

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2014 DEC -8 PM 1:42
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

FEC MAIL CENTER

WALLACE FOR AMERICA

ADDRESS (number and street)

2127 ESPEY CT

STE 110

GROFTON

MD

21114

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

00551713

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

MD

08

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)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

MD

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

MD

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

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

Jeffrey S. Olsen

Signature of Treasurer

Jeffrey S. Olsen

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

Page 5

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Wallace For America

Report Covering the Period:

From:

11 / 05 / 2013

To:

12 / 03 / 2014

I. RECEIPTS

COLUMN A
Total this Period

COLUMN B
Election Cycle Total as of

11 / 04 / 2014

(date of general election)

COLUMN C
Total for

11 / 05 / 2014

(date after general election)

through

12 / 03 / 2014

(last day of reporting period)

11. CONTRIBUTIONS

(other than loans) FROM:

- (a) Individuals/Persons Other than Political Committees
(i) Itemized (use Schedule A)

136001

136001

0

(ii) Unitemized

77500

77500

0

(iii) Total of contributions from individuals

213501

213501

0

(b) Political Party Committees

0

0

0

(c) Other Political Committees

0

0

0

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Page 6

| COLUMN A Total this Period | COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date) | COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates) |
|---|---|---|
| (d) The Candidate | | |
| 1331567 | 638000 | 673567 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d)) | | |
| 1545068 | 871501 | 673567 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | | |
| | | |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate | | |
| | | |
| (b) All Other Loans | | |
| | | |
| (c) TOTAL LOANS (add Lines 13(a) and (b)) | | |
| | | |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.) | | |
| | | |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | | |
| | | |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) | | |
| 1545068 | 871501 | 673567 |

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Page 7

Write or Type Committee Name

Wallace For America

Report Covering the Period:

From:

11 / 05 / 2013

To:

12 / 03 / 2014

II. DISBURSEMENTS

| COLUMN A Total this Period | COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date) | COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates) |
|---|---|---|
| 17. OPERATING EXPENDITURES | | |
| 1581810 | 771210 | 810600 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | | |
| 0 | | |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate | | |
| 0 | | |
| (b) Of All Other Loans | | |
| 0 | | |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b)) | | |
| 0 | | |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| 0 | | |
| (b) Political Party Committees | | |
| 0 | | |

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Page 8

COLUMN A
Total this Period

COLUMN B
Election Cycle Total as of *
(date of general election)
(* See page 5 for date)

COLUMN C
Total for * (date after general election)
through * (last day of reporting period)
(* See page 5 for dates)

(c) Other Political Committees (such as PACs)

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

21. OTHER DISBURSEMENTS

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....

25. SUBTOTAL (add Line 23 and Line 24).....

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| FOR LINE NUMBER: | | PAGE | | OF | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | |

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) Wallace for America

A. Full Name (Last, First, Middle Initial) Olsen, Jeffery S.
Mailing Address 2086 Jason Ct
City Crofton State MD Zip Code 21114
FEC ID number of contributing federal political committee. C00551113
Name of Employer Olsen & Associates, LLC Occupation CPA
Receipt For: ☐ Primary ☒ General
Other (specify) _____ Election Cycle-to-Date 14500
Date of Receipt 11/15/2013
Amount of Each Receipt this Period 14500

B. Full Name (Last, First, Middle Initial) Olsen, Jeffery S.
Mailing Address 2086 Jason Ct
City Crofton State MD Zip Code 21114
FEC ID number of contributing federal political committee. C00551113
Name of Employer Olsen & Associates, LLC Occupation CPA
Receipt For: ☐ Primary ☒ General
Other (specify) _____ Election Cycle-to-Date 18500
Date of Receipt 11/21/2013
Amount of Each Receipt this Period 4000

C. Full Name (Last, First, Middle Initial) Olsen, Jeffery S.
Mailing Address 2086 Jason Ct
City Crofton State MD Zip Code 21114
FEC ID number of contributing federal political committee. C00551113
Name of Employer Olsen & Associates, LLC Occupation CPA
Receipt For: ☐ Primary ☒ General
Other (specify) _____ Election Cycle-to-Date 21001
Date of Receipt 12/17/2013
Amount of Each Receipt this Period 2501

SUBTOTAL of Receipts This Page (optional) 21001
TOTAL This Period (last page this line number only) 21001

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

| FOR LINE NUMBER: | | PAGE | OF |
|---|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)

Wallace for America

Full Name (Last, First, Middle Initial)

Bowen, Howard

A.

