

# 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  /  /  2017 through  /  /  2017

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  /  /  2017

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="2017"/>	<input type="text" value="1885.78"/>	<input type="text" value="1885.78"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1885.78"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="219382.00"/>	<input type="text" value="219382.00"/>
(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="221267.78"/>	<input type="text" value="221267.78"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="204221.76"/>	<input type="text" value="204221.76"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="17046.02"/>	<input type="text" value="17046.02"/>
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="66169.91"/>	

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:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	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.).....	219382.00	219382.00
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)).....▶	219382.00	219382.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	219382.00	219382.00

**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 .....	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).....	204221.76	204221.76
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)) ..	204221.76	204221.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	204221.76	204221.76

**DETAILED SUMMARY PAGE**  
of Disbursements

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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 47
<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Altria Client Services, LLC</b>		Date of Receipt
Mailing Address PO Box 85088		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2017"/>
City Richmond	State VA	Zip Code 23285
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.4800</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="20000.00"/>
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="20000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. American Farm Bureau Federation</b>		Date of Receipt
Mailing Address 600 Maryland Ave., SW		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2017"/>
City Washington	State DC	Zip Code 20024
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.4789</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
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="5000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. American Farm Bureau Federation</b>		Date of Receipt
Mailing Address 600 Maryland Ave., SW		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Washington	State DC	Zip Code 20024
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.4809</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="5299.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="25299.00"/>
<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 7 OF 47
<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  
**A. American Seed Trade Association**

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 ▼  
299.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2017

**Transaction ID : SA17.4814**

Amount of Each Receipt this Period  
299.00

Memo Item  
Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. American Seed Trade Association**

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 ▼  
5299.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2017

**Transaction ID : SA17.4815**

Amount of Each Receipt this Period  
5000.00

Memo Item  
Non-Contribution Account

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

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 ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2017

**Transaction ID : SA17.4803**

Amount of Each Receipt this Period  
10000.00

Memo Item  
Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15299.00
<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 47
<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. 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 ▼  
10299.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

**Transaction ID : SA17.4820**

Amount of Each Receipt this Period  
299.00

Memo Item  
Non-Contribution Account

**B. BASF CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE**

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

Mailing Address 100 PARK AVENUE

City FLORHAM PARK	State NJ	Zip Code 07932
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FEC ID number of contributing federal political committee. **C** C00340075

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		20		2017

**Transaction ID : SA17.4791**

Amount of Each Receipt this Period  
5000.00

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		24		2017

**Transaction ID : SA17.4788**

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).....▶	



**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 47
<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. 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

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  
MM / DD / YYYY  
04 / 30 / 2017

**Transaction ID : SA17.4805**

Amount of Each Receipt this Period  
299.00

Memo Item  
Non-Contribution Account

**B. California Water Alliance**

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

Mailing Address PO Box 1267

City Hanford State CA Zip Code 93232

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  
MM / DD / YYYY  
05 / 31 / 2017

**Transaction ID : SA17.4825**

Amount of Each Receipt this Period  
299.00

Memo Item  
Non-Contribution Account

**C. Consumer Energy Alliance**

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

Mailing Address 2211 Norfolk Street, #410

City Houston State TX Zip Code 77098

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  
MM / DD / YYYY  
06 / 30 / 2017

**Transaction ID : SA17.4832**

Amount of Each Receipt this Period  
10000.00

Memo Item  
Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10598.00
<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 47
<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. Corn Refiners Association</b>		Date of Receipt
Mailing Address 1701 Pennsylvania Avenue, NW Ste. 950		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2017"/>
City Washington	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.4798</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
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="5000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Corn Refiners Association</b>		Date of Receipt
Mailing Address 1701 Pennsylvania Avenue, NW Ste. 950		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City Washington	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.4823</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="5299.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. CropLife America</b>		Date of Receipt
Mailing Address 1156 Fifteenth St., NW #400		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2017"/>
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.4793</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="10000.00"/>
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="10000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="15299.00"/>
<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 11 OF 47
<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)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10299.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2017

**Transaction ID : SA17.4806**

Amount of Each Receipt this Period  
299.00

Memo Item  
Non-Contribution Account

**B. 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
--------------------	-------------	-------------------

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 ▼  
15299.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2017

