

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
New Vision America Fund

ADDRESS (number and street) c/o Contribution Solutions, LLC
123 E. San Carlos St., #531
San Jose CA 95112
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C C00375691
3. IS THIS REPORT NEW OR AMENDED (N) (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (X), Termination Report
(b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), 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)
(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 / 01 / 2015 through 06 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Vicki Day

Signature of Treasurer Vicki Day [Electronically Filed] Date 07 / 30 / 2015

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**

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Page 2

Write or Type Committee Name

**New Vision America Fund**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="4604.13"/>	<input type="text" value="4604.13"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="4604.13"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="4604.13"/>	<input type="text" value="4604.13"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3000.00"/>	<input type="text" value="3000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1604.13"/>	<input type="text" value="1604.13"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="1109.00"/>	

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

New Vision America Fund

Report Covering the Period: From: 01 / 01 / 2015 To: 06 / 30 / 2015

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

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

**DETAILED SUMMARY PAGE**

of Disbursements

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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 .....	3000.00	3000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3000.00	3000.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	0.00	0.00
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)) ..	3000.00	3000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3000.00	3000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	3000.00	3000.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	3000.00	3000.00

**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

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)  
**New Vision America Fund**

Full Name (Last, First, Middle Initial)

**A. Arum Group, LLC**

Mailing Address 625 Third Street, NE  
Suite #2

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Fundraising Consultant

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D517520**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Contribution Solutions, LLC**

Mailing Address 123 E. San Carlos St., #531

City San Jose State CA Zip Code 95112

Purpose of Disbursement  
Bookkeeping and Reporting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D517940**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Arum Group, LLC**

Mailing Address 625 Third Street, NE  
Suite #2

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Fundraising Consultant

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D517521**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input 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

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)  
**New Vision America Fund**

Full Name (Last, First, Middle Initial)  
**A. Contribution Solutions, LLC**

Mailing Address 123 E. San Carlos St., #531

City San Jose State CA Zip Code 95112

Purpose of Disbursement Bookkeeping and Reporting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 06 / 2015

Transaction ID : **D522246**

Amount of Each Disbursement this Period: 250.00

Category/Type

Full Name (Last, First, Middle Initial)  
**B. Contribution Solutions, LLC**

Mailing Address 123 E. San Carlos St., #531

City San Jose State CA Zip Code 95112

Purpose of Disbursement Bookkeeping and Reporting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 30 / 2015

Transaction ID : **D517186**

Amount of Each Disbursement this Period: 250.00

Category/Type

Full Name (Last, First, Middle Initial)  
**C. Contribution Solutions, LLC**

Mailing Address 123 E. San Carlos St., #531

City San Jose State CA Zip Code 95112

Purpose of Disbursement Bookkeeping and Reporting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 06 / 2015

Transaction ID : **D522247**

Amount of Each Disbursement this Period: 250.00

Category/Type

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

**TOTAL** This Period (last page this line number only)..... ▶ 3000.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 8 OF 9
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**New Vision America Fund**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>NGP VAN, Inc.</b>	Nature of Debt (Purpose): Database Software
Mailing Address 1101 15th Street, NW Suite 500	
City State Zip Code Washington DC 20005	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D528465</b>	
Amount Incurred This Period 609.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 609.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Arum Group, LLC</b>	Nature of Debt (Purpose): Fundraising Consultant
Mailing Address 625 Third Street, NE Suite #2	
City State Zip Code Washington DC 20002	

Outstanding Balance Beginning This Period 1000.00	<b>Transaction ID : D517280</b>	
Amount Incurred This Period 0.00	Payment This Period 1000.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Arum Group, LLC</b>	Nature of Debt (Purpose): Fundraising Consultant
Mailing Address 625 Third Street, NE Suite #2	
City State Zip Code Washington DC 20002	

Outstanding Balance Beginning This Period 1000.00	<b>Transaction ID : D517281</b>	
Amount Incurred This Period 0.00	Payment This Period 1000.00	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	609.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 9 OF 9
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**New Vision America Fund**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Contribution Solutions, LLC</b>	Nature of Debt (Purpose): Bookkeeping and Reporting
Mailing Address 123 E. San Carlos St., #531	
City State Zip Code San Jose CA 95112	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D528463</b>	
Amount Incurred This Period 250.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Contribution Solutions, LLC</b>	Nature of Debt (Purpose): Bookkeeping and Reporting
Mailing Address 123 E. San Carlos St., #531	
City State Zip Code San Jose CA 95112	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D528464</b>	
Amount Incurred This Period 250.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 250.00

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

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	500.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	1109.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	1109.00