

# 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) **PO Box 3479**  
 Check if different than previously reported. (ACC) **Glen Allen VA 23058**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00567560** 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  /  /  2018 through  /  /  2018

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

Signature of Treasurer *Sechrist, Erica, Ann, ,* [Electronically Filed] Date  /  /  2018

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

**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="2018"/>	<input type="text" value="3163.91"/>	<input type="text" value="3163.91"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3163.91"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="111191.00"/>	<input type="text" value="111191.00"/>
(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="114354.91"/>	<input type="text" value="114354.91"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="96078.95"/>	<input type="text" value="96078.95"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="18275.96"/>	<input type="text" value="18275.96"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="108372.51"/>	

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

AG AMERICA

Report Covering the Period: From: 01 / 01 / 2018 To: 03 / 31 / 2018

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).....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	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 Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
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.).....	111191.00	111191.00
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)).....▶	111191.00	111191.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	111191.00	111191.00

**DETAILED SUMMARY PAGE**

of Disbursements

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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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
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).....	96078.95	96078.95
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)) ..	96078.95	96078.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	96078.95	96078.95

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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

**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 6 OF 31
<input 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 checked="" 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)  
**AG AMERICA**

**A. American Farm Bureau Federation**

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

Mailing Address 600 Maryland Ave., SW

City Washington	State DC	Zip Code 20024
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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 ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2018

**Transaction ID : SA17.5080**

Amount of Each Receipt this Period  
5000.00

Memo Item  
Non-Contribution Account

**B. American Feed Industry Association**

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

Mailing Address 2101 Wilson Blvd.  
Ste. 810

City Arlington	State VA	Zip Code 22201
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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 ▼  
299.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : SA17.5062**

Amount of Each Receipt this Period  
299.00

Memo Item  
Non-Contribution Account

**C. American Seed Trade Association**

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

Mailing Address 1701 Duke Street, Ste 275

City Alexandria	State VA	Zip Code 22314
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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 ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2018

**Transaction ID : SA17.5083**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6299.00
<b>TOTAL</b> 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 7 OF 31
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AG AMERICA**

**A. American Seed Trade Association**

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

Mailing Address 1701 Duke Street, Ste 275

City Alexandria	State VA	Zip Code 22314
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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 ▼  
1897.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

**Transaction ID : SA17.5061**

Amount of Each Receipt this Period  
897.00

Memo Item  
Non-Contribution Account

**B. Archer Daniels Midland Company**

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

Mailing Address Box 1470

City Decatur	State IL	Zip Code 62525
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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 ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		26		2018

**Transaction ID : SA17.5075**

Amount of Each Receipt this Period  
2500.00

Memo Item  
Non-Contribution Account

**C. Biotechnology Innovation Organization**

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

Mailing Address 1201 Maryland Ave., SW  
Suite 900

City Washington	State DC	Zip Code 20024
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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 ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		26		2018

**Transaction ID : SA17.5074**

Amount of Each Receipt this Period  
5000.00

Memo Item  
Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8397.00
<b>TOTAL</b> 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 31
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AG AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Biotechnology Innovation Organization</b>		Date of Receipt
Mailing Address 1201 Maryland Ave., SW Suite 900		<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2018"/>
City Washington	State DC	Zip Code 20024
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.5081</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="1500.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="6500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Biotechnology Innovation Organization</b>		Date of Receipt
Mailing Address 1201 Maryland Ave., SW Suite 900		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2018"/>
City Washington	State DC	Zip Code 20024
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.5065</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="299.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="6799.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Corn Refiners Association</b>		Date of Receipt
Mailing Address 1701 Pennsylvania Avenue, NW Ste. 950		<input type="text" value="01"/> / <input type="text" value="04"/> / <input type="text" value="2018"/>
City Washington	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.5067</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="11000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="11000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="12799.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

**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 31
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AG AMERICA**

**A. CropLife America**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1156 Fifteenth St., NW #400

City Washington	State DC	Zip Code 20005
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2018

**Transaction ID : SA17.5076**

Amount of Each Receipt this Period  
15000.00

Memo Item  
Non-Contribution Account

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

Mailing Address One N Clematis St.  
Ste. 100

City West Palm Beach	State FL	Zip Code 33401
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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 ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2018

**Transaction ID : SA17.5078**

Amount of Each Receipt this Period  
5000.00

Memo Item  
Non-Contribution Account

**C. Monsanto Company**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 N. Lindbergh

City Creve Couer	State MO	Zip Code 63167
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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 ▼  
598.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2018