Mailing Address

9651 Old National Pike

City

Hagerstown

State

MD

Zip Code

21740

FEC ID number of contributing
federal political committee.

C00551712

Name of Employer

unknown

Occupation

unknown

Receipt For:

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

09/30/2014

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Olsen, Jeffrey S.

B.

Mailing Address

2086 Jason Ct

City

Crofton

State

MD

Zip Code

21114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Olsen & Associates LLC

Occupation

CRA

Receipt For:

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

360.01

Date of Receipt

01/22/2014

Amount of Each Receipt this Period

150.00

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)

Election Cycle-to-Date

Date of Receipt

MM/DD/YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1150.00

1360.01

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

| | | | |
|------------------------------|------------------------------|------------------------------|---|
| FOR LINE NUMBER: | | PAGE | OF |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (in Full)

Wallace for America

Full Name (Last, First, Middle Initial)

A. ~~David Wallace~~ Wallace, David D

Mailing Address

2127 Espey Ct #110

City

Crofton

State

MD

Zip Code

21114

FEC ID number of contributing federal political committee.

C00551713

Name of Employer

Occupation

Receipt For:

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5000

Date of Receipt

11 / 14 / 2013

Amount of Each Receipt this Period

5000

Full Name (Last, First, Middle Initial)

B. Wallace, David D

Mailing Address

2127 Espey Ct #110

City

Crofton

State

MD

Zip Code

21114

FEC ID number of contributing federal political committee.

C00551713

Name of Employer

Occupation

Receipt For:

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

8000

Date of Receipt

11 / 21 / 2013

Amount of Each Receipt this Period

3000

Full Name (Last, First, Middle Initial)

C. Wallace, David D

Mailing Address

2127 Espey Ct Ste 110

City

Crofton

State

MD

Zip Code

21114

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

158000

Date of Receipt

01 / 31 / 2014

Amount of Each Receipt this Period

150000

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

158000

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

| | | | |
|--------------------------------------|------------------------------|------------------------------|---|
| FOR LINE NUMBER: (check only one) | | PAGE | OF |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | | | |

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NAME OF COMMITTEE (in Full)

Wallace for America

Full Name (Last, First, Middle Initial)

Wallace Dave

A.

Mailing Address

2127 Espey Ct #110

City

Crofton

State

MD

Zip Code

21114

FEC ID number of contributing federal political committee.

000551113

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

658000

Date of Receipt

10/30/2014

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

Wallace David D

B.

Mailing Address

2127 Espey Ct #110

City

Crofton

State

MD

Zip Code

21114

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1158000

Date of Receipt

11/10/2014

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

Wallace David D

C.

Mailing Address

2127 Espey Ct #110

City

Crofton

State

MD

Zip Code

21114

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1171567

Date of Receipt

11/18/2014

Amount of Each Receipt this Period

13567

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1013567

1171567

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

| | | | | | |
|------------------------------|------------------------------|------------------------------|---|-----------------------------|------------------------------|
| FOR LINE NUMBER: | | PAGE | | OF | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 11d | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | | | |

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NAME OF COMMITTEE (In Full)

Wallace for America

Full Name (Last, First, Middle Initial)

Wallace, David D

Mailing Address

2122 Espey Ct #110

City

Crofton

State

MD

Zip Code

21114

FEC ID number of contributing federal political committee.

GROSS177

Name of Employer

Occupation

Receipt For:

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1271567

Date of Receipt

11/25/2014

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

Wallace, David D

Mailing Address

2127 Espey Ct #110

City

Crofton

State

MD

Zip Code

21114

FEC ID number of contributing federal political committee.

