

# 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.

The Fund for American Exceptionalism

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)
  - Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
  - Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)  General (12G)  Runoff (12R)
  - Convention (12C)  Special (12S)

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

Type or Print Name of Treasurer

Signature of Treasurer  [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**The Fund for American Exceptionalism**

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="2013"/>		7546.19
(b) Cash on Hand at Beginning of Reporting Period.....	7546.19	
(c) Total Receipts (from Line 19) .....	7500	7500
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	15046.19	15046.19
7. Total Disbursements (from Line 31).....	10088.94	10088.94
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	4957.25	4957.25
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	

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

Write or Type Committee Name

The Fund for American Exceptionalism

Report Covering the Period: From: 01 / 01 / 2013 To: 06 / 30 / 2013

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).....	5000	5000
(ii) Unitemized .....	0	0
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5000	5000
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	2500	2500
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	7500	7500
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received .....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5) .....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	7500	7500
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7500	7500

**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	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	9053.94	9053.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	9053.94	9053.94
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-1500	-1500
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements .....	2535	2535
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10088.94	10088.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10088.94	10088.94

**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) .....	7500	7500
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7500	7500
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	9053.94	9053.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	9053.94	9053.94

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

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

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input 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)  
**The Fund for American Exceptionalism**

**A. Jeffrey J Good**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3300 Kickbush Drive  
 City Valparaiso State IN Zip Code 46385-7132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Good Hospitality Services Occupation Founder  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : 97-237-c**  
 Amount of Each Receipt this Period  
 1000

**B. John A Janicik**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 42 Waverly Avenue  
 City Clarendon Hills State IL Zip Code 60514-1218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayer Brown LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : 301-238-c**  
 Amount of Each Receipt this Period  
 1000

**C. Paul Molino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 W Hubbard Street Suite 500  
 City Chicago State IL Zip Code 60654-4616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RMMS Occupation Lawyer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : 90-239-c**  
 Amount of Each Receipt this Period  
 3000

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 17
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

**A.** Full Name (Last, First, Middle Initial)  
**Koch Industries Inc Political Action Committee (kochpac)**

Mailing Address 600 14th Street NW  
Suite 800

City Washington State DC Zip Code 20005-2099

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2013

**Transaction ID : 300-236-c**

Amount of Each Receipt this Period  
2500

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial)

**A. Aristotle International Inc**

Mailing Address 205 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Compliance software fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 26 / 2013

Transaction ID : SB21B-10-243-e

Amount of Each Disbursement this Period

600

Full Name (Last, First, Middle Initial)

**B. Aristotle International Inc**

Mailing Address 205 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Compliance software

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 24 / 2013

Transaction ID : SB21B-10-246-e

Amount of Each Disbursement this Period

200

Full Name (Last, First, Middle Initial)

**C. Aristotle International Inc**

Mailing Address 205 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Compliance software fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2013

Transaction ID : SB21B-10-257-e

Amount of Each Disbursement this Period

600

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

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

1400.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial)

**A. Delta Airlines**

Mailing Address 1030 Delta Boulevard

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement  
Air travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		20		2013

**Transaction ID : SB21B-311-2-V**

Amount of Each Disbursement this Period

662.74
--------

**[MEMO ITEM]**

Subitemization of Fifth Third Bank ( 04/20/13 )

Full Name (Last, First, Middle Initial)

**B. United Airlines**

Mailing Address 77 W Wacker Drive

City Chicago State IL Zip Code 60601-1604

Purpose of Disbursement  
Air travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		20		2013

**Transaction ID : SB21B-313-3-V**

Amount of Each Disbursement this Period

456.9
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**[MEMO ITEM]**

Subitemization of Fifth Third Bank ( 04/20/13 )

Full Name (Last, First, Middle Initial)

**C. McNamara Florists**

Mailing Address 3969 E 82nd Street

City Indianapolis State IN Zip Code 46240-2468

Purpose of Disbursement  
Gifts for volunteers

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		20		2013

**Transaction ID : SB21B-314-4-V**

Amount of Each Disbursement this Period

118.75
--------

**[MEMO ITEM]**

Subitemization of Fifth Third Bank ( 04/20/13 )

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial)

**A. Fifth Third Bank**

Mailing Address 5925 Illinois Road

City Fort Wayne State IN Zip Code 46804-1159

Purpose of Disbursement  
Credit card payment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 20 / 2013

Transaction ID : SB21B-4-250-e

Amount of Each Disbursement this Period

1238.39

Full Name (Last, First, Middle Initial)

**B. McNamara Florists**

Mailing Address 3969 E 82nd Street

City Indianapolis State IN Zip Code 46240-2468

Purpose of Disbursement  
Gifts for volunteers

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2013

Transaction ID : SB21B-314-21-V

Amount of Each Disbursement this Period

207.55

**[MEMO ITEM]**

Subitemization of Fifth Third Bank ( 05/05/13 )

Full Name (Last, First, Middle Initial)

**C. Fifth Third Bank**

Mailing Address 5925 Illinois Road

City Fort Wayne State IN Zip Code 46804-1159

Purpose of Disbursement  
Credit card payment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2013

