction ID : EXPB3725

Amount of Each Disbursement this Period

365.00

Memo Item

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

1706.19

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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)
Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City Aurora State CO Zip Code 80014

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3727

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City Aurora State CO Zip Code 80014

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3754

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City Aurora State CO Zip Code 80014

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3753

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 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)
Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City Aurora State CO Zip Code 80014

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB1400

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. US Bank

Mailing Address 16061 Brookhurst Street

City Fountain Valley State CA Zip Code 92708

Purpose of Disbursement
Bank Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB1392

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. US Bank

Mailing Address 16061 Brookhurst Street

City Fountain Valley State CA Zip Code 92708

Purpose of Disbursement
Bank Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB3699

Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : RCVC3469**
Foundation for a Greater America, Inc.

| | | |
|---|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Finiks Capital, LLC | <input type="checkbox"/> Memo Item | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 3625 W. MacArthur Blvd., #302 | | |
| City Santa Ana | State CA | ZIP Code 92704 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 43813.34 | 23461.78 | 20351.56 |

TERMS

| | | | |
|----------------------------------|----------------------------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| MM / DD / YYYY 11 / 17 / 2014 | MM / DD / YYYY 11 / 17 / 2015 | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|---|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|--|----------------------|
| SUBTOTALS This Period This Page (optional)..... ▶ | 20351.56 |
| TOTALS This Period (last page in this line only)..... ▶ | <input type="text"/> |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : RCVC3461**
Foundation for a Greater America, Inc.

| | | |
|---|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Finiks Capital, LLC | <input type="checkbox"/> Memo Item | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 3625 W. MacArthur Blvd., #302 | | |
| City Santa Ana | State CA | ZIP Code 92704 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 21100.00 | 0.00 | 21100.00 |

TERMS

Date Incurred: MM / DD / YYYY: 11 / 18 / 2014
Date Due: MM / DD / YYYY: 11 / 18 / 2015
Interest Rate: 0.00 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|--|----------|
| SUBTOTALS This Period This Page (optional)..... ▶ | 21100.00 |
| TOTALS This Period (last page in this line only)..... ▶ | [] |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : RCVC3501**
Foundation for a Greater America, Inc.

| | | |
|---|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Finiks Capital, LLC | <input type="checkbox"/> Memo Item | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 3625 W. MacArthur Blvd., #302 | | |
| City Santa Ana | State CA | ZIP Code 92704 |

| | | |
|--------------------------------------|------------------------------------|--|
| Original Amount of Loan 100000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 100000.00 |
|--------------------------------------|------------------------------------|--|

TERMS

Date Incurred: MM / DD / YYYY (11 / 18 / 2014)
Date Due: MM / DD / YYYY (05 / 18 / 2016)
Interest Rate: 0.00 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|-----------|
| SUBTOTALS This Period This Page (optional).....▶ | 100000.00 |
| TOTALS This Period (last page in this line only).....▶ | [] |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : RCVC3956**
Foundation for a Greater America, Inc.

| | | |
|---|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Finiks Capital, LLC | <input type="checkbox"/> Memo Item | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 3625 W. MacArthur Blvd., #302 | | |
| City Santa Ana | State CA | ZIP Code 92704 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 1200.00 | 0.00 | 1200.00 |

TERMS

Date Incurred: MM / DD / YYYY: 01 / 30 / 2015
Date Due: MM / DD / YYYY: 01 / 30 / 2016
Interest Rate: 0.00 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|---------|
| SUBTOTALS This Period This Page (optional).....▶ | 1200.00 |
| TOTALS This Period (last page in this line only).....▶ | [] |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Foundation for a Greater America, Inc.** Transaction ID : **RCVC3958**

| | | |
|---|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Finiks Capital, LLC | <input type="checkbox"/> Memo Item | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 3625 W. MacArthur Blvd., #302 | | |
| City Santa Ana | State CA | ZIP Code 92704 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 77400.00 | 0.00 | 77400.00 |