**Transaction ID : SA17.5064**

Amount of Each Receipt this Period  
598.00

Memo Item  
Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	20598.00
<b>TOTAL</b> 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 10 OF 31
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AG AMERICA**

**A. Pet Food Institute**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1020 19th St., NW

City Washington	State DC	Zip Code 20036
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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 ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		19		2018

**Transaction ID : SA17.5070**

Amount of Each Receipt this Period  
10000.00

Memo Item  
Non-Contribution Account

**B. Publix Super Markets, Inc.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO Box 407

City Lakeland	State FL	Zip Code 33802
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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 ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2018

**Transaction ID : SA17.5077**

Amount of Each Receipt this Period  
25000.00

Memo Item  
Non-Contribution Account

**C. PuppySpot Group, LLC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO Box 254

City Cooper City	State FL	Zip Code 33330
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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 ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		25		2018

**Transaction ID : SA17.5071**

Amount of Each Receipt this Period  
5000.00

Memo Item  
Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	40000.00
<b>TOTAL</b> 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 11 OF 31
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AG AMERICA**

**A. Renewable Energy Group Inc.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 416 S Bell Avenue

City Ames	State IA	Zip Code 50010
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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 ▼  
7500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		26		2018

**Transaction ID : SA17.5072**

Amount of Each Receipt this Period  
7500.00

Memo Item  
Non-Contribution Account

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

Mailing Address PO Box 953

City Occoquan	State VA	Zip Code 22125
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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 ▼  
299.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2018

**Transaction ID : SA17.5058**

Amount of Each Receipt this Period  
299.00

Memo Item  
Non-Contribution Account

**C. Syngenta Crop Protection, LLC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address SN630000  
PO Box 18300

City Greensboro	State NC	Zip Code 27419
--------------------	-------------	-------------------

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 ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		12		2018

**Transaction ID : SA17.5068**

Amount of Each Receipt this Period  
5000.00

Memo Item  
Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12799.00
<b>TOTAL</b> 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 12 OF 31
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AG AMERICA**

**A. Syngenta Crop Protection, LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address SN630000  
 PO Box 18300  
 City Greensboro State NC Zip Code 27419  
 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 ▼ 5299.00

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : SA17.5059**  
 Amount of Each Receipt this Period 299.00  
 Memo Item  
 Non-Contribution Account

**B. United States Sugar Corporation**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 Ponce de Leon Avenue  
 City Clewiston State FL Zip Code 33440  
 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 ▼ 5000.00

Date of Receipt **02 / 13 / 2018**  
**Transaction ID : SA17.5079**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non-Contribution Account

**C. Wal-Mart Stores, Inc.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 702 SW 8th St.  
 City Bentonville State AR Zip Code 72716  
 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 ▼ 5000.00

Date of Receipt **03 / 16 / 2018**  
**Transaction ID : SA17.5082**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10299.00
<b>TOTAL</b> This Period (last page this line number only).....	111191.00

**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 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 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) <b>A. America's Food Security Foundation</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2018	
Mailing Address 3008 N 161st Terrace		FEC Identification Number C [ ] <b>Transaction ID : SB29.5089</b> Amount of Each Disbursement this Period [ ] 1250.00	
City Omaha	State NE	Zip Code 68116	Category/Type [ ]
Purpose of Disbursement Correction of Deposit in Error			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 01 / 09 / 2018	
Mailing Address 4255 Amon Carter Blvd.		FEC Identification Number C [ ] <b>Transaction ID : SB29.5115</b> Amount of Each Disbursement this Period [ ] 1250.00	
City Fort Worth	State TX	Zip Code 76155	Category/Type [ ]
Purpose of Disbursement 001, Travel Expense, Non-Contribution Account			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement MM / DD / YYYY 01 / 20 / 2018	
Mailing Address 4255 Amon Carter Blvd.		FEC Identification Number C [ ] <b>Transaction ID : SB29.5116</b> Amount of Each Disbursement this Period [ ] 1790.80	
City Fort Worth	State TX	Zip Code 76155	Category/Type [ ]
Purpose of Disbursement 002, Travel Expense, Non-Contribution Account			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: **SB29**

Transaction ID : **SB29.5089**

Ag America received \$1,250 from the World Food Prize Organization and processed the receipt on 12/18/2017. It was reported on our 2017 Year End Report. This receipt was processed in error and corrected on 1/11/2018 with a refund to America's Food Security Foundation the correct and ultimate recipient.

