

# 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**  
**AMERICARISINGPAC.ORG**

ADDRESS (number and street) **PO BOX 100088**  
Check if different than previously reported. (ACC) **ARLINGTON VA 22210**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00542902** 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 **11 / 08 / 2016** 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 **10 / 01 / 2016** through **10 / 19 / 2016**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
RHOADES, MATTHEW, , ,  
Type or Print Name of Treasurer

Signature of Treasurer **RHOADES, MATTHEW, , ,** [Electronically Filed] Date **10 / 27 / 2016**

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**AMERICARISINGPAC.ORG**

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

|  | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2016"/>  | <input type="text" value="134756.71"/> | <input type="text" value="134756.71"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="197976.91"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="10043.00"/>  | <input type="text" value="509172.40"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="208019.91"/> | <input type="text" value="643929.11"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="35716.88"/>  | <input type="text" value="471626.08"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="172303.03"/> | <input type="text" value="172303.03"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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

Write or Type Committee Name

**AMERICARISINGPAC.ORG**

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

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 9998.00                       | 452098.00                         |
| (ii) Unitemized .....   | 45.00                         | 1220.00                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 10043.00                      | 453318.00                         |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 0.00                          | 55000.00                          |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 10043.00                      | 508318.00                         |
| 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                          | 854.40                            |
| 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)).....▶                         | 10043.00                      | 509172.40                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 10043.00                      | 509172.40                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 35716.88                      | 471626.08                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 35716.88                      | 471626.08                         |
| 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 (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....                                 | 0.00                          | 0.00                              |
| 30. Federal Election Activity (52 U.S.C. § 30101(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)) ..      | 35716.88                      | 471626.08                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 35716.88                      | 471626.08                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 10043.00                              | 508318.00                                 |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 10043.00                              | 508318.00                                 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 35716.88                              | 471626.08                                 |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 854.40                                    |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 35716.88                              | 470771.68                                 |

**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 12  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" 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 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)  
**AMERICARISINGPAC.ORG**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
BARRETT, JONATHAN, , MR.,

Mailing Address 771 KUHLMAN ROAD

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>HOUSTON | State<br>TX | Zip Code<br>77024 |
|-----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>LUMINUS MANAGEMENT, LLC. | Occupation (for Individual)<br>PRESIDENT |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
9998.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  | / | 10  | / | 2016    |

**Transaction ID : SA11Al.10488**

Amount of Each Receipt this Period  
9998.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

|                                   |                             |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

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 of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

|                                   |                             |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

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

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 9998.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 9998.00 |

**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"/> 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)  
**AMERICARISINGPAC.ORG**

|   |  |  |   |  |
|---|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. AMERICA RISING LLC</b>   |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y Y Y<br>10 / 06 / 2016   |  |
| Mailing Address 1555 WILSON BLVD.<br>SUITE 307  |  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10448</b><br>Amount of Each Disbursement this Period<br>[ ] 4500.00<br><input type="checkbox"/> Memo Item |  |
| City<br>ARLINGTON   | State<br>VA  | Zip Code<br>22209                                      |   |  |
| Purpose of Disbursement<br>RENT   |  | Category/Type<br>[ ]                                   |   |  |
| Candidate Name  |  | Amount of Each Disbursement this Period<br>[ ] 4500.00 |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |  |
| State: District:  |  |  |   |  |
| Full Name (Last, First, Middle Initial)<br><b>B. ASG - LOT 12</b>   |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y Y Y<br>10 / 05 / 2016   |  |
| Mailing Address 1555 WILSON BLVD  |  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10446</b><br>Amount of Each Disbursement this Period<br>[ ] 140.00<br><input type="checkbox"/> Memo Item  |  |
| City<br>ARLINGTON   | State<br>VA  | Zip Code<br>22206                                      |   |  |
| Purpose of Disbursement<br>TRAVEL: PARKING  |  | Category/Type<br>[ ]                                   |   |  |
| Candidate Name  |  | Amount of Each Disbursement this Period<br>[ ] 140.00  |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |  |
| State: District:  |  |  |   |  |
| Full Name (Last, First, Middle Initial)<br><b>C. BECHDEL, JEFFREY, W, ,</b>   |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y Y Y<br>10 / 18 / 2016   |  |
| Mailing Address 2000 S. EADS STREET<br>#204   |  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10466</b><br>Amount of Each Disbursement this Period<br>[ ] 80.00<br><input type="checkbox"/> Memo Item   |  |
| City<br>ARLINGTON   | State<br>VA  | Zip Code<br>22202                                      |   |  |
| Purpose of Disbursement<br>BECHDEL REIMBURSEMENT: SEE MEMO ENTRY  |  | Category/Type<br>[ ]                                   |   |  |
| Candidate Name  |  | Amount of Each Disbursement this Period<br>[ ] 80.00   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |  |
| State: District:  |  |  |   |  |
| <b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶  |  |  | [ ] 4720.00   |  |
| <b>TOTAL</b> 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"/> 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)  
**AMERICARISINGPAC.ORG**