TERMS

Date Incurred: MM / DD / YYYY / /

Date Due: MM / DD / YYYY / /

Interest Rate: % (apr)

Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|---|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|-----------|
| SUBTOTALS This Period This Page (optional).....▶ | 77400.00 |
| TOTALS This Period (last page in this line only).....▶ | 220051.56 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Foundation for a Greater America, Inc.** Transaction ID : **PAYC3820**

| | | |
|--|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Judson A. Church | <input type="checkbox"/> Memo Item | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 764 Pines Lake Drive West | | |
| City Wayne | State NJ | ZIP Code 07470 |

| | | |
|--------------------------------------|--|--|
| Original Amount of Loan 250000.00 | Cumulative Payment To Date 43050.00 | Balance Outstanding at Close of This Period 206950.00 |
|--------------------------------------|--|--|

TERMS

| | | | |
|---|--|----------------------------------|---|
| Date Incurred MM / DD / YYYY 01 / 27 / 2015 | Date Due MM / DD / YYYY 11 / 23 / 2016 | Interest Rate 1500.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|--|----------------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|-----------|
| SUBTOTALS This Period This Page (optional)..... ▶ | 206950.00 |
| TOTALS This Period (last page in this line only)..... ▶ | [] |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | |

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

Form/Schedule: SC/10

Transaction ID : PAYC3820

Loan Received; See Schedule C

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : PAYC3812**
Foundation for a Greater America, Inc.

| | | |
|--|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) CrossClick Media, Inc. | <input type="checkbox"/> Memo Item | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 8725 S. Eastern Avenue, #200-661 | | |
| City Las Vegas | State NV | ZIP Code 89123 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 26500.00 | 0.00 | 26500.00 |

TERMS

Date Incurred: MM / DD / YYYY / /

Date Due: MM / DD / YYYY / /

Interest Rate: % (apr)

Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|---|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|----------------------|
| SUBTOTALS This Period This Page (optional)..... ▶ | 26500.00 |
| TOTALS This Period (last page in this line only)..... ▶ | <input type="text"/> |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | |

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : PAYC3816**
Foundation for a Greater America, Inc.

| | | |
|--|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) CrossClick Media, Inc. | <input type="checkbox"/> Memo Item | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 8725 S. Eastern Avenue, #200-661 | | |
| City Las Vegas | State NV | ZIP Code 89123 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 19000.00 | 0.00 | 19000.00 |

TERMS

Date Incurred: MM / DD / YYYY (05 / 13 / 2015)
Date Due: MM / DD / YYYY (11 / 30 / 2016)
Interest Rate: 1000.00 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|----------|
| SUBTOTALS This Period This Page (optional).....▶ | 19000.00 |
| TOTALS This Period (last page in this line only).....▶ | [] |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : PAYC3818**
Foundation for a Greater America, Inc.

| | | |
|--|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) CrossClick Media, Inc. | <input type="checkbox"/> Memo Item | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 8725 S. Eastern Avenue, #200-661 | | |
| City Las Vegas | State NV | ZIP Code 89123 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 13200.00 | 76.79 | 13123.21 |

TERMS

Date Incurred: MM / DD / YYYY (05 / 13 / 2015)
Date Due: MM / DD / YYYY (11 / 30 / 2016)
Interest Rate: 1000.00 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|----------|
| SUBTOTALS This Period This Page (optional).....▶ | 13123.21 |
| TOTALS This Period (last page in this line only).....▶ | [] |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Foundation for a Greater America, Inc.** Transaction ID : **PAYC1964**

| | | |
|---|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Finiks Capital, LLC | <input type="checkbox"/> Memo Item | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 3625 W. MacArthur Blvd., #302 | | |
| City Santa Ana | State CA | ZIP Code 92704 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 12400.00 | 2695.00 | 9705.00 |

TERMS

Date Incurred: MM / DD / YYYY (07 / 06 / 2015) Date Due: MM / DD / YYYY (07 / 06 / 2016) Interest Rate: 0.00 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|---------|
| SUBTOTALS This Period This Page (optional).....▶ | 9705.00 |
| TOTALS This Period (last page in this line only).....▶ | [] |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : PAYC3298**
Foundation for a Greater America, Inc.