**Transaction ID : SA17.4816**

Amount of Each Receipt this Period  
5000.00

Memo Item  
Non-Contribution Account

**C. DCI Group AZ, LLC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1828 L Street, NW Ste. 400

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 ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2017

**Transaction ID : SA17.4794**

Amount of Each Receipt this Period  
2500.00

Memo Item  
Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7799.00
<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 47
<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. Dow AgroSciences, LLC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9330 Zionsville Road

City Indianapolis	State IN	Zip Code 46268
----------------------	-------------	-------------------

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
04		30		2017

**Transaction ID : SA17.4808**

Amount of Each Receipt this Period  
299.00

Memo Item  
Non-Contribution Account

**B. Dow International Finance**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2511 E. Patrick Rd.

City Midland	State MI	Zip Code 48641
-----------------	-------------	-------------------

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		20		2017

**Transaction ID : SA17.4792**

Amount of Each Receipt this Period  
5000.00

Memo Item  
Non-Contribution Account

**C. Feld Entertainment, Inc.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 Feld Way

City Palmetto	State FL	Zip Code 34221
------------------	-------------	-------------------

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		24		2017

**Transaction ID : SA17.4786**

Amount of Each Receipt this Period  
10000.00

Memo Item  
Non Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15299.00
<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 13 OF 47
<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  
**A. Feld Entertainment, Inc.**

Mailing Address 800 Feld Way

City Palmetto	State FL	Zip Code 34221
------------------	-------------	-------------------

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 ▼  
10299.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2017

**Transaction ID : SA17.4810**

Amount of Each Receipt this Period  
299.00

Memo Item  
Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Feld Entertainment, Inc.**

Mailing Address 800 Feld Way

City Palmetto	State FL	Zip Code 34221
------------------	-------------	-------------------

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 ▼  
12799.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2017

**Transaction ID : SA17.4828**

Amount of Each Receipt this Period  
2500.00

Memo Item  
Non-Contribution Account

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

Mailing Address One N Clematis St.  
Ste. 100

City West Palm Beach	State FL	Zip Code 33401
-------------------------	-------------	-------------------

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
05		01		2017

**Transaction ID : SA17.4802**

Amount of Each Receipt this Period  
5000.00

Memo Item  
Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7799.00
<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 14 OF 47
<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. Grocery Manufacturers Association</b>		Date of Receipt
Mailing Address 1350 I Street, NW #300		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.4889</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="15000.00"/>
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="15000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Kelley Drye &amp; Warren</b>		Date of Receipt
Mailing Address 3050 K Street, NW Ste. 400		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City Washington	State DC	Zip Code 20007
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.4819</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="299.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Land O'Lakes, Inc.</b>		Date of Receipt
Mailing Address PO Box 64101		<input type="text" value="01"/> / <input type="text" value="24"/> / <input type="text" value="2017"/>
City St. Paul	State MN	Zip Code 55164
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.4787</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="15000.00"/>
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="15000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="30299.00"/>
<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 15 OF 47
<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. 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
---------------------	-------------	-------------------

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
05		31		2017

**Transaction ID : SA17.4821**

Amount of Each Receipt this Period  
299.00

Memo Item  
Non-Contribution Account

**B. 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
--------------------	-------------	-------------------

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
04		30		2017

**Transaction ID : SA17.4807**

Amount of Each Receipt this Period  
598.00

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
---------------------	-------------	-------------------

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 ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

**Transaction ID : SA17.4829**

Amount of Each Receipt this Period  
1500.00

Memo Item  
Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2397.00
<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 16 OF 47
<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  
**A. RAI Services Company**

Mailing Address PO Box 464

City Winston-Salem	State NC	Zip Code 27102
-----------------------	-------------	-------------------

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
04		30		2017

**Transaction ID : SA17.4804**

Amount of Each Receipt this Period  
299.00

Memo Item  
Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. RAI Services Company**

Mailing Address PO Box 464

City Winston-Salem	State NC	Zip Code 27102
-----------------------	-------------	-------------------

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 ▼  
27799.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2017

**Transaction ID : SA17.4831**

Amount of Each Receipt this Period  
27500.00

Memo Item  
Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. SeaWorld Parks & Entertainment, Inc.**

Mailing Address 9205 South Park Center Loop  
Ste. 400

City Orlando	State FL	Zip Code 32819
-----------------	-------------	-------------------

