

**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

America Innovates

ADDRESS (number and street)

1787 Tribute Road, Suite K

☐ Check if different
than previously
reported. (ACC)

Sacramento

CA

95815

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00559898

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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

CA

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

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 Shawnda Deane

Signature of Treasurer

Shawnda Deane

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

America Innovates

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 10 16 2014

To:

 M M / D D / Y Y Y Y Y
 11 24 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	6522.78	
(c) Total Receipts (from Line 19)	6100.77	23331.77
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	12623.55	23331.77
7. Total Disbursements (from Line 31)	9113.59	19821.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3509.96	3509.96
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	455.00	



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)

Page 3

Write or Type Committee Name

America Innovates

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		16		2014

To:

M M	/	D D	/	Y Y Y Y
11		24		2014

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).....

1000.00

8300.00

(ii) Unitemized

100.00

3031.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

1100.00

11331.00

(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) ▶

1100.00

11331.00

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.).....

5000.77

12000.77

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))..... ▶

6100.77

23331.77

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

6100.77

23331.77

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	3413.59	12621.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3413.59	12621.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1500.00
24. Independent Expenditures (use Schedule E)	5700.00	5700.00
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)) ..	9113.59	19821.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9113.59	19821.81

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)	1100.00	11331.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1100.00	11331.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	3413.59	12621.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	3413.59	12621.81

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 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

America Innovates

Full Name (Last, First, Middle Initial)

A. Michael McNerney

Mailing Address 501 Forest Avenue, #402

City State Zip Code
Palo Alto CA 94301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michael McNerney

Occupation

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2014

Transaction ID : INCA155

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

1000.00

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 20
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

America Innovates

Full Name (Last, First, Middle Initial)

A. Christopher Finan

Mailing Address 426 Waverley Street, Apt. 2

City State Zip Code
Palo Alto CA 94301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Manifold Security

Occupation

Information Technologist Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 16 / 2014

Transaction ID : INCA157

Amount of Each Receipt this Period

4000.00

Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Michael McNerney

Mailing Address 501 Forest Avenue, #402

City State Zip Code
Palo Alto CA 94301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michael McNerney

Occupation

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 16 / 2014

Transaction ID : INCA156

Amount of Each Receipt this Period

1000.00

Non-Contribution Account

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

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

5000.00

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

America Innovates

Full Name (Last, First, Middle Initial)

A. Card Service Center

Mailing Address P.O. Box 569100

City Dallas State TX Zip Code 75356

Purpose of Disbursement
Online Ads

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 17 2014

Transaction ID : EXPB169

Amount of Each Disbursement this Period

10.41

Full Name (Last, First, Middle Initial)

B. Google Inc.

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Online Ads

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 17 2014

Transaction ID : EDTB10EXPB169

Amount of Each Disbursement this Period

10.41

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Card Service Center

Mailing Address P.O. Box 569100

City Dallas State TX Zip Code 75356

Purpose of Disbursement
Merchant Fee

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 17 2014

Transaction ID : EXPB170

Amount of Each Disbursement this Period

19.00

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

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

29.41

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

America Innovates

Full Name (Last, First, Middle Initial)

A. NationBuilder

Mailing Address 448 South Hill Street, Suite 200

City Los Angeles State CA Zip Code 90013

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014

Transaction ID : PDTB11EXPB170

Amount of Each Disbursement this Period

19.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Card Service Center

Mailing Address P.O. Box 569100

City Dallas State TX Zip Code 75356

Purpose of Disbursement
Merchant Fee - Non-Contribution Account

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014

Transaction ID : EXPB165

Amount of Each Disbursement this Period

19.00

Full Name (Last, First, Middle Initial)

C. NationBuilder

Mailing Address 448 South Hill Street, Suite 200

City Los Angeles State CA Zip Code 90013

Purpose of Disbursement
Merchant Fee - Non-Contribution Account

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014

Transaction ID : PDTB12EXPB165

Amount of Each Disbursement this Period

19.00

[MEMO ITEM]

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

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

19.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

America Innovates

Full Name (Last, First, Middle Initial)

A. Card Service Center

Mailing Address P.O. Box 569100

City State Zip Code
Dallas TX 75356

Purpose of Disbursement
Fundraising Event Expenses - Non-Contribution Account

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 17 2014

Transaction ID : EXPB167

Amount of Each Disbursement this Period

1355.75

Full Name (Last, First, Middle Initial)