GROSS177

Name of Employer

Occupation

Receipt For:

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1331567

Date of Receipt

12/02/2014

Amount of Each Receipt this Period

600.00

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)

Election Cycle-to-Date

1331567

Date of Receipt

12/02/2014

Amount of Each Receipt this Period

1,600.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1,600.00

1331567

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Wallace for America

Full Name (Last, First, Middle Initial)

A. *Nation Builders*

Mailing Address *448 S. Hill Street ste 200*

City *Los Angeles* State *CA* Zip Code *90013*

Purpose of Disbursement

001
Category/
Type

Candidate Name
Dave Wallace

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

State: *MD* District: *8*

Date of Disbursement

12 / *17* / *2013*

Amount of Each Disbursement this Period

19.00

Full Name (Last, First, Middle Initial)

B. *Nation Builders*

Mailing Address *448 S. Hill Street ste 200*

City *Los Angeles* State *CA* Zip Code *90013*

Purpose of Disbursement

001
Category/
Type

Candidate Name
Dave Wallace

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

State: *MD* District: *8*

Date of Disbursement

01 / *30* / *2014*

Amount of Each Disbursement this Period

19.00

Full Name (Last, First, Middle Initial)

C. *Nation Builders*

Mailing Address *448 S. Hill Street Suite 200*

City *Los Angeles* State *CA* Zip Code *90013*

Purpose of Disbursement

001
Category/
Type

Candidate Name
Dave Wallace

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

State: *MD* District: *8*

Date of Disbursement

03 / *01* / *2014*

Amount of Each Disbursement this Period

19.00

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

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

57.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE OF

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Wallace for America

Full Name (Last, First, Middle Initial)

A. *Nation Builders*

Mailing Address

448 S. Hill Street Ste 200

City

Los Angeles

State

CA

Zip Code

90013

Purpose of Disbursement

001

Category/
Type

Candidate Name

Dave Wallace

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

State: *MD*

District: *8*

Date of Disbursement

03/30/2014

Amount of Each Disbursement this Period

19.00

B. *Nation Builders*

Mailing Address

448 S. Hill Street Ste 200

City

Los Angeles

State

CA

Zip Code

90013

Purpose of Disbursement

001

Category/
Type

Candidate Name

Dave Wallace

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

State: *MD*

District: *8*

Date of Disbursement

04/29/2014

Amount of Each Disbursement this Period

19.00

C. *Nation Builder*

Mailing Address

448 S. Hill Street Ste 200

City

Los Angeles

State

CA

Zip Code

90013

Purpose of Disbursement

001

Category/
Type

Candidate Name

Dave Wallace

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

State: *MD*

District: *8*

Date of Disbursement

05/29/2014

Amount of Each Disbursement this Period

14.63

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

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

52.63

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Wallace for America

Full Name (Last, First, Middle Initial)

A. *Nation Builder*

Mailing Address

448 S. Hill Street Ste 200

City

Los Angeles

State
CA

Zip Code

90013

Purpose of Disbursement

001
Category/
Type

Candidate Name

Dave Wallace

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

State:

MD

District:

8

Full Name (Last, First, Middle Initial)

Date of Disbursement

06/30/2014

Amount of Each Disbursement this Period

1900

B. *Nation Builder*

Mailing Address

448 S. Hill Street Ste 200

City

Los Angeles

State
CA

Zip Code

90013

Purpose of Disbursement

001
Category/
Type

Candidate Name

Dave Wallace

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

State:

MD

District:

8

Full Name (Last, First, Middle Initial)

Date of Disbursement

07/30/2014

Amount of Each Disbursement this Period

1900

C. *Nation Builder*

Mailing Address

448 S. Hill Street Ste 200

City

Los Angeles

State
CA

Zip Code

90013

Purpose of Disbursement

001
Category/
Type

Candidate Name

Dave Wallace

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

State:

MD

District:

8

Full Name (Last, First, Middle Initial)

Date of Disbursement

08/29/2014

Amount of Each Disbursement this Period

1900

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

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

5700

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Wallace for America

Full Name (Last, First, Middle Initial)