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
05		29		2017

**Transaction ID : SA17.4817**

Amount of Each Receipt this Period  
2500.00

Memo Item  
Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30299.00
<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 17 OF 47
<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. States Strategies</b>		Date of Receipt
Mailing Address PO Box 953		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Occoquan	State VA	Zip Code 22125
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.4812</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="299.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Syngenta Crop Protection, LLC</b>		Date of Receipt
Mailing Address SN630000 PO Box 18300		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Greensboro	State NC	Zip Code 27419
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.4818</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
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="5000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Syngenta Crop Protection, LLC</b>		Date of Receipt
Mailing Address SN630000 PO Box 18300		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City Greensboro	State NC	Zip Code 27419
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.4824</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="5299.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="5598.00"/>
<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 18 OF 47
<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. The Catfish Institute**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO Box 1669

City Madison	State MS	Zip Code 39130
-----------------	-------------	-------------------

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
03	/	10	/	2017

**Transaction ID : SA17.4797**

Amount of Each Receipt this Period  
2500.00

Memo Item  
Non-Contribution Account

**B. The Scotts Company and Subsidiaries**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 14111 Scottslawn Road

City Marysville	State OH	Zip Code 43041
--------------------	-------------	-------------------

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
05	/	31	/	2017

**Transaction ID : SA17.4822**

Amount of Each Receipt this Period  
299.00

Memo Item  
Non-Contribution Account

**C. THE SCOTTS MIRACLE-GRO COMPANY STEWARDSHIP PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 14111 SCOTTSLAWN ROAD

City MARYSVILLE	State OH	Zip Code 43041
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00365254

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
03	/	24	/	2017

**Transaction ID : SA17.4799**

Amount of Each Receipt this Period  
10000.00

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 19 OF 47
<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. Transportation for America**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1152 15th Street, NW  
 Ste. 450  
 City Washington State DC Zip Code 20005  
 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  
 05 / 31 / 2017  
**Transaction ID : SA17.4826**  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 14 / 2017  
**Transaction ID : SA17.4801**  
 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 ▼ 25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2017  
**Transaction ID : SA17.4796**  
 Amount of Each Receipt this Period  
 25000.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30299.00
<b>TOTAL</b> This Period (last page this line number only).....	219382.00

# 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**

### A. American Express

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 650448

City Dallas State TX Zip Code 75265

Purpose of Disbursement  
Non-Contribution Account, See itemization, 001

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 18 / 2017

FEC Identification Number

C  
Transaction ID : SB29.4834  
Amount of Each Disbursement this Period  
163.53

Memo Item

### B. American Express

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 650448

City Dallas State TX Zip Code 75265

Purpose of Disbursement  
Non-Contribution Account, See itemization, 002

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2017

FEC Identification Number

C  
Transaction ID : SB29.4835  
Amount of Each Disbursement this Period  
13500.00

Memo Item

### C. American Express

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 650448

City Dallas State TX Zip Code 75265

Purpose of Disbursement  
Non-Contribution Account, See itemization, 003

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2017

FEC Identification Number

C  
Transaction ID : SB29.4836  
Amount of Each Disbursement this Period  
7500.00

Memo Item

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

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

21163.53

**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 02 / 23 / 2017
Mailing Address PO Box 650448		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4837</b> Amount of Each Disbursement this Period 6000.00
City Dallas	State TX	Zip Code 75265
Purpose of Disbursement Non-Contribution Account, See itemization, 004		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. American Express</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2017
Mailing Address PO Box 650448		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4852</b> Amount of Each Disbursement this Period 865.30
City Dallas	State TX	Zip Code 75265
Purpose of Disbursement Non-Contribution Account, See itemization below		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. Linode</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2017
Mailing Address 329 E Jimmie Leeds Road Ste. A		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4852.0</b> Amount of Each Disbursement this Period 20.00
City Galloway	State NJ	Zip Code 08205
Purpose of Disbursement Computer Expense, 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 checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6865.30
<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**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2017
Mailing Address PO Box 650448		FEC Identification Number C <b>Transaction ID : SB29.4852.1</b> Amount of Each Disbursement this Period 845.30 <input checked="" type="checkbox"/> Memo Item
City Dallas	State TX	
Zip Code 75265		
Purpose of Disbursement Finance Charges, Non-Contribution Account		
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 03 / 30 / 2017
Mailing Address PO Box 650448		FEC Identification Number C <b>Transaction ID : SB29.4857</b> Amount of Each Disbursement this Period 2460.60 <input type="checkbox"/> Memo Item
City Dallas	State TX	
Zip Code 75265		
Purpose of Disbursement Non-Contribution Account, See itemization below		
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. Delta Air Lines, Inc.</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2017
Mailing Address PO Box 20706		FEC Identification Number C <b>Transaction ID : SB29.4857.0</b> Amount of Each Disbursement this Period 710.60 <input checked="" type="checkbox"/> Memo Item
City Atlanta	State GA	
Zip Code 30320		
Purpose of Disbursement Travel Expense, Non-Contribution Account		
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)..... ▶

