

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 AMERICA ASCENDANT PAC

ADDRESS (number and street) PO BOX 26141 ALEXANDRIA VA 22313 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00592527 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: X April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) 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) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 / 01 / 2016 through 03 / 31 / 2016

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 Chris Marston

Signature of Treasurer Chris Marston [Electronically Filed] Date 07 / 10 / 2016

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**AMERICA ASCENDANT 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="2016"/>	<input type="text" value="178500.00"/>	<input type="text" value="178500.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="178500.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="276000.00"/>	<input type="text" value="276000.00"/>
(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="454500.00"/>	<input type="text" value="454500.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="316803.24"/>	<input type="text" value="316803.24"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="137696.76"/>	<input type="text" value="137696.76"/>
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="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

**AMERICA ASCENDANT PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2016 To: M M / D D / Y Y Y Y 03 / 31 / 2016

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).....	276000.00	276000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	276000.00	276000.00
(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) .....	276000.00	276000.00
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))..... ▶	276000.00	276000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	276000.00	276000.00

**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 .....	136709.33	136709.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	136709.33	136709.33
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) .....	180093.91	180093.91
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 .....	0.00	0.00
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)) ..	316803.24	316803.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	316803.24	316803.24

**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) .....	276000.00	276000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	276000.00	276000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	136709.33	136709.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	136709.33	136709.33

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

Form/Schedule: F3XA  
Transaction ID :

This amendment responds to the request for additional information dated June 12, 2016 noting a discrepancy between original disbursements and negative entries to OnMessage Inc. One of the original disbursements was unintentionally marked as unitemized. The disbursement is itemized on this amended report.

Form/Schedule:  
Transaction ID:

**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 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**AMERICA ASCENDANT PAC**

Full Name (Last, First, Middle Initial) <b>A. Ronald M Cameron</b>		Date of Receipt MM / DD / YYYY 01 / 08 / 2016 <b>Transaction ID : SA11AI.4108</b>
Mailing Address PO Box 21440		Amount of Each Receipt this Period 250000.00
City Little Rock	State AR	Zip Code 72221
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Mountaire Corporation	Occupation Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250000.00	

Full Name (Last, First, Middle Initial) <b>B. Christopher A. Greer D.O.</b>		Date of Receipt MM / DD / YYYY 02 / 11 / 2016 <b>Transaction ID : SA11AI.4116</b>
Mailing Address 7 Windhaven Dr		Amount of Each Receipt this Period 1000.00
City Fort Smith	State AR	Zip Code 72903
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Cooper Clinic	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Amb Howard H. Leach</b>		Date of Receipt MM / DD / YYYY 03 / 10 / 2016 <b>Transaction ID : SA11AI.4170</b>
Mailing Address 3500 Royal Plam Way Ste 401		Amount of Each Receipt this Period 25000.00
City Palm Beach	State FL	Zip Code 33480
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Self	Occupation Investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	276000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	276000.00

**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)  
**AMERICA ASCENDANT PAC**

Full Name (Last, First, Middle Initial)

**A. America Rising LLC**

Mailing Address 1555 Wilson Blvd  
Ste 307

City Arlington State VA Zip Code 22209

Purpose of Disbursement  
Consultant Expenses

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2016

Transaction ID : **SB21B.4119**

Amount of Each Disbursement this Period

1086.95

Memo Item

Full Name (Last, First, Middle Initial)

**B. Annamarie Atwood**

Mailing Address 1904 N Bluebird Ln

City Altus State OK Zip Code 73521

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2016

Transaction ID : **SB21B.4115**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Annamarie Atwood**

Mailing Address 1904 N Bluebird Ln

City Altus State OK Zip Code 73521

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2016

Transaction ID : **SB21B.4128**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

11086.95



**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)  
**AMERICA ASCENDANT PAC**

Full Name (Last, First, Middle Initial)

**A. Annamarie Atwood**

Mailing Address 1904 N Bluebird Ln

City Altus State OK Zip Code 73521

Purpose of Disbursement  
Reimbursement (See Below)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4129**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. United Airlines**

Mailing Address 233 S Wacker Dr

City Chicago State IL Zip Code 60606

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4129.1**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. The Wit Hotel**

Mailing Address 201 N State St

City Chicago State IL Zip Code 60601

Purpose of Disbursement  
Travel Meal

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4129.5**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**AMERICA ASCENDANT PAC**

Full Name (Last, First, Middle Initial)

**A. Annamarie Atwood**

Mailing Address 1904 N Bluebird Ln

City Altus State OK Zip Code 73521

Purpose of Disbursement  
Mileage Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

**Transaction ID : SB21B.4129.8**

Amount of Each Disbursement this Period

243.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bluebonnet Fundraising**

Mailing Address 3300 Bee Caves Rd #650-1151

City Austin State TX Zip Code 78746

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 08 / 2016

**Transaction ID : SB21B.4111**

Amount of Each Disbursement this Period

32500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bluebonnet Fundraising**

Mailing Address 3300 Bee Caves Rd #650-1151

City Austin State TX Zip Code 78746

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2016

**Transaction ID : SB21B.4169**

Amount of Each Disbursement this Period

3750.00

Memo Item

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

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

36250.00

**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)  
**AMERICA ASCENDANT PAC**

Full Name (Last, First, Middle Initial)