| | | |
|---|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Finiks Capital, LLC | <input type="checkbox"/> Memo Item | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 3625 W. MacArthur Blvd., #302 | | |
| City Santa Ana | State CA | ZIP Code 92704 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 5000.00 | 0.00 | 5000.00 |

TERMS

Date Incurred: M M / D D / Y Y Y Y Y Y /

Date Due: M M / D D / Y Y Y Y Y Y /

Interest Rate: % (apr)

Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|---|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|--|
| SUBTOTALS This Period This Page (optional).....▶ | <input type="text" value="5000.00"/> |
| TOTALS This Period (last page in this line only).....▶ | <input type="text" value="280278.21"/> |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 63 OF 74 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Aristotle International, Inc. | Nature of Debt (Purpose): Card Processing & Web Design Services |
| Mailing Address 205 Pennsylvania Avenue SE | |
| City State Zip Code Washington DC 20003 | |

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 2550.00 | Transaction ID : PAYD3515 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2550.00 |

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Aristotle International, Inc. | Nature of Debt (Purpose): Merchant Fees |
| Mailing Address 205 Pennsylvania Avenue SE | |
| City State Zip Code Washington DC 20003 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 0.99 | Transaction ID : PAYD3805 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 0.99 |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Aristotle International, Inc. | Nature of Debt (Purpose): Card Processing & Web Design Services |
| Mailing Address 205 Pennsylvania Avenue SE | |
| City State Zip Code Washington DC 20003 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 20000.00 | Transaction ID : PAYD3807 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 20000.00 |

| | |
|--|----------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 22550.99 |
| 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 64 OF 74 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Aristotle International, Inc. | Nature of Debt (Purpose): Merchant Fees |
| Mailing Address 205 Pennsylvania Avenue SE | |
| City State Zip Code Washington DC 20003 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 0.99 | Transaction ID : PAYD3961 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 0.99 |

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Aristotle International, Inc. | Nature of Debt (Purpose): Merchant Fees |
| Mailing Address 205 Pennsylvania Avenue SE | |
| City State Zip Code Washington DC 20003 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 0.99 | Transaction ID : PAYD3966 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 0.99 |

| | |
|---|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Anastasia Ault | Nature of Debt (Purpose): Office Supplies |
| Mailing Address 8686 Merced Circle, Unit 1007 D | |
| City State Zip Code Costa Mesa CA 92626 | |

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 12.71 | Transaction ID : PAYD2231 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 12.71 |

| | |
|--|-------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 14.69 |
| 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 65 OF 74 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Anastasia Ault | Nature of Debt (Purpose): Office Supplies |
| Mailing Address 8686 Merced Circle, Unit 1007 D | |
| City State Zip Code Costa Mesa CA 92626 | |

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 28.80 | Transaction ID : PAYD2696 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 28.80 |

| | |
|---|--------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Anastasia Ault | Nature of Debt (Purpose): Postage |
| Mailing Address 8686 Merced Circle, Unit 1007 D | |
| City State Zip Code Costa Mesa CA 92626 | |

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 19.60 | Transaction ID : PAYD3509 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 19.60 |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kyleen Cane | Nature of Debt (Purpose): Merchant Fees |
| Mailing Address 3273 East Warm Springs Road | |
| City State Zip Code Henderson NV 89014 | |

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 75.46 | Transaction ID : PAYD2448 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 75.46 |

| | |
|--|--------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 123.86 |
| 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 66 OF 74 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kyleen Cane | Nature of Debt (Purpose): Merchant Fees |
| Mailing Address 3273 East Warm Springs Road | |
| City State Zip Code Henderson NV 89014 | |

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 66.72 | Transaction ID : PAYD2451 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 66.72 |

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kyleen Cane | Nature of Debt (Purpose): Merchant Fees |
| Mailing Address 3273 East Warm Springs Road | |
| City State Zip Code Henderson NV 89014 | |