Form/Schedule:

Transaction ID:

**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"/> 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) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2018
Mailing Address 4255 Amon Carter Blvd.		FEC Identification Number C <b>Transaction ID : SB29.5176</b> Amount of Each Disbursement this Period 621.61
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement Travel Expense, Non-Contribution Account	Category/ Type
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>B. American Express</b>		Date of Disbursement MM / DD / YYYY 01 / 09 / 2018
Mailing Address PO Box 650448		FEC Identification Number C <b>Transaction ID : SB29.5109</b> Amount of Each Disbursement this Period 1250.00
City Dallas	State TX	
Zip Code 75265	Purpose of Disbursement Non-Contribution Account, See itemization 001	Category/ Type
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 type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Date of Disbursement MM / DD / YYYY 01 / 20 / 2018
Mailing Address PO Box 650448		FEC Identification Number C <b>Transaction ID : SB29.5110</b> Amount of Each Disbursement this Period 5000.00
City Dallas	State TX	
Zip Code 75265	Purpose of Disbursement Non-Contribution Account, See itemization 002	Category/ Type
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 type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.5176

Part of 2/27/2018 payment to Charles Anderson

Form/Schedule:

Transaction ID:

**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"/> 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) <b>A. American Express</b>		Date of Disbursement MM / DD / YYYY 01 / 23 / 2018
Mailing Address PO Box 650448		FEC Identification Number C <b>Transaction ID : SB29.5111</b> Amount of Each Disbursement this Period 3564.31
City Dallas	State TX	
Zip Code 75265	Purpose of Disbursement Non-Contribution Account, See itemization 003	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement MM / DD / YYYY 01 / 23 / 2018
Mailing Address PO Box 650448		FEC Identification Number C <b>Transaction ID : SB29.5112</b> Amount of Each Disbursement this Period 106.57
City Dallas	State TX	
Zip Code 75265	Purpose of Disbursement Non-Contribution Account, See itemization below	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Date of Disbursement MM / DD / YYYY 01 / 23 / 2018
Mailing Address PO Box 650448		FEC Identification Number C <b>Transaction ID : SB29.5112.0</b> Amount of Each Disbursement this Period 106.57
City Dallas	State TX	
Zip Code 75265	Purpose of Disbursement Finance Charge, Non-Contribution Account	Memo Item <input checked="" type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

3670.88

**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"/> 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) <b>A. American Express</b>		Date of Disbursement MM / DD / YYYY 01 / 23 / 2018
Mailing Address PO Box 650448		FEC Identification Number C <b>Transaction ID : SB29.5132</b> Amount of Each Disbursement this Period 296.53
City Dallas	State TX	
Zip Code 75265	Purpose of Disbursement 003, Finance Charge, Non-Contribution Account	Category/ Type
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>B. American Express</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2018
Mailing Address PO Box 650448		FEC Identification Number C <b>Transaction ID : SB29.5113</b> Amount of Each Disbursement this Period 5084.50
City Dallas	State TX	
Zip Code 75265	Purpose of Disbursement Non-Contribution Account, See itemization below	Category/ Type
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 type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Devos Place</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2018
Mailing Address 303 Monroe Avenue NW		FEC Identification Number C <b>Transaction ID : SB29.5113.1</b> Amount of Each Disbursement this Period 3900.00
City Grand Rapids	State MI	
Zip Code 49503	Purpose of Disbursement Facility Rental, Food & Bev., A/V, Non-Contribution Account	Category/ Type
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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5084.50
<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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AG AMERICA**

**A. Long Road Distillers**

Full Name (Last, First, Middle Initial)  
Mailing Address 537 Leonard St. NW

City Grand Rapids State MI Zip Code 49504

Purpose of Disbursement Facility Rental, Food & Bev., A/V, Non-Contribution Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 02 / 27 / 2018

FEC Identification Number C  
Transaction ID : SB29.5113.2  
Amount of Each Disbursement this Period 300.00

Memo Item

**B. Founders Brewing Company**

Full Name (Last, First, Middle Initial)  
Mailing Address 235 Grandville Avenue SW

City Grand Rapids State MI Zip Code 49503

Purpose of Disbursement Facility Rental, Food & Bev., A/V, Non-Contribution Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 02 / 27 / 2018

