

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

AG AMERICA

ADDRESS (number and street)

1005 CONGRESS AVE STE 350

Check if different than previously reported. (ACC)

AUSTIN

TX

78701

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C C00567560

3. IS THIS REPORT

X

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)
X 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] 11 / 25 / 2014

through

[M M] / [D D] / [Y Y Y Y Y Y] 12 / 31 / 2014

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 BEN P CANNATTI

Signature of Treasurer

BEN P CANNATTI

[Electronically Filed]

Date

[M M] / [D D] / [Y Y Y Y Y Y] 01 / 30 / 2015

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)

Write or Type Committee Name

AG AMERICA

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="2014"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="13576.36"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="20000.00"/>	<input type="text" value="40000.00"/>
(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="33576.36"/>	<input type="text" value="40000.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="26645.10"/>	<input type="text" value="33068.74"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="6931.26"/>	<input type="text" value="6931.26"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AG AMERICA

Report Covering the Period: From: M M / D D / Y Y Y Y 11 / 25 / 2014 To: M M / D D / Y Y Y Y 12 / 31 / 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).....	20000.00	40000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	20000.00	40000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	20000.00	40000.00
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))..... ▶	20000.00	40000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	20000.00	40000.00

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	6645.10	8068.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6645.10	8068.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	5000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
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	20000.00	20000.00
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)) ..	26645.10	33068.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26645.10	33068.74

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	20000.00	40000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20000.00	40000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	6645.10	8068.74
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	6645.10	8068.74

**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 11
(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)
AG AMERICA

A. Full Name (Last, First, Middle Initial)
Charles Herbster

Mailing Address PO Box 645

City Falls City State NE Zip Code 68355

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

Name of Employer Conklin Company Inc Occupation President CEO and COB

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40000.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 12 / 2014
Transaction ID : SA11AI.4120

Amount of Each Receipt this Period
20000.00

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

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

Amount of Each Receipt this Period

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

**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)
AG AMERICA

Full Name (Last, First, Middle Initial)

A. Barnes Association Consultants

Mailing Address 1005 Hardee Place

City Alexandria State VA Zip Code 22304

Purpose of Disbursement
Campaign Management and Consulting

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 22 / 2014

Transaction ID : SB21B.4132

Amount of Each Disbursement this Period

216.17

Category/
Type

Full Name (Last, First, Middle Initial)

B. Barnes Association Consultants

Mailing Address 1005 Hardee Place

City Alexandria State VA Zip Code 22304

Purpose of Disbursement
Campaign Management and Consulting

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 22 / 2014

Transaction ID : SB21B.4137

Amount of Each Disbursement this Period

73.64

Category/
Type

Full Name (Last, First, Middle Initial)

C. Blue Wave

Mailing Address 3008 N 161st Terrace

City Omaha State NE Zip Code 68116

Purpose of Disbursement
Strategic Management Consultant Expenses

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 22 / 2014

Transaction ID : SB21B.4122

Amount of Each Disbursement this Period

695.04

Category/
Type

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

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

984.85

**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)
AG AMERICA

Full Name (Last, First, Middle Initial)

A. Gober Hilgers PLLC

Mailing Address 1005 Congress Ave
Ste 350

City Austin State TX Zip Code 78701

Purpose of Disbursement
Legal and Compliance Services

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 Y
12 / 22 / 2014

Transaction ID : **SB21B.4123**

Amount of Each Disbursement this Period

711.00

Full Name (Last, First, Middle Initial)

B. Gober Hilgers PLLC

Mailing Address 1005 Congress Ave
Ste 350

City Austin State TX Zip Code 78701

Purpose of Disbursement
Legal and Compliance Services

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 Y
12 / 22 / 2014

Transaction ID : **SB21B.4124**

Amount of Each Disbursement this Period

1289.00

Full Name (Last, First, Middle Initial)

C. Gober Hilgers PLLC

Mailing Address 1005 Congress Ave
Ste 350

City Austin State TX Zip Code 78701

Purpose of Disbursement
Legal and Compliance Services

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 Y
12 / 22 / 2014

Transaction ID : **SB21B.4125**

Amount of Each Disbursement this Period

687.50

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

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

2687.50

**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)
AG AMERICA

Full Name (Last, First, Middle Initial)
A. Gober Hilgers PLLC

Date of Disbursement: / /

Mailing Address: 1005 Congress Ave Ste 350

City: Austin State: TX Zip Code: 78701

Purpose of Disbursement: Legal and Compliance Services

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **SB21B.4126**

Amount of Each Disbursement this Period:

Full Name (Last, First, Middle Initial)
B. The Allbaugh Company LLC

Date of Disbursement: / /

Mailing Address: PO Box 90609

City: Austin State: TX Zip Code: 78709

Purpose of Disbursement: Strategic Business Consulting

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **SB21B.4135**

Amount of Each Disbursement this Period:

Full Name (Last, First, Middle Initial)
C. Jennie Young

Date of Disbursement: / /

Mailing Address: 5601 Grinnell Ct

City: Weldon Spring State: MO Zip Code: 63304

Purpose of Disbursement: Media and Web Design and Printwork

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **SB21B.4136**

Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="2969.75"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="6642.10"/>

**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)
AG AMERICA

Full Name (Last, First, Middle Initial)

A. US Chamber of Commerce

Mailing Address 1615 H St NW

City Washington State DC Zip Code 20062

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 22 / 2014

Transaction ID : SB29.4134

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

20000.00

20000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 11
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
AG AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC	Nature of Debt (Purpose): Legal Fees
Mailing Address 1005 Congress Ave Ste 350	
City State Zip Code Austin TX 78701	

Outstanding Balance Beginning This Period <input type="text" value="711.00"/>	Transaction ID : SD10.4106	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="711.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC	Nature of Debt (Purpose): Legal Fees
Mailing Address 1005 Congress Ave Ste 350	
City State Zip Code Austin TX 78701	

Outstanding Balance Beginning This Period <input type="text" value="1289.00"/>	Transaction ID : SD10.4107	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1289.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC	Nature of Debt (Purpose): Legal and Compliance Fees
Mailing Address 1005 Congress Ave Ste 350	
City State Zip Code Austin TX 78701	

Outstanding Balance Beginning This Period <input type="text" value="687.50"/>	Transaction ID : SD10.4118	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="687.50"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="0.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>