2460.60

**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. The Occidental Grill</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2017
Mailing Address 1475 Pennsylvania Avenue, NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4857.1</b> Amount of Each Disbursement this Period [REDACTED] 1750.00
City Washington	State DC	Zip Code 20004
Purpose of Disbursement Food/Beverage, 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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement MM / DD / YYYY 05 / 23 / 2017
Mailing Address PO Box 650448		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4861</b> Amount of Each Disbursement this Period [REDACTED] 5000.00
City Dallas	State TX	Zip Code 75265
Purpose of Disbursement Non-Contribution Account, See itemization below		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. The Occidental Grill</b>		Date of Disbursement MM / DD / YYYY 05 / 23 / 2017
Mailing Address 1475 Pennsylvania Avenue, NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4861.0</b> Amount of Each Disbursement this Period [REDACTED] 1557.46
City Washington	State DC	Zip Code 20004
Purpose of Disbursement Food/Beverage, 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 checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 5000.00
<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. American Airlines**

Full Name (Last, First, Middle Initial)  
Mailing Address 4255 Amon Carter Blvd.

City Fort Worth State TX Zip Code 76155

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: 05 / 23 / 2017

FEC Identification Number: C  
Transaction ID : SB29.4861.1  
Amount of Each Disbursement this Period: 2510.14

Memo Item

**B. 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: 05 / 23 / 2017

FEC Identification Number: C  
Transaction ID : SB29.4861.2  
Amount of Each Disbursement this Period: 932.40

Memo Item

**C. American Express**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 650448

City Dallas State TX Zip Code 75265

Purpose of Disbursement  
Non-Contribution Account, See itemization below

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 05 / 24 / 2017

FEC Identification Number: C  
Transaction ID : SB29.4862  
Amount of Each Disbursement this Period: 16794.47

Memo Item

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

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

16794.47



# 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. Residence Inn Marriott**

Full Name (Last, First, Middle Initial)

Mailing Address 1199 Vermont Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Travel Expense, Non-Contribution Account

Candidate Name

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

State: District:

Date of Disbursement: 05 / 24 / 2017

FEC Identification Number: C

Transaction ID : SB29.4862.0

Amount of Each Disbursement this Period: 5172.53

Memo Item

**B. JW Marriott Washington DC**

Full Name (Last, First, Middle Initial)

Mailing Address 1331 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Travel Expense, Non-Contribution Account

Candidate Name

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

State: District:

Date of Disbursement: 05 / 24 / 2017

FEC Identification Number: C

Transaction ID : SB29.4862.1

Amount of Each Disbursement this Period: 9138.80

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  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 24 / 2017

FEC Identification Number: C

Transaction ID : SB29.4862.2

Amount of Each Disbursement this Period: 2090.60

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. The Occidental Grill**

Full Name (Last, First, Middle Initial)

Mailing Address 1475 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement Food/Beverage, Non-Contribution Account

Candidate Name

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

State: District:

Date of Disbursement 05 / 24 / 2017

FEC Identification Number C

Transaction ID : SB29.4862.3

Amount of Each Disbursement this Period 392.54

Memo Item

**B. American Express**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 650448

City Dallas State TX Zip Code 75265

Purpose of Disbursement Non-Contribution Account, See itemization below

Candidate Name

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

State: District:

Date of Disbursement 06 / 21 / 2017

FEC Identification Number C

Transaction ID : SB29.4872

Amount of Each Disbursement this Period 7000.00

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  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 06 / 21 / 2017

FEC Identification Number C

Transaction ID : SB29.4872.0

Amount of Each Disbursement this Period 1740.80

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7000.00

**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. American Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address 4255 Amon Carter Blvd.