FEC Identification Number C  
Transaction ID : SB29.5113.3  
Amount of Each Disbursement this Period 300.00

Memo Item

**C. Delta Air Lines, Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement Travel Expense, Non-Contribution Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 02 / 27 / 2018

FEC Identification Number C  
Transaction ID : SB29.5113.4  
Amount of Each Disbursement this Period 514.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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"/> 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) <b>A. American Express</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2018
Mailing Address PO Box 650448		FEC Identification Number C [ ] <b>Transaction ID : SB29.5114</b> Amount of Each Disbursement this Period [ ] 1259.68
City Dallas	State TX	Zip Code 75265
Purpose of Disbursement Non-Contribution Account, See itemization below		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Delta Air Lines, Inc.</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2018
Mailing Address PO Box 20706		FEC Identification Number C [ ] <b>Transaction ID : SB29.5114.2</b> Amount of Each Disbursement this Period [ ] 35.00
City Atlanta	State GA	Zip Code 30320
Purpose of Disbursement Travel Expense, Non-Contribution Account		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Omni Shoreham Hotel</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2018
Mailing Address 2500 Calvert St. NW		FEC Identification Number C [ ] <b>Transaction ID : SB29.5114.8</b> Amount of Each Disbursement this Period [ ] 640.58
City Washington	State DC	Zip Code 20048
Purpose of Disbursement Travel Expense, Non-Contribution Account		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1259.68
<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 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 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. Anderson, Charles, , ,**

Mailing Address **7648 Rosenthal Parkway**

City **Lorena** State **TX** Zip Code **76655**

Purpose of Disbursement  
**Travel Expense Reimbursement, Non-Contribution Account**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **02 / 27 / 2018**

FEC Identification Number: **C**  
**Transaction ID : SB29.5099**  
Amount of Each Disbursement this Period: **621.61**

Memo Item

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

Mailing Address **PO Box 84314**

City **Baton Rouge** State **LA** Zip Code **70884**

Purpose of Disbursement  
**Contribution Processing Fees, non-contribution account**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **03 / 23 / 2018**

FEC Identification Number: **C**  
**Transaction ID : SB29.5084**  
Amount of Each Disbursement this Period: **39.30**

Memo Item

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  
**Campaign Mgmt. & Consulting, Non-Contribution Account**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **02 / 02 / 2018**

FEC Identification Number: **C**  
**Transaction ID : SB29.5096**  
Amount of Each Disbursement this Period: **10500.00**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ **11160.91**

**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"/> 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) <b>A. Blue Wave</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2018
Mailing Address 3008 N 161st Terrace		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.5101</b> Amount of Each Disbursement this Period 12500.00
City Omaha	State NE	Zip Code 68116
Purpose of Disbursement Campaign Mgmt. & Consulting, Non-Contribution Account		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Blue Wave</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2018
Mailing Address 3008 N 161st Terrace		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.5107</b> Amount of Each Disbursement this Period 10500.00
City Omaha	State NE	Zip Code 68116
Purpose of Disbursement Campaign Mgmt. & Consulting, Non-Contribution Account		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Caleb Consulting</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2018
Mailing Address 1105 Havre Lafitte Dr.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.5095</b> Amount of Each Disbursement this Period 9508.56
City Austin	State TX	Zip Code 78746
Purpose of Disbursement Political Strategy Consulting, Non-Contribution Account		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	32508.56
<b>TOTAL</b> 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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AG AMERICA**

**A. Caleb Consulting**

Full Name (Last, First, Middle Initial)

Mailing Address 1105 Havre Lafitte Dr.

City Austin State TX Zip Code 78746

Purpose of Disbursement Political Strategy Consulting, Non-Contribution Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 27 / 2018

FEC Identification Number: C

Transaction ID : SB29.5102

Amount of Each Disbursement this Period: 7083.33

Memo Item

**B. Caleb Consulting**

Full Name (Last, First, Middle Initial)

Mailing Address 1105 Havre Lafitte Dr.

