

**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

Prescription for America's Future

ADDRESS (number and street)

801 Pennsylvania Ave. NW

Suite 610

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00560532

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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 03 2014

through

M M M / D D D / Y Y Y Y Y Y
09 30 2014

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

Type or Print Name of Treasurer Michael G. Adams

Signature of Treasurer

Michael G. Adams

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 15 2014

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Prescription for America's Future

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 03 2014 To: M M / D D / Y Y Y Y Y Y
09 30 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	61083.10	
(c) Total Receipts (from Line 19)	2015.70	87892.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	63098.80	87892.33
7. Total Disbursements (from Line 31)	63098.80	87892.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	0.00	0.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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)

Page 3

Write or Type Committee Name

Prescription for America's Future

Report Covering the Period:

From:

M M / D D / Y Y Y Y
07 03 2014

To:

M M / D D / Y Y Y Y
09 30 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1815.70

87117.33

(ii) Unitemized

200.00

775.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

2015.70

87892.33

(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)

2015.70

87892.33

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))..... ▶

2015.70

87892.33

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

2015.70

87892.33

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	6014.42	9739.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6014.42	9739.32
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)	57084.38	78153.01
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)) ..	63098.80	87892.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	63098.80	87892.33

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)	2015.70	87892.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2015.70	87892.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	6014.42	9739.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	6014.42	9739.32

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 OF 11
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Prescription for America's Future

Full Name (Last, First, Middle Initial)

A. Michael G. Adams

Mailing Address 101 South Fifth St.
Suite 2500

City State Zip Code
Louisville KY 40202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dinsmore & Shohl LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

815.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2014

Transaction ID : SA11AI.4200

Amount of Each Receipt this Period

815.70

Full Name (Last, First, Middle Initial)

B. Dauber Pharmacy

Mailing Address 16 E. Main St.

City State Zip Code
Mascoutah IL 62258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2014

Transaction ID : SA11AI.4198

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Millstadt Pharmacy

Mailing Address 120 W. Washington St.

City State Zip Code
Millstadt IL 62260

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2014

Transaction ID : SA11AI.4196

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1815.70

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

1815.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 11

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Prescription for America's Future

Full Name (Last, First, Middle Initial)

A. Candidate Command, LLCMailing Address 1420 NW Vivion
Suite 113

City Kansas City State MO Zip Code 64118

Purpose of Disbursement
Data

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y
09 / 10 / 2014

Transaction ID : SB21B.4206

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dinsmore & Shohl LLPMailing Address 101 South Fifth Street
Suite 2500

City Louisville State KY Zip Code 40202

Purpose of Disbursement
Legal Services

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 / 16 / 2014

Transaction ID : SB21B.4201

Amount of Each Disbursement this Period

2555.55

Full Name (Last, First, Middle Initial)

C. Dinsmore & Shohl LLPMailing Address 101 South Fifth Street
Suite 2500

City Louisville State KY Zip Code 40202

Purpose of Disbursement
Legal Services

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y
08 / 08 / 2014

Transaction ID : SB21B.4205

Amount of Each Disbursement this Period

2968.87

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

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

5774.42

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

Prescription for America's Future

A. Lee Smitherman

Date of Disbursement

Transaction ID : SB21B.4202

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

240.00

B.

Date of Disbursement

Mailing Address

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

Purpose of Disbursement

Candidate Name	
1	1
2	2
3	3
4	4
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99	99
100	100

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

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

Purpose of Disbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

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

240.00

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

6014.42

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 9 OF 11
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Prescription for America's Future			FEC IDENTIFICATION NUMBER ▼ C C00560532		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ad Runner Mobile Outdoor Advertising, Inc.			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014		
Mailing Address 2555 Williams Rd			Amount 10000.00		
City Lewisville		State NC	Zip Code 27023		Transaction ID : SE.4189
Purpose of Expenditure Mobile billboards		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014	
Name of Federal Candidate EARL LEROY CARTER			☒ Support ☐ Oppose		Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: GA
Calendar Year-To-Date Per Election for Office Sought			71359.33		Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ Runoff
Full Name of Payee Ad Runner Mobile Outdoor Advertising, Inc.			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014		
Mailing Address 2555 Williams Rd			Amount 370.00		
City Lewisville		State NC	Zip Code 27023		Transaction ID : SE.4209
Purpose of Expenditure Mobile Advertising		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 08 / 2014	
Name of Federal Candidate EARL LEROY CARTER			☒ Support ☐ Oppose		Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: GA
Calendar Year-To-Date Per Election for Office Sought			71729.33		Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ Runoff
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			10370.00		
(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.					
Signature Michael G. Adams			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 10 OF 11
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Prescription for America's Future		FEC IDENTIFICATION NUMBER ▼ C C00560532	
Check if ☐ 24-hour report ☐ 48-hour report		☐ New report ☐ Amends report filed on	

Full Name of Payee Power Marketing & Printing		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 1080 Nine North Dr. Suite D		Amount 1873.91	
City Alpharetta	State GA	Zip Code 30004	Transaction ID : SE.4183
Purpose of Expenditure Advocacy Mailing	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014	
Name of Federal Candidate EARL LEROY CARTER		☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: GA	
16518.86		Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ Runoff	

Full Name of Payee Power Marketing & Printing		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 1080 Nine North Dr. Suite D		Amount 19841.68	
City Alpharetta	State GA	Zip Code 30004	Transaction ID : SE.4184
Purpose of Expenditure Advocacy Mailing	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014	
Name of Federal Candidate EARL LEROY CARTER		☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: GA	
36360.54		Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ Runoff	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	21715.59
(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.

Michael G. Adams

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 11 OF 11
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Prescription for America's Future			FEC IDENTIFICATION NUMBER ▼ C C00560532		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y		
Full Name of Payee Power Marketing & Printing			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014		
Mailing Address 1080 Nine North Dr. Suite D			Amount 24998.79		
City Alpharetta		State GA	Zip Code 30004		Transaction ID : SE.4188
Purpose of Expenditure Advocacy Mailing		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014		
Name of Federal Candidate EARL LEROY CARTER		☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: GA		
Calendar Year-To-Date Per Election for Office Sought		61359.33	Disbursement For: ☐ Primary ☐ General 2014 ☒ Other (specify) ▶ Runoff		
Full Name of Payee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y		
Mailing Address			Amount		
City		State	Zip Code		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate		☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			24998.79		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			57084.38		
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.					
Signature Michael G. Adams		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014	