B. Darlington House

Mailing Address 1610 20th Street, NW

City State Zip Code
Washington DC 20009

Purpose of Disbursement
Fundraising Event Expenses - Non-Contribution Account

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 17 2014

Transaction ID : PDTB15EXPB167

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Darlington House

Mailing Address 1610 20th Street, NW

City State Zip Code
Washington DC 20009

Purpose of Disbursement
Fundraising Event Expenses - Non-Contribution Account

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 17 2014

Transaction ID : PDTB16EXPB167

Amount of Each Disbursement this Period

1105.75

[MEMO ITEM]

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

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

1355.75

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

America Innovates

A. Card Service Center

Date of Disbursement

Three digital displays showing the date 10/17/2014 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '17' with 'D' indicators above it. The third display shows '2014' with 'Y' indicators above it.

Transaction ID : EXPB172

003

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

1355.75

Full Name (Last, First, Middle Initial)

B. Darlington House

Mailing Address 1610 20th Street, NW

Date of Disbursement

City	State	Zip Code
Washington	DC	20009

Transaction ID : PDTB13EXPB172

Purpose of Disbursement	Fundraising Event Expenses

003

Candidate Name

Category/
Type

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Darlington House

Mailing Address 1610 20th Street, NW

Date of Disbursement

City	State	Zip Code
Washington	DC	20009

Transaction ID : PDTB14EXPB172

Purpose of Disbursement
Fundraising Event Expenses

003

Candidate Name

Category/
Type

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

1105.75

[MEMO ITEM]

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

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

1355.75

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

America Innovates

Full Name (Last, First, Middle Initial)

A. Card Service Center

Mailing Address P.O. Box 569100

City State Zip Code
Dallas TX 75356
Purpose of Disbursement
Online Ads - Non-Contribution Account

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 17 2014

Transaction ID : EXPB174

Amount of Each Disbursement this Period

10.42

Full Name (Last, First, Middle Initial)

B. Google Inc.

Mailing Address 1600 Amphitheatre Parkway

City State Zip Code
Mountain View CA 94043
Purpose of Disbursement
Online Ads - Non-Contribution Account

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 17 2014

Transaction ID : EDTB11EXPB174

Amount of Each Disbursement this Period

10.42

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Card Service Center

Mailing Address P.O. Box 569100

City State Zip Code
Dallas TX 75356
Purpose of Disbursement
Merchant Fee

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 19 2014

Transaction ID : EXPB188

Amount of Each Disbursement this Period

19.00

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

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

29.42

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

America Innovates

Full Name (Last, First, Middle Initial)

A. NationBuilder

Mailing Address 448 South Hill Street, Suite 200

City Los Angeles State CA Zip Code 90013

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 19 / 2014

Transaction ID : EDTB17EXPB188

Amount of Each Disbursement this Period

19.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Card Service Center

Mailing Address P.O. Box 569100

City Dallas State TX Zip Code 75356

Purpose of Disbursement
Merchant Fee - Non-Contribution Account

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 19 / 2014

Transaction ID : EXPB189

Amount of Each Disbursement this Period

19.00

Full Name (Last, First, Middle Initial)

C. NationBuilder

Mailing Address 448 South Hill Street, Suite 200

City Los Angeles State CA Zip Code 90013

Purpose of Disbursement
Merchant Fee - Non-Contribution Account

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 19 / 2014

Transaction ID : EDTB18EXPB189

Amount of Each Disbursement this Period

19.00

[MEMO ITEM]

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

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

19.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 20

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

America Innovates

Full Name (Last, First, Middle Initial)

A. Card Service Center

Mailing Address P.O. Box 569100

City Dallas State TX Zip Code 75356

Purpose of Disbursement
Online Ads

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2014

Transaction ID : EXPB186

Amount of Each Disbursement this Period

10.41

Full Name (Last, First, Middle Initial)

B. Google Inc.

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Online Ads

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2014

Transaction ID : EDTB16EXPB186

Amount of Each Disbursement this Period

10.41

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Card Service Center

Mailing Address P.O. Box 569100

City Dallas State TX Zip Code 75356

Purpose of Disbursement
Online Ads - Non-Contribution Account

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2014

Transaction ID : EXPB187

Amount of Each Disbursement this Period

10.42

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

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

20.83

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 20

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

America Innovates

Full Name (Last, First, Middle Initial)