City Austin State TX Zip Code 78746

Purpose of Disbursement Political Strategy Consulting, Non-Contribution Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB29.5108

Amount of Each Disbursement this Period: 7083.33

Memo Item

**C. Courtyard by Marriott (WDC)**

Full Name (Last, First, Middle Initial)

Mailing Address 1900 Connecticut Avenue, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement 003, Travel Expense, Non-Contribution Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 23 / 2018

FEC Identification Number: C

Transaction ID : SB29.5133

Amount of Each Disbursement this Period: 909.21

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 14166.66

**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"/> 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) <b>A. Delta Air Lines, Inc.</b>		Date of Disbursement MM / DD / YYYY 01 / 20 / 2018
Mailing Address PO Box 20706		FEC Identification Number C <b>Transaction ID : SB29.5130</b> Amount of Each Disbursement this Period 1415.93
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement 002, Travel Expense, Non-Contribution Account	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Delta Air Lines, Inc.</b>		Date of Disbursement MM / DD / YYYY 01 / 23 / 2018
Mailing Address PO Box 20706		FEC Identification Number C <b>Transaction ID : SB29.5131</b> Amount of Each Disbursement this Period 103.57
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement 003, Travel Expense, Non-Contribution Account	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Federal Express</b>		Date of Disbursement MM / DD / YYYY 01 / 20 / 2018
Mailing Address 3875 Airways Blvd.		FEC Identification Number C <b>Transaction ID : SB29.5121</b> Amount of Each Disbursement this Period 96.18
City Memphis	State TN	
Zip Code 38116	Purpose of Disbursement 002, Shipping Expense, Non-Contribution Account	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input checked="" type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AG AMERICA**

**A. Federal Express**

Full Name (Last, First, Middle Initial)

Mailing Address 3875 Airways Blvd.

City Memphis State TN Zip Code 38116

Purpose of Disbursement 002, Shipping Expense, Non-Contribution Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 20 / 2018

FEC Identification Number: C

Transaction ID : SB29.5125

Amount of Each Disbursement this Period: 93.16

Memo Item

**B. Federal Express**

Full Name (Last, First, Middle Initial)

Mailing Address 3875 Airways Blvd.

City Memphis State TN Zip Code 38116

Purpose of Disbursement 002, Shipping Expense, Non-Contribution Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 20 / 2018

FEC Identification Number: C

Transaction ID : SB29.5126

Amount of Each Disbursement this Period: 43.47

Memo Item

**C. FedEx Office**

Full Name (Last, First, Middle Initial)

Mailing Address 400 Locust St.

City Des Moines State IA Zip Code 50309

Purpose of Disbursement 002, Printing Expense, Non-Contribution Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 20 / 2018

FEC Identification Number: C

Transaction ID : SB29.5117

Amount of Each Disbursement this Period: 1365.52

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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"/> 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**

**A. goFish Advertising**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 33754

City San Antonio State TX Zip Code 78265

Purpose of Disbursement 002, Printing Expense, Non-Contribution Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 20 / 2018

FEC Identification Number: C

Transaction ID : SB29.5120

Amount of Each Disbursement this Period: 189.44

Memo Item

**B. Hy-Vee**

Full Name (Last, First, Middle Initial)

Mailing Address 3410 N 156th Street

City Omaha State NE Zip Code 68116

Purpose of Disbursement 002, Meeting Expense, Non-Contribution Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 20 / 2018

FEC Identification Number: C

Transaction ID : SB29.5128

Amount of Each Disbursement this Period: 5.50

Memo Item

**C. Majestic Limo**

Full Name (Last, First, Middle Initial)

Mailing Address 1816 Fuller Road

City West Des Moines State IA Zip Code 50265

Purpose of Disbursement 003, Travel Expense, Non-Contribution Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 23 / 2018

FEC Identification Number: C

Transaction ID : SB29.5135

Amount of Each Disbursement this Period: 2255.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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"/> 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) <b>A. MAXimum Compliance, LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2018
Mailing Address 4703 Woodway Lane, NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.5094</b> Amount of Each Disbursement this Period [REDACTED] 4010.51
City Washington	State DC	Zip Code 20016
Purpose of Disbursement Bookkeeping, Non-Contribution Account		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. MAXimum Compliance, LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2018
Mailing Address 4703 Woodway Lane, NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.5098</b> Amount of Each Disbursement this Period [REDACTED] 3050.17
City Washington	State DC	Zip Code 20016
Purpose of Disbursement Bookkeeping, Non-Contribution Account		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. MAXimum Compliance, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2018
Mailing Address 4703 Woodway Lane, NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.5106</b> Amount of Each Disbursement this Period [REDACTED] 2055.00
City Washington	State DC	Zip Code 20016
Purpose of Disbursement Bookkeeping, Non-Contribution Account		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

