

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

Reclaim America PAC

ADDRESS (number and street) 228 S WASHINGTON ST STE 115

Check if different than previously reported. (ACC)

Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER** ▼ C C00500025 **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 M M / 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 / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 03 / 01 / 2020 through M M / D D / Y Y Y Y Y Y 03 / 31 / 2020

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

Lisker, Lisa, , ,

Type or Print Name of Treasurer

Signature of Treasurer Lisker, Lisa, , , *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y 04 / 20 / 2020

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)

Write or Type Committee Name

Reclaim America PAC

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="2020"/>		<input type="text" value="135583.52"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="136680.49"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="30000.00"/>	<input type="text" value="52500.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="166680.49"/>	<input type="text" value="188083.52"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="24898.65"/>	<input type="text" value="46301.68"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="141781.84"/>	<input type="text" value="141781.84"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Reclaim America PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2500.00	7000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2500.00	7000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	27500.00	45500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	30000.00	52500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	30000.00	52500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	30000.00	52500.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	19898.65	31301.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	19898.65	31301.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	15000.00
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)) ..	24898.65	46301.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24898.65	46301.68

DETAILED SUMMARY PAGE
of Disbursements

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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)	30000.00	52500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30000.00	52500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	19898.65	31301.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	19898.65	31301.68

**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 14
(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)
Reclaim America PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SANCHEZ, IGNACIO, EDUARDO, MR.,

Mailing Address 11525 LAKE POTOMAC DR.

City POTOMAC State MD Zip Code 20854-1220

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

Name of Employer (for Individual) DLA PIPER Occupation (for Individual) ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2020

Transaction ID : SA11A.1332850

Amount of Each Receipt this Period
 2500.00

Memo Item CONTRIBUTION

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

Amount of Each Receipt this Period

Memo Item

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

**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 14
<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)
Reclaim America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. CARDINAL HEALTH, INC. PAC

Mailing Address 7000 CARDINAL PLACE

City DUBLIN	State OH	Zip Code 43017-1091
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FEC ID number of contributing federal political committee. **C** C00332833

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2020

Transaction ID : SA11C.1334835

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. DELTA AIR LINES PAC

Mailing Address 1212 NEW YORK AVE STE 200

City WASHINGTON	State DC	Zip Code 20005-6609
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FEC ID number of contributing federal political committee. **C** C00104802

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2020

Transaction ID : SA11C.1332842

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. DEPOSITORY TRUST AND CLEARING CORPORATION PAC - DTCC PAC; TH

Mailing Address 1331 PENNSYLVANIA AVE NW
STE 750

City WASHINGTON	State DC	Zip Code 20004-1742
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00497917

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2020

Transaction ID : SA11C.1333537

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	10000.00
TOTAL This Period (last page this line number only).....	

**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 8 OF 14
<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)
Reclaim America PAC

A. HARRIS CORPORATION POLITICAL ACTION COMMITTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 MARYLAND AVE SW STE. 850E
 City WASHINGTON State DC Zip Code 20024-2566
 FEC ID number of contributing federal political committee. **C** C00100321
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 03 / 2020
Transaction ID : SA11C.1332839
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

B. JACOBS GOOD GOVERNMENT FUND OF JACOBS ENGINEERING GROUP INC.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 NORTH GLEBE ROAD 5TH FLOOR
 City ARLINGTON State VA Zip Code 22201-5798
 FEC ID number of contributing federal political committee. **C** C00142299
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 31 / 2020
Transaction ID : SA11C.1334834
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

C. NEXTERA ENERGY PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 700 UNIVERSE BLVD
 City JUNO BEACH State FL Zip Code 33408-2657
 FEC ID number of contributing federal political committee. **C** C00064774
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 05 / 2020
Transaction ID : SA11C.1332840
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	15000.00
TOTAL This Period (last page this line number only).....	

**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 9 OF 14
<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)
Reclaim America PAC

A. TRUCKING PAC OF THE AMERICAN TRUCKING ASSOC.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 430 FIRST STREET S.E.
 SUITE 100
 City WASHINGTON State DC Zip Code 20003-1826
 FEC ID number of contributing federal political committee. **C** C00002881
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2020
Transaction ID : SA11C.1332841
 Amount of Each Receipt this Period
 1500.00
 Memo Item
CONTRIBUTION

B. WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 702 SW 8TH STREET
 City BENTONVILLE State AR Zip Code 72716-6209
 FEC ID number of contributing federal political committee. **C** C00093054
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2020
Transaction ID : SA11C.1332838
 Amount of Each Receipt this Period
 1000.00
 Memo Item
CONTRIBUTION

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

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	27500.00

**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)
Reclaim America PAC

A. HOLLER, DAN, , ,
Full Name (Last, First, Middle Initial)

Date of Disbursement: 03 / 31 / 2020

Mailing Address: C/O 228 S. WASHINGTON ST. STE. 115

City: ALEXANDRIA State: VA Zip Code: 22314

Purpose of Disbursement: STRATEGIC CONSULTING

Candidate Name: _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

FEC Identification Number: C
Transaction ID : SB21B.I3196f
Amount of Each Disbursement this Period: 1667.00

Memo Item

B. HOWD, CHRIS, , ,
Full Name (Last, First, Middle Initial)

Date of Disbursement: 03 / 31 / 2020

Mailing Address: 1024 N. RANDOLPH ST.