Transaction ID : SB21B-4-252-e

Amount of Each Disbursement this Period

370.9

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

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

1609.29

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial)

**A. Hilton Hotels**

Mailing Address 720 S Michigan Avenue

City Chicago State IL Zip Code 60605-3428

Purpose of Disbursement  
Lodging while fundraising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2013

**Transaction ID : SB21B-317-7-V**

Amount of Each Disbursement this Period

324.56

**[MEMO ITEM]**

Subitemization of Fifth Third Bank ( 05/05/13 )

Full Name (Last, First, Middle Initial)

**B. Fifth Third Bank**

Mailing Address 5925 Illinois Road

City Fort Wayne State IN Zip Code 46804-1159

Purpose of Disbursement  
Credit card payment

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2013

**Transaction ID : SB21B-4-253-e**

Amount of Each Disbursement this Period

444.51

Full Name (Last, First, Middle Initial)

**C. McNamara Florists**

Mailing Address 3969 E 82nd Street

City Indianapolis State IN Zip Code 46240-2468

Purpose of Disbursement  
Gifts for volunteers

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 09 / 2013

**Transaction ID : SB21B-314-9-V**

Amount of Each Disbursement this Period

118.75

**[MEMO ITEM]**

Subitemization of Fifth Third Bank ( 06/09/13 )

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

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

444.51

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial)

**A. Amalfi Restaurant**

Mailing Address 1351 W 86th Street

City Indianapolis State IN Zip Code 46260-2101

Purpose of Disbursement  
Fundraising event

Candidate Name

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
06		09		2013

**Transaction ID : SB21B-324-15-V**

Amount of Each Disbursement this Period

1206.28
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**[MEMO ITEM]**

Subitemization of Fifth Third Bank ( 06/09/13 )

Full Name (Last, First, Middle Initial)

**B. Fifth Third Bank**

Mailing Address 5925 Illinois Road

City Fort Wayne State IN Zip Code 46804-1159

Purpose of Disbursement  
Credit card payment

Candidate Name

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
06		09		2013

**Transaction ID : SB21B-4-255-e**

Amount of Each Disbursement this Period

1573.6
--------

Full Name (Last, First, Middle Initial)

**C. Delta Airlines**

Mailing Address 1030 Delta Boulevard

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement  
Air travel

Candidate Name

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
06		09		2013

**Transaction ID : SB21B-311-17-V**

Amount of Each Disbursement this Period

638.9
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**[MEMO ITEM]**

Subitemization of Fifth Third Bank ( 06/09/13 )

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

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

1573.60
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial)

**A. Amtrak**

Mailing Address 60 Massachusetts Avenue NE

City Washington State DC Zip Code 20002-4285

Purpose of Disbursement  
Travel for fundraising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 09 / 2013

**Transaction ID : SB21B-326-18-V**

Amount of Each Disbursement this Period

577

**[MEMO ITEM]**

Subitemization of Fifth Third Bank ( 06/09/13 )

Full Name (Last, First, Middle Initial)

**B. Fifth Third Bank**

Mailing Address 5925 Illinois Road

City Fort Wayne State IN Zip Code 46804-1159

Purpose of Disbursement  
Credit card payment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 09 / 2013

**Transaction ID : SB21B-4-256-e**

Amount of Each Disbursement this Period

1332.04

Full Name (Last, First, Middle Initial)

**C. Hoosier Seneca LLC**

Mailing Address 8823 Woodacre Lane

City Indianapolis State IN Zip Code 46234-2846

Purpose of Disbursement  
Air travel fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 01 / 2013

**Transaction ID : SB21B-302-242-e**

Amount of Each Disbursement this Period

1832

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

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

3164.04

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial)

**A. Monticello Rotary Club**

Mailing Address 11950 N Holiday Haven Road

City Monticello State IN Zip Code 47960-4716

Purpose of Disbursement  
Parade sponsorship

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
06	/	24	/	2013

**Transaction ID : SB21B-310-259-e**

Amount of Each Disbursement this Period

300
-----

Full Name (Last, First, Middle Initial)

**B. David Buskill**

Mailing Address 5816 Ralston Avenue

City Indianapolis State IN Zip Code 46220-2730

Purpose of Disbursement  
Fundraising services

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
06	/	04	/	2013

**Transaction ID : SB21B-298-254-e**

Amount of Each Disbursement this Period

500
-----

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

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
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Amount of Each Disbursement this Period

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

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

800.00
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8991.44
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**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial)

**A. Fountain County Republicans**

Mailing Address 1103 S Perry Street

City Attica State IN Zip Code 47918-1727

Purpose of Disbursement  
Political contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : SB29-304-245-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Montgomery County Republican Party**

Mailing Address PO Box 233

City Crawfordsville State IN Zip Code 47933-0233

Purpose of Disbursement  
Political contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : SB29-303-244-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Patriot Day 1**

Mailing Address 228 S Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement  
Political contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : SB29-309-258-e**

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Fund for American Exceptionalism**

Full Name (Last, First, Middle Initial)

**A. Tippecanoe County Republican Party**

Mailing Address PO Box 846

City Lafayette State IN Zip Code 47902-0846

Purpose of Disbursement  
Political contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29-308-251-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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