**A. Collins Anderson Philp Public Affairs LLC**

Mailing Address 1800 M St NW  
Ste 500 S

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2016

**Transaction ID : SB21B.4118**

Amount of Each Disbursement this Period

55000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Collins Anderson Philp Public Affairs LLC**

Mailing Address 1800 M St NW  
Ste 500 S

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 24 / 2016

**Transaction ID : SB21B.4195**

Amount of Each Disbursement this Period

27500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Election CFO LLC**

Mailing Address PO Box 26141

City Alexandria State VA Zip Code 22313

Purpose of Disbursement  
Compliance Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 08 / 2016

**Transaction ID : SB21B.4113**

Amount of Each Disbursement this Period

300.00

Memo Item

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

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

82800.00

**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)  
**AMERICA ASCENDANT PAC**

Full Name (Last, First, Middle Initial)

**A. Election CFO LLC**

Mailing Address PO Box 26141

City Alexandria State VA Zip Code 22313

Purpose of Disbursement  
Compliance Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2016

**Transaction ID : SB21B.4173**

Amount of Each Disbursement this Period

487.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. OnMessage Inc**

Mailing Address 817 Slaters Ln

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Pre-Paid Advertising, Prodcution (See Debits for IE Spending)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

**Transaction ID : SB21B.4160**

Amount of Each Disbursement this Period

117573.91

Memo Item

Full Name (Last, First, Middle Initial)

**C. OnMessage Inc**

Mailing Address 817 Slaters Ln

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Debit Pre-Paid Advertising for IE, See Sch. E, Line 24

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 08 / 2016

**Transaction ID : SB21B.4165**

Amount of Each Disbursement this Period

-15288.00

Memo Item

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

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

102773.41

**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)  
**AMERICA ASCENDANT PAC**

Full Name (Last, First, Middle Initial)

**A. OnMessage Inc**

Mailing Address 817 Slaters Ln

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Debit Pre-Paid Advertising for IE, See Sch. E, Line 24

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 22 / 2016

**Transaction ID : SB21B.4188**

Amount of Each Disbursement this Period

-12520.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. OnMessage Inc**

Mailing Address 817 Slaters Ln

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Debit Pre-Paid Advertising for IE, See Sch. E, Line 24

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 22 / 2016

**Transaction ID : SB21B.4192**

Amount of Each Disbursement this Period

-102285.91

Memo Item

Full Name (Last, First, Middle Initial)

**C. OnMessage Inc**

Mailing Address 817 Slaters Ln

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Pre-Paid Advertising, Prodcution (See Debits for IE Spending)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 22 / 2016

**Transaction ID : SB21B.4194**

Amount of Each Disbursement this Period

12520.00

Memo Item

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

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

-102285.91

**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

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)  
**AMERICA ASCENDANT PAC**

Full Name (Last, First, Middle Initial)

**A. Sagely Solutions, LLC**

Mailing Address 1160 First St NE  
Ste 812

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 18 / 2016

**Transaction ID : SB21B.4120**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sagely Solutions, LLC**

Mailing Address 1160 First St NE  
Ste 812

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2016

**Transaction ID : SB21B.4148**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

5000.00

136549.33

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICA ASCENDANT PAC
FEC IDENTIFICATION NUMBER C C00592527
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee NexGen Marketing, LLC
Mailing Address 301 4th Ave S Ste 5010
City Minneapolis State MN Zip Code 55415
Purpose of Expenditure Advertising - Digital
Name of Federal Candidate JOHN BOOZMAN
Calendar Year-To-Date Per Election for Office Sought 50000.00
Date of Public Distribution/Dissemination 03 / 22 / 2016
Amount 50000.00
Transaction ID : SE.4174
Date of Disbursement or Obligation 02 / 25 / 2016
Office Sought: Senate State: AR
Disbursement For: General 2016

Full Name of Payee OnMessage Inc
Mailing Address 817 Slaters Ln
City Alexandria State VA Zip Code 22314
Purpose of Expenditure Advertising - TV
Name of Federal Candidate CONNER ELDRIDGE
Calendar Year-To-Date Per Election for Office Sought 65288.00
Date of Public Distribution/Dissemination 03 / 08 / 2016
Amount 15288.00
Transaction ID : SE.4166
Date of Disbursement or Obligation 03 / 08 / 2016
Office Sought: Senate State: AR
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 65288.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Chris Marston [Electronically Filed] Date 07 / 10 / 2016
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>AMERICA ASCENDANT PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00592527
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>OnMessage Inc</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 22 / 2016
Mailing Address 817 Slaters Ln	Amount <span style="border: 1px solid black; padding: 2px;">102810.91</span>
City State Zip Code Alexandria VA 22314	<b>Transaction ID : SE.4176</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 22 / 2016
Purpose of Expenditure Advertising - TV	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate JOHN BOOZMAN <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">168098.91</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>OnMessage Inc</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 22 / 2016
Mailing Address 817 Slaters Ln	Amount <span style="border: 1px solid black; padding: 2px;">11995.00</span>
City State Zip Code Alexandria VA 22314	<b>Transaction ID : SE.4182</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 22 / 2016
Purpose of Expenditure Advertising - TV (Production and Distribution)	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate JOHN BOOZMAN <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">180093.91</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">114805.91</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">180093.91</span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Chris Marston [Electronically Filed]

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y  
07 / 10 / 2016