

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP

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="14486.55"/>	<input type="text" value="14486.55"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="30040.78"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="21299.08"/>	<input type="text" value="116499.08"/>
(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="51339.86"/>	<input type="text" value="130985.63"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="23979.93"/>	<input type="text" value="103625.70"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="27359.93"/>	<input type="text" value="27359.93"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP

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).....	20000.00	115000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	20000.00	115000.00
(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)	20000.00	115000.00
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	200.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1299.08	1299.08
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))..... ▶	21299.08	116499.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	21299.08	116499.08

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	0.00	5943.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	5943.45
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)	23979.93	97682.25
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)) ..	23979.93	103625.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23979.93	103625.70

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)	20000.00	115000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20000.00	115000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	5943.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	200.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	5743.45

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

Form/Schedule: F3XA

Transaction ID :

Summary page lines 7, 8, 24. Sch. B line 24

Form/Schedule:

Transaction ID:

**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 12
	(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)
AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP

A. . PALA BAND OF MISSION INDIANS
 Full Name (Last, First, Middle Initial)
 Mailing Address 35008 PALA TEMECULA RD. PMB 50

City PALA	State CA	Zip Code 92059
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FEC ID number of contributing federal political committee. **C**

Name of Employer SOVEREIGN NATION	Occupation INDIAN TRIBE
--------------------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2016
Transaction ID : INCA171

Amount of Each Receipt this Period
 10000.00

Memo Item

B. . YOCHA DEHE WINTUN NATION
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. BOX 18

City BROOKS	State CA	Zip Code 95606
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FEC ID number of contributing federal political committee. **C**

Name of Employer SOVEREIGN NATION	Occupation INDIAN TRIBE
--------------------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2016
Transaction ID : INCA173

Amount of Each Receipt this Period
 10000.00

Memo Item

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

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	20000.00
TOTAL This Period (last page this line number only).....	20000.00

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

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

FOR LINE NUMBER: PAGE 8 OF 12
(check only one)

<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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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)
AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP

A. GATEWAY MEDIA
Full Name (Last, First, Middle Initial)
Mailing Address 2150 RIVER PLAZA DR. #150

City SACRAMENTO	State CA	Zip Code 95833
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FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1499.08

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2016

Transaction ID : INCA174

Amount of Each Receipt this Period
1299.08

Memo Item
REFUND

B.
Full Name (Last, First, Middle Initial)
Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1299.08
TOTAL This Period (last page this line number only).....▶	1299.08

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

Form/Schedule: SA17

Transaction ID : INCA174

Refund for media not aired - LaMalfa IE

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 10 OF 12
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor GATEWAY MEDIA	Nature of Debt (Purpose): MASS MAIL
Mailing Address 2150 RIVER PLAZA DR. #150	
City State Zip Code SACRAMENTO CA 95833	

Outstanding Balance Beginning This Period 95.11	Transaction ID : PAYD164	
Amount Incurred This Period 0.00	Payment This Period 95.11	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor GATEWAY MEDIA	Nature of Debt (Purpose): MASS MAIL FOR LAMALFA
Mailing Address 2150 RIVER PLAZA DR. #150	
City State Zip Code SACRAMENTO CA 95833	

Outstanding Balance Beginning This Period 22860.10	Transaction ID : PAYD165	
Amount Incurred This Period 0.00	Payment This Period 22860.10	Outstanding Balance at Close of This Period 0.00

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) SUBTOTALS This Period This Page (optional)..... ▶	0.00
2) TOTALS This Period (last page this line number only)..... ▶	0.00
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 E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP
FEC IDENTIFICATION NUMBER
C C00514224
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: GATEWAY MEDIA
Mailing Address: 2150 RIVER PLAZA DR. #150
City: SACRAMENTO State: CA Zip Code: 95833
Purpose of Expenditure: ONLINE ADVERTISING Category/Type: 24E
Date of Public Distribution/Dissemination: 05/27/2016
Amount: 95.11
Transaction ID: PDTE12
Date of Disbursement or Obligation: 06/01/2016
Name of Federal Candidate: DOUG LAMALFA Support
Office Sought: House District: 01 State: CA
Disbursement For: Primary

Full Name of Payee: GATEWAY MEDIA
Mailing Address: 2150 RIVER PLAZA DR. #150
City: SACRAMENTO State: CA Zip Code: 95833
Purpose of Expenditure: MASS MAIL Category/Type: 24E
Date of Public Distribution/Dissemination: 05/31/2016
Amount: 22860.10
Transaction ID: PDTE13
Date of Disbursement or Obligation: 06/01/2016
Name of Federal Candidate: DOUG LAMALFA Support
Office Sought: House District: 01 State: CA
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures: 22955.21
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: David Bauer [Electronically Filed] Date: 07/27/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP	FEC IDENTIFICATION NUMBER ▼ C C00514224
--	--

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee GATEWAY MEDIA <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2016
Mailing Address 2150 RIVER PLAZA DR. #150	Amount 1024.72
City State Zip Code SACRAMENTO CA 95833	
Purpose of Expenditure MASS MAIL	Category/Type 24E
Name of Federal Candidate DOUG LAMALFA	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2016
Name of Federal Candidate DOUG LAMALFA	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
97682.25	

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Name of Federal Candidate	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought	
	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1024.72
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	23979.93

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature David Bauer [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 27 / 2016