**A. DEFINERS CORP**

Full Name (Last, First, Middle Initial)

Mailing Address 1555 WILSON BLVD.  
SUITE 307

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement HUMAN RESOURCES CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 06 / 2016

FEC Identification Number: C

Transaction ID : SB21B.10449

Amount of Each Disbursement this Period: 4500.00

Memo Item

**B. EPAY BUSINESS SOLUTIONS, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

City AUBURN State MA Zip Code 01501

Purpose of Disbursement PAYROLL PROCESSING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 13 / 2016

FEC Identification Number: C

Transaction ID : SB21B.10452

Amount of Each Disbursement this Period: 35.30

Memo Item

**C. EPAY BUSINESS SOLUTIONS, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

City AUBURN State MA Zip Code 01501

Purpose of Disbursement PAYROLL: TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 13 / 2016

FEC Identification Number: C

Transaction ID : SB21B.10453

Amount of Each Disbursement this Period: 613.59

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5148.89

**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"/> 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)  
**AMERICARISINGPAC.ORG**

|   |  |   |                                       |
|---|--|---|---------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. GRAHAM ADVISORS, LLC</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>10 / 13 / 2016  |                                       |
| Mailing Address 1135 N. GLENMOOR CT   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10459</b><br>Amount of Each Disbursement this Period<br>[ ] 8123.18 |                                       |
| City<br>WICHITA   | State<br>KS  | Zip Code<br>67206   | Category/<br>Type<br>[ ]              |
| Purpose of Disbursement<br>FUNDRAISING CONSULTING   |  | Candidate Name  |                                       |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Memo Item<br><input type="checkbox"/> |
| State:<br>District:   |  |   |                                       |

|   |  |   |                                       |
|---|--|---|---------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. JONES DAY</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>10 / 06 / 2016  |                                       |
| Mailing Address 51 LOUISIANA AVE NW   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10450</b><br>Amount of Each Disbursement this Period<br>[ ] 3425.00 |                                       |
| City<br>WASHINGTON  | State<br>DC  | Zip Code<br>20001   | Category/<br>Type<br>[ ]              |
| Purpose of Disbursement<br>LEGAL CONSULTING   |  | Candidate Name  |                                       |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Memo Item<br><input type="checkbox"/> |
| State:<br>District:   |  |   |                                       |

|   |  |  |                                       |
|---|--|--|---------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. KELLY &amp; ASSOCIATES INSURANCE GROUP</b>                               |  | Date of Disbursement<br>MM / DD / YYYY<br>10 / 13 / 2016   |                                       |
| Mailing Address 1 KELLY WAY   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.1046t</b><br>Amount of Each Disbursement this Period<br>[ ] 963.07 |                                       |
| City<br>SPARKS  | State<br>MD  | Zip Code<br>21152  | Category/<br>Type<br>[ ]              |
| Purpose of Disbursement<br>HEALTH INSURANCE   |  | Candidate Name   |                                       |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Memo Item<br><input type="checkbox"/> |
| State:<br>District:   |  |  |                                       |

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [ ] 12511.25 |
| <b>TOTAL</b> 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"/> 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)  
**AMERICARISINGPAC.ORG**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. REVES, COOPER, N, ,</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>10 / 13 / 2016   |
| Mailing Address 1600 MARYLAND AVE NE<br>APT 148   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10457</b><br>Amount of Each Disbursement this Period<br>2395.84 |
| City WASHINGTON   | State VA   | Zip Code 20002   |
| Purpose of Disbursement<br>SALARY   |  | Category/<br>Type  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. REVES, COOPER, N, ,</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>10 / 13 / 2016   |
| Mailing Address 1600 MARYLAND AVE NE<br>APT 148   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10458</b><br>Amount of Each Disbursement this Period<br>50.00 |
| City WASHINGTON   | State VA   | Zip Code 20002   |
| Purpose of Disbursement<br>EMPLOYEE CELL PHONE REIMBURSEMENT  |  | Category/<br>Type  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. TARGETED VICTORY</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>10 / 05 / 2016  |
| Mailing Address 1033 NORTH FAIRFAX STREET<br>SUITE 400  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10447</b><br>Amount of Each Disbursement this Period<br>4.26 |
| City ALEXANDRIA   | State VA   | Zip Code 22314  |
| Purpose of Disbursement<br>CREDIT CARD PROCESSING   |  | Category/<br>Type   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

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

2450.10

**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"/> 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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET  
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.10451**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET  
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.10461**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. TIM PIERCE**

Mailing Address 32R ESSEX STREET #1A

City CAMBRIDGE State MA Zip Code 02139

Purpose of Disbursement  
PHOTOGRAPHY SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.10463**  
Amount of Each Disbursement this Period

Memo Item

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

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