A. Google Inc.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	9			2	0	1	4		

Mailing Address 1600 Amphitheatre Parkway

City	State	Zip Code
Mountain View	CA	94043

Purpose of Disbursement
Online Ads - Non-Contribution Account

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Transaction ID : EDTB15EXPB187

Amount of Each Disbursement this Period

1	0	4	2
---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Deane & Company

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	5			2	0	1	4		

Mailing Address 1787 Tribute Road, Suite K

City	State	Zip Code
Sacramento	CA	95815

Purpose of Disbursement
Reporting Services

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Transaction ID : EXPB179

Amount of Each Disbursement this Period

2	6	6	1	4
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Deane & Company

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	5			2	0	1	4		

Mailing Address 1787 Tribute Road, Suite K

City	State	Zip Code
Sacramento	CA	95815

Purpose of Disbursement
Reporting Services - Non-Contribution Account

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Transaction ID : EXPB180

Amount of Each Disbursement this Period

2	6	6	1	5
---	---	---	---	---

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

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

532.29

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

America Innovates

001

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

MM / DD / YYYY

001

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

001

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

28.14

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

America Innovates

A. Remcho, Johansen & Purcell, LLP

Mailing Address 201 Dolores Avenue

City	State	Zip Code
San Leandro	CA	94577

Purpose of Disbursement
Legal Services - Non-Contribution Account

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement



Transaction ID : EXPB175

Amount of Each Disbursement this Period



24.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

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

24.00

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

3413.59

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 18 OF 20

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

America Innovates

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Card Service Center

Nature of Debt (Purpose):

Merchant Fee - Non-Contribution Account

Mailing Address P.O. Box 569100

City State

Zip Code

Dallas

TX

75356

Outstanding Balance Beginning This Period

19.00

Transaction ID : PAYD158

Amount Incurred This Period

0.00

Payment This Period

19.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Card Service Center

Nature of Debt (Purpose):

Merchant Fee

Mailing Address P.O. Box 569100

City State

Zip Code

Dallas

TX

75356

Outstanding Balance Beginning This Period

19.00

Transaction ID : PAYD159

Amount Incurred This Period

0.00

Payment This Period

19.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Card Service Center

Nature of Debt (Purpose):

Fundraising Event Expenses - Non-
Contribution Account

Mailing Address P.O. Box 569100

City

State

Zip Code

Dallas

TX

75356

Outstanding Balance Beginning This Period

1355.75

Transaction ID : PAYD160

Amount Incurred This Period

0.00

Payment This Period

1355.75

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

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 19 OF 20

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

America Innovates

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Card Service Center

Nature of Debt (Purpose):

Fundraising Event Expenses

Mailing Address P.O. Box 569100

City State

Dallas

Zip Code

TX

75356

Outstanding Balance Beginning This Period

1355.75

Transaction ID : PAYD161

Amount Incurred This Period

0.00

Payment This Period

1355.75

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Christopher Finan

Nature of Debt (Purpose):

Logo Design

Mailing Address 426 Waverley Street, Apt. 2

City State

Palo Alto

Zip Code

CA

94301

Outstanding Balance Beginning This Period

227.50

Transaction ID : PAYD27

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

227.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Christopher Finan

Nature of Debt (Purpose):

Logo Design - Non-Contribution Account

Mailing Address 426 Waverley Street, Apt. 2

City

Palo Alto

State

CA

Zip Code

94301

Outstanding Balance Beginning This Period

227.50

Transaction ID : PAYD148

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

227.50

1) SUBTOTALS This Period This Page (optional)..... ►

455.00

2) TOTALS This Period (last page this line number only)..... ►

455.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

455.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 20 OF 20
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) America Innovates			FEC IDENTIFICATION NUMBER ▼ C C00559898	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee DS Political		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014		
Mailing Address 901 New York Avenue, NW, #470E		Amount 5700.00		
City Washington	State DC	Zip Code 20001	Transaction ID : EDTEALC12	
Purpose of Expenditure Online Ads		Category/Type 24E	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Mark Udall		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought		5700.00	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y		
Mailing Address		Amount		
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Purpose of Expenditure		Category/Type		
Name of Federal Candidate		☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		5700.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....		5700.00		
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 <i>Shawnda Deane</i>		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2014		