A. Nation Builder

Mailing Address 448 S. Hill Street Ste 200

City Los Angeles State CA Zip Code 90013

Purpose of Disbursement

001

Category/
Type

Candidate Name

Dave Wallace

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

State: MD

District: 8

Date of Disbursement

10/09/2014

Amount of Each Disbursement this Period

999.00

B. Nation Builder

Mailing Address 448 S. Hill Street Ste 200

City Los Angeles State CA Zip Code 90013

Purpose of Disbursement

001

Category/
Type

Candidate Name

Dave Wallace

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

State: MD

District: 8

Date of Disbursement

11/07/2014

Amount of Each Disbursement this Period

1,249.00

C. Nation Builder

Mailing Address 448 S. Hill Street Ste 200

City Los Angeles State CA Zip Code 90013

Purpose of Disbursement

001

Category/
Type

Candidate Name

Dave Wallace

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

State: MD

District: 8

Date of Disbursement

12/01/2014

Amount of Each Disbursement this Period

1,249.00

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

3,497.00

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

3,497.00

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Wallace for America

Full Name (Last, First, Middle Initial)

A. *BB + T Bank*

Mailing Address

2151 Defense Hwy

City

Crofton

State

MD

Zip Code

21114

Purpose of Disbursement

Bank Checks

Candidate Name

Dave Wallace

00.1

Category/
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☒

General

☐

Other (specify)

State: *MD*

District: *8*

Date of Disbursement

11 / 27 / 2013

Amount of Each Disbursement this Period

144.64

B. *BB + T Bank*

Mailing Address

2151 Defense Hwy

City

Crofton

State

MD

Zip Code

21114

Purpose of Disbursement

Bank fee

Candidate Name

Dave Wallace

00.1

Category/
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☒

General

☐

Other (specify)

State: *MD*

District: *8*

Date of Disbursement

11 / 07 / 2014

Amount of Each Disbursement this Period

36.00

C. *BB + T Bank*

Mailing Address

2151 Defense Hwy

City

Crofton

State

MD

Zip Code

21114

Purpose of Disbursement

Bank fee

Candidate Name

Dave Wallace

00.1

Category/
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☒

General

☐

Other (specify)

State: *MD*

District: *8*

Date of Disbursement

11 / 24 / 2014

Amount of Each Disbursement this Period

36.00

SUBTOTAL of Disbursements This Page (optional)

216.64

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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20a 20b 20c 21

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NAME OF COMMITTEE (in Full)

Wallace for America

Full Name (Last, First, Middle Initial)

A. BB+T Bank

Date of Disbursement

12 / 01 / 2014

Mailing Address

2151 Defense Hwy

City

Crofton

State

MD

Zip Code

21114

Amount of Each Disbursement this Period

Purpose of Disbursement

Bank fee

00.1

36.00

Candidate Name

Dave Wallace

Category/
Type

Office Sought:

☒

House

Disbursement For:

☐

Primary

☒

General

☐

Senate

☐

President

☐

Other (specify)

State:

MD

District:

8

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐

House

Disbursement For:

☐

Primary

☐

General

☐

Senate

☐

President

☐

Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐

House

Disbursement For:

☐

Primary

☐

General

☐

Senate

☐

President

☐

Other (specify)

State:

District:

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

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

36.00

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

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

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NAME OF COMMITTEE (In Full)

Wallace for America

Full Name (Last, First, Middle Initial)

A. Bruce Matter

Mailing Address

12413 Rousseau Terrace

City

North Potomac

State

Zip Code

Purpose of Disbursement

Candidate Name

Dave Wallace

Office Sought:

☒ House

☐ Senate

☐ President

State: MD

District: 8

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

Date of Disbursement

11/24/2014

Amount of Each Disbursement this Period

2000.00

003

Category/
Type

Full Name (Last, First, Middle Initial)

B. Gager Inc

Mailing Address

City

Unknown

State

Zip Code

Purpose of Disbursement

Candidate Name

Dave Wallace

Office Sought:

☒ House

☐ Senate

☐ President

State: MD

District: 8

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

Date of Disbursement

10/30/2014

Amount of Each Disbursement this Period

500.00

003

Category/
Type

Full Name (Last, First, Middle Initial)

C. EMS

Mailing Address

City

Unknown

State

Zip Code

Purpose of Disbursement

Candidate Name

Dave Wallace

Office Sought:

☒ House

☐ Senate

☐ President

State: MD

District: 8

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

Date of Disbursement

12/02/2013

Amount of Each Disbursement this Period

206.00

003

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

2510.60

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

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Wallace for America

Full Name (Last, First, Middle Initial)