City: ARLINGTON State: VA Zip Code: 22201

Purpose of Disbursement: ADMINISTRATIVE CONSULTING

Candidate Name: _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

FEC Identification Number: C
Transaction ID : SB21B.I3196f
Amount of Each Disbursement this Period: 316.80

Memo Item

C. IACOVELLA, NICK, , ,
Full Name (Last, First, Middle Initial)

Date of Disbursement: 03 / 31 / 2020

Mailing Address: C/O 228 S. WASHINGTON ST. STE. 115

City: ALEXANDRIA State: VA Zip Code: 22314

Purpose of Disbursement: COMMUNICATIONS CONSULTING

Candidate Name: _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

FEC Identification Number: C
Transaction ID : SB21B.I3196f
Amount of Each Disbursement this Period: 407.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2390.80

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)
Reclaim America PAC

A. NEEDHAM, MICHAEL, , ,

Full Name (Last, First, Middle Initial)

Mailing Address C/O 228 S. WASHINGTON ST. STE. 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement STRATEGIC CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 31 / 2020

FEC Identification Number: C

Transaction ID : SB21B.I3196!

Amount of Each Disbursement this Period: 2313.75

Memo Item

B. BB&T FINANCIAL SERVICES

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 24747

City TAMPA State FL Zip Code 33623-4747

Purpose of Disbursement CREDIT CARD PAYMENT-SEE MEMOS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 17 / 2020

FEC Identification Number: C

Transaction ID : SB21B.I3196!

Amount of Each Disbursement this Period: 4086.80

Memo Item

C. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 4333 AMON CARTER BOULEVARD MD 5675

City SAVANNAH State TX Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 17 / 2020

FEC Identification Number: C

Transaction ID : SB21B.I3197

Amount of Each Disbursement this Period: 2061.20

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6400.55

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)
Reclaim America PAC

Full Name (Last, First, Middle Initial) A. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 03 / 17 / 2020
Mailing Address 1030 DELTA BLVD.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I3196! Amount of Each Disbursement this Period 1198.20
City ATLANTA	State GA	Zip Code 30354-1989
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. INTUIT		Date of Disbursement MM / DD / YYYY 03 / 17 / 2020
Mailing Address 2632 MARINE WAY		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I3197! Amount of Each Disbursement this Period 430.00
City MTN. VIEW	State CA	Zip Code 94043-1126
Purpose of Disbursement SOFTWARE	Category/Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. UNITED AIRWAYS		Date of Disbursement MM / DD / YYYY 03 / 17 / 2020
Mailing Address 77 W WACKER DR		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I3197! Amount of Each Disbursement this Period 397.40
City CHICAGO	State IL	Zip Code 60601-1604
Purpose of Disbursement TRAVEL	Category/Type [REDACTED]	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<input checked="" type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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

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)
Reclaim America PAC

A. RITZ CARLTON-NAPLES

Full Name (Last, First, Middle Initial)
Mailing Address 280 VANDERBILT BEACH RD.

City NAPLES State FL Zip Code 34108

Purpose of Disbursement
SITE RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
03 / 13 / 2020

FEC Identification Number
C

Transaction ID : SB21B.I3196

Amount of Each Disbursement this Period
11000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
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: MM / DD / YYYY

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)
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: MM / DD / YYYY

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	11000.00
TOTAL This Period (last page this line number only).....▶	19791.35

**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 checked="" 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)
Reclaim America PAC

A. JOHN JAMES FOR SENATE INC

Full Name (Last, First, Middle Initial)
Mailing Address 31525 FRANKLIN FAIRWAY ST

City FARMINGTON State MI Zip Code 48334

Purpose of Disbursement CONTRIBUTION

Candidate Name JAMES, JOHN, , ,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: MI District:

Date of Disbursement: 03 / 27 / 2020

FEC Identification Number: C C00651208
Transaction ID : SB23.I31964

Amount of Each Disbursement this Period: 5000.00

Memo Item

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)

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

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) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5000.00

TOTAL This Period (last page this line number only)..... ▶ 5000.00