City Fort Worth State TX Zip Code 76155

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: 06 / 21 / 2017

FEC Identification Number: C

Transaction ID : SB29.4872.1

Amount of Each Disbursement this Period: 968.85

Memo Item

**B. Hyatt Regency Orlando Convention Center**

Full Name (Last, First, Middle Initial)

Mailing Address 9801 International Drive

City Orlando State FL Zip Code 32819

Purpose of Disbursement Travel Expense, AV, Catering/Food and Bev., Non-Contribution Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 21 / 2017

FEC Identification Number: C

Transaction ID : SB29.4872.2

Amount of Each Disbursement this Period: 4290.35

Memo Item

**C. Blue Wave**

Full Name (Last, First, Middle Initial)

Mailing Address 3008 N 161st Terrace

City Omaha State NE Zip Code 68116

Purpose of Disbursement Voided Check, orig. issued 12/22/16

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 03 / 2017

FEC Identification Number: C

Transaction ID : SB29.4730

Amount of Each Disbursement this Period: - 1531.71

Memo Item

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

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

- 1531.71

**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 01 / 03 / 2017		
Mailing Address 3008 N 161st Terrace			FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4731</b> Amount of Each Disbursement this Period [REDACTED] 1531.71		
City Omaha	State NE	Zip Code 68116	Category/Type [REDACTED]		
Purpose of Disbursement Travel Expense Reimb., Non-Contribution Account			Candidate Name [REDACTED]		
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) ▼		Memo Item <input type="checkbox"/>		
State: District:					
Full Name (Last, First, Middle Initial) <b>B. Blue Wave</b>			Date of Disbursement MM / DD / YYYY 03 / 01 / 2017		
Mailing Address 3008 N 161st Terrace			FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4743</b> Amount of Each Disbursement this Period [REDACTED] 10500.00		
City Omaha	State NE	Zip Code 68116	Category/Type [REDACTED]		
Purpose of Disbursement Campaign Mgmt. & Consulting, Non-Contribution Account			Candidate Name [REDACTED]		
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) ▼		Memo Item <input type="checkbox"/>		
State: District:					
Full Name (Last, First, Middle Initial) <b>C. Blue Wave</b>			Date of Disbursement MM / DD / YYYY 03 / 13 / 2017		
Mailing Address 3008 N 161st Terrace			FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4749</b> Amount of Each Disbursement this Period [REDACTED] 10500.00		
City Omaha	State NE	Zip Code 68116	Category/Type [REDACTED]		
Purpose of Disbursement Campaign Mgmt. & Consulting, Non-Contribution Account			Candidate Name [REDACTED]		
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) ▼		Memo Item <input type="checkbox"/>		
State: District:					
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[REDACTED] 22531.71		
<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**

Full Name (Last, First, Middle Initial) <b>A. Blue Wave</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2017
Mailing Address 3008 N 161st Terrace		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4751</b> Amount of Each Disbursement this Period [REDACTED] 8581.19
City Omaha	State NE	Zip Code 68116
Purpose of Disbursement Travel, Subscription, Postage, Telephone Expenses 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 / 30 / 2017
Mailing Address 3008 N 161st Terrace		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4753</b> Amount of Each Disbursement this Period [REDACTED] 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. Blue Wave</b>		Date of Disbursement MM / DD / YYYY 05 / 08 / 2017
Mailing Address 3008 N 161st Terrace		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4759</b> Amount of Each Disbursement this Period [REDACTED] 4000.00
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 23081.19
<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. Blue Wave**

Full Name (Last, First, Middle Initial)

Mailing Address 3008 N 161st Terrace

City Omaha State NE Zip Code 68116

Purpose of Disbursement Campaign Mgmt. & Consulting, Telephone Expense, Non-Contribution Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 01 / 2017

FEC Identification Number: C

Transaction ID : **SB29.4877**

Amount of Each Disbursement this Period: 5000.00

Memo Item

**B. Blue Wave**

Full Name (Last, First, Middle Initial)

Mailing Address 3008 N 161st Terrace

City Omaha State NE Zip Code 68116

Purpose of Disbursement Campaign Mgmt. & Consulting, Travel, Subscription, Postage, Telephone Exp., Non-Contribution Acct

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 17 / 2017

FEC Identification Number: C

Transaction ID : **SB29.4