[REDACTED] 9115.68

**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"/> 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) <b>A. West Des Moines Marriott</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2018
Mailing Address 1250 Jordan Creek Parkway		FEC Identification Number C [ ] <b>Transaction ID : SB29.5085</b> Amount of Each Disbursement this Period [ ] 2500.00
City West Des Moines	State IA	Zip Code 50266
Purpose of Disbursement Travel Expense, Catering/Food & Beverage, Non-Contribution Account		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. West Des Moines Marriott</b>		Date of Disbursement MM / DD / YYYY 01 / 09 / 2018
Mailing Address 1250 Jordan Creek Parkway		FEC Identification Number C [ ] <b>Transaction ID : SB29.5086</b> Amount of Each Disbursement this Period [ ] 8308.07
City West Des Moines	State IA	Zip Code 50266
Purpose of Disbursement Travel Expense, Catering/Food & Beverage, Non-Contribution Account		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY [ ] / [ ] / [ ]
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period [ ]
City	State	Zip Code
Purpose of Disbursement		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 10808.07
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 95274.94

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 29 OF 31
	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 <b>American Express</b>			Nature of Debt (Purpose): Credit Card Payment
Mailing Address PO Box 650448			
City Dallas	State TX	Zip Code 75265	

Outstanding Balance Beginning This Period <input type="text" value="9814.31"/>	<b>Transaction ID : SD10.4618</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="9814.31"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Anderson, Charles, , ,</b>			Nature of Debt (Purpose): Travel Expense Reimbursement
Mailing Address 7648 Rosenthal Parkway			
City Lorena	State TX	Zip Code 76655	

Outstanding Balance Beginning This Period <input type="text" value="621.61"/>	<b>Transaction ID : SD10.5044</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="621.61"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Blue Wave</b>			Nature of Debt (Purpose): Campaign Mgmt. & Consulting, Travel, Telephone, Interest, Catering Food/Bev., A/V
Mailing Address 3008 N 161st Terrace			
City Omaha	State NE	Zip Code 68116	

Outstanding Balance Beginning This Period <input type="text" value="64335.51"/>	<b>Transaction ID : SD10.4878</b>	
Amount Incurred This Period <input type="text" value="36170.96"/>	Payment This Period <input type="text" value="33500.00"/>	Outstanding Balance at Close of This Period <input type="text" value="67006.47"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="67006.47"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 30 OF 31
	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 <b>Caleb Consulting</b>			Nature of Debt (Purpose): Political Strategy Consulting
Mailing Address 1105 Havre Lafitte Dr.			
City Austin	State TX	Zip Code 78746	

Outstanding Balance Beginning This Period <input type="text" value="32369.36"/>	<b>Transaction ID : SD10.4879</b>	
Amount Incurred This Period <input type="text" value="22778.21"/>	Payment This Period <input type="text" value="23675.22"/>	Outstanding Balance at Close of This Period <input type="text" value="31472.35"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MAXimum Compliance, LLC</b>			Nature of Debt (Purpose): Bookkeeping
Mailing Address 4703 Woodway Lane, NW			
City Washington	State DC	Zip Code 20016	

Outstanding Balance Beginning This Period <input type="text" value="9115.68"/>	<b>Transaction ID : SD10.4881</b>	
Amount Incurred This Period <input type="text" value="6101.67"/>	Payment This Period <input type="text" value="9115.68"/>	Outstanding Balance at Close of This Period <input type="text" value="6101.67"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MDC &amp; Associates, Inc.</b>			Nature of Debt (Purpose): Bookkeeping
Mailing Address 11972 Grey Oaks Park Rd.			
City Glen Allen	State VA	Zip Code 23059	

Outstanding Balance Beginning This Period <input type="text" value="472.92"/>	<b>Transaction ID : SD10.5050</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="472.92"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="38046.94"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 31 OF 31
	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 <b>The Gober Group (fka Gober Hilgers PLLC)</b>			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016 Ste 350			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period <input type="text" value="3319.10"/>	<b>Transaction ID : SD10.4885</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3319.10"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>West Des Moines Marriott</b>			Nature of Debt (Purpose): Travel Expense, Catering/Food & Beverage
Mailing Address 1250 Jordan Creek Parkway			
City West Des Moines	State IA	Zip Code 50266	

Outstanding Balance Beginning This Period <input type="text" value="10808.07"/>	<b>Transaction ID : SD10.5056</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="10808.07"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="3319.10"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="108372.51"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="108372.51"/>