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 57.82 | Transaction ID : PAYD2455 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 57.82 |

| | |
|--|---------------------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kyleen Cane | Nature of Debt (Purpose): Loan Fee |
| Mailing Address 3273 East Warm Springs Road | |
| City State Zip Code Henderson NV 89014 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 450.00 | Transaction ID : PAYD3792 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 450.00 |

| | |
|--|--------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 574.54 |
| 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 67 OF 74 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kyleen Cane | Nature of Debt (Purpose): Loan Interest |
| Mailing Address 3273 East Warm Springs Road | |
| City State Zip Code Henderson NV 89014 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 820.87 | Transaction ID : PAYD3793 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 820.87 |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Judson A. Church | Nature of Debt (Purpose): Loan Interest Payment |
| Mailing Address 764 Pines Lake Drive West | |
| City State Zip Code Wayne NJ 07470 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 362.00 | Transaction ID : PAYD3969 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 362.00 |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Corporation Service Company (CSC) | Nature of Debt (Purpose): Corporate Document Services |
| Mailing Address P.O. Box 13397 | |
| City State Zip Code Philadelphia PA 19101 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 352.00 | Transaction ID : PAYD1965 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 352.00 |

| | |
|--|---------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 1534.87 |
| 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 68 OF 74 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Corporation Service Company (CSC) | Nature of Debt (Purpose): Interest Fee |
| Mailing Address P.O. Box 13397 | |
| City State Zip Code Philadelphia PA 19101 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="33.84"/> | Transaction ID : PAYD2235 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="33.84"/> |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Corporation Service Company (CSC) | Nature of Debt (Purpose): Interest Fee |
| Mailing Address P.O. Box 13397 | |
| City State Zip Code Philadelphia PA 19101 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="24.12"/> | Transaction ID : PAYD2701 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="24.12"/> |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Corporation Service Company (CSC) | Nature of Debt (Purpose): Interest Fee |
| Mailing Address P.O. Box 13397 | |
| City State Zip Code Philadelphia PA 19101 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="8.28"/> | Transaction ID : PAYD3324 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="8.28"/> |

| | |
|--|------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | <input type="text" value="66.24"/> |
| 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 69 OF 74 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Corporation Service Company (CSC) | Nature of Debt (Purpose): Interest Fee |
| Mailing Address P.O. Box 13397 | |
| City State Zip Code Philadelphia PA 19101 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 8.28 | Transaction ID : PAYD3512 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 8.28 |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Corporation Service Company (CSC) | Nature of Debt (Purpose): Interest Fee |
| Mailing Address P.O. Box 13397 | |
| City State Zip Code Philadelphia PA 19101 | |

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 15.84 | Transaction ID : PAYD3806 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 15.84 |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Corporation Service Company (CSC) | Nature of Debt (Purpose): Interest Fee |
| Mailing Address P.O. Box 13397 | |
| City State Zip Code Philadelphia PA 19101 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 9.00 | Transaction ID : PAYD3967 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 9.00 |

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|--|-------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 33.12 |
| 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 70 OF 74 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CrossClick Media, Inc. | Nature of Debt (Purpose): Call Center |
| Mailing Address 8725 S. Eastern Avenue, #200-661 | |
| City State Zip Code Las Vegas NV 89123 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 62747.69 | Transaction ID : PAYD3962 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 62747.69 |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor James P. Hodgins | Nature of Debt (Purpose): Office Supplies |
| Mailing Address P.O. Box 3587 | |
| City State Zip Code Tustin CA 92781 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 9.05 | Transaction ID : PAYD2221 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 9.05 |

| | |
|---|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor James P. Hodgins | Nature of Debt (Purpose): Consulting Services |
| Mailing Address P.O. Box 3587 | |
| City State Zip Code Tustin CA 92781 | |

| | | |
|--|----------------------------------|---|
| Outstanding Balance Beginning This Period 1220.00 | Transaction ID : PAYD3510 | |
| Amount Incurred This Period 0.00 | Payment This Period 800.00 | Outstanding Balance at Close of This Period 420.00 |