A. *EMS*

Date of Disbursement

12 / 17 / 2013

Mailing Address

City *Unknown* State Zip Code

Amount of Each Disbursement this Period

56

Purpose of Disbursement

003

Category/
Type

Candidate Name

Dave Wallace

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☒

General

☐

Other (specify)

State: *MD*

District: *8*

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

56

Purpose of Disbursement

003

Category/
Type

Candidate Name

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

56

Purpose of Disbursement

003

Category/
Type

Candidate Name

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify)

State:

District:

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

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

56

56

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

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)

Wallace for America

Full Name (Last, First, Middle Initial)

A. *Accurate Append Inc*

Mailing Address

1511 3rd Ave Ste 621

City

Seattle

State

WA

Zip Code

98101

Purpose of Disbursement

004

Category/
Type

Candidate Name

Dave Wallace

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☒

General

☐

Other (specify)

State: *MD*

District: *8*

Full Name (Last, First, Middle Initial)

Date of Disbursement

11 / 03 / 2014

Amount of Each Disbursement this Period

129152

B. *Accurate Append*

Mailing Address

1511 3rd Ave Ste 621

City

Seattle

State

WA

Zip Code

98101

Purpose of Disbursement

004

Category/
Type

Candidate Name

Dave Wallace

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☒

General

☐

Other (specify)

State: *MD*

District: *8*

Full Name (Last, First, Middle Initial)

Date of Disbursement

11 / 03 / 2014

Amount of Each Disbursement this Period

287489

C. *The Strategy Group for Media*

Mailing Address

7669 Stagers Loop

City

Delaware, OH

State

OH

Zip Code

43015

Purpose of Disbursement

004

Category/
Type

Candidate Name

Dave Wallace

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☒

General

☐

Other (specify)

State: *MD*

District: *8*

Full Name (Last, First, Middle Initial)

Date of Disbursement

11 / 24 / 2014

Amount of Each Disbursement this Period

300000

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

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

716641

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

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Wallace for America

Full Name (Last, First, Middle Initial)

A. *Claudia Adorno*

Mailing Address

City *UNKNOWN* State Zip Code

Purpose of Disbursement

Kick off Party

Candidate Name

Dave Wallace

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify)

State: *MD*

District: *8*

Date of Disbursement

01 / 10 / 2014

Amount of Each Disbursement this Period

12426

Full Name (Last, First, Middle Initial)

B. *Optimist Club for Freedom*

Mailing Address

6315 Sykesville Rd

City *Sykesville* State *MD* Zip Code *21784*

Purpose of Disbursement

Candidate Name

Dave Wallace

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify)

State: *MD*

District: *8*

Date of Disbursement

11 / 20 / 2014

Amount of Each Disbursement this Period

50000

Full Name (Last, First, Middle Initial)

C. *Unknown ck# 91*

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Dave Wallace

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify)

State: *MD*

District: *8*

Date of Disbursement

02 / 06 / 2014

Amount of Each Disbursement this Period

150000

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

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

212426

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Wallace for America

Full Name (Last, First, Middle Initial)

A.

ck # 93

Date of Disbursement

02 / 25 / 2014

Mailing Address

Unknown

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

007

10000

Candidate Name

Dave Wallace

Category/
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

State: *MD*

District: *8*

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

*Category/
Type*

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

*Category/
Type*

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify)

State:

District:

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

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

10000



7013 1090 0002 0854 5597

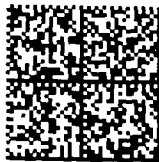
Associates

ey Court

2114



PITNEY BOWES
\$ 007.820
02 1P
0001916071 DEC 04 2014
MAILED FROM ZIP CODE 21539




Federal Election Commission - FEC Form 3
999 E Street NW
Washington DC 20463

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RECEIPT

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2014 DEC -8 PM 1:42
FEC MAIL CENTER

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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| <input checked="" type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) 12/4/14 |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
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| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 60%;">PREPARER  (8/2013)</div><div style="width: 35%; text-align: right;">12/8/14 DATE PREPARED</div></div> | |