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|--|----------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 63176.74 |
| 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 71 OF 74 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor James P. Hodgins | Nature of Debt (Purpose): Consulting Services |
| Mailing Address P.O. Box 3587 | |
| City State Zip Code Tustin CA 92781 | |

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 1500.00 | Transaction ID : PAYD3804 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1500.00 |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor James P. Hodgins | Nature of Debt (Purpose): Consulting Services |
| Mailing Address P.O. Box 3587 | |
| City State Zip Code Tustin CA 92781 | |

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|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 9000.00 | Transaction ID : PAYD3959 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 9000.00 |

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|---|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor InFind.com, Inc. | Nature of Debt (Purpose): Management Consulting Services |
| Mailing Address 12021 Wilshire Blvd., Suite 634 | |
| City State Zip Code Los Angeles CA 90025 | |

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|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 6100.00 | Transaction ID : PAYD1975 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 6100.00 |

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| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 16600.00 |
| 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 72 OF 74 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor InFind.com, Inc. | Nature of Debt (Purpose): Management Consulting Services |
| Mailing Address 12021 Wilshire Blvd., Suite 634 | |
| City State Zip Code Los Angeles CA 90025 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 20000.00 | Transaction ID : PAYD2183 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 20000.00 |

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|---|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jeff Taylor Graphics | Nature of Debt (Purpose): Design of Logo, Letterhead and Envelopes |
| Mailing Address 2633 Lincoln Blvd., Suite 837 | |
| City State Zip Code Santa Monica CA 90405 | |

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 2075.00 | Transaction ID : PAYD2201 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2075.00 |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Cowan Law | Nature of Debt (Purpose): Legal Services |
| Mailing Address 100 Pine Street, Suite 1250 | |
| City State Zip Code San Francisco CA 94111 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 15550.15 | Transaction ID : PAYD1976 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 15550.15 |

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|--|----------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 37625.15 |
| 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 73 OF 74 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Propel Management Group, Inc. | Nature of Debt (Purpose): Consulting Services for Call Center |
| Mailing Address 3625 W. Macarthur Blvd., #302. | |
| City State Zip Code Santa Ana CA 92704 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 726.78 | Transaction ID : PAYD2239 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 726.78 |

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Propel Management Group, Inc. | Nature of Debt (Purpose): Professional Services |
| Mailing Address 3625 W. Macarthur Blvd., #302. | |
| City State Zip Code Santa Ana CA 92704 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 129.55 | Transaction ID : PAYD3507 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 129.55 |

| | |
|---|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Joe Spaziano | Nature of Debt (Purpose): Computer Services |
| Mailing Address 1928 E. Van Owen Avenue, Apt. A | |
| City State Zip Code Orange CA 92867 | |

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 80.96 | Transaction ID : PAYD3516 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 80.96 |

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|--|--------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 937.29 |
| 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 74 OF 74 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
Foundation for a Greater America, Inc.

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor State of California-Franchise Tax Board | Nature of Debt (Purpose): Penalty Fee |
| Mailing Address P.O. Box 942857 | |
| City State Zip Code Sacramento CA 94257 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 250.00 | Transaction ID : PAYD3963 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 250.00 |

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|---|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Womble Carlyle Sandridge & Rice, LLP | Nature of Debt (Purpose): Legal Services |
| Mailing Address 1200 19th Street NW, Suite 500 | |
| City State Zip Code Washington DC 20036 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 12264.92 | Transaction ID : PAYD2208 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 12264.92 |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Womble Carlyle Sandridge & Rice, LLP | Nature of Debt (Purpose): Legal Services |
| Mailing Address 1200 19th Street NW, Suite 500 | |
| City State Zip Code Washington DC 20036 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 436.00 | Transaction ID : PAYD2722 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 436.00 |

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| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 12950.92 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | 156188.41 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | 280278.21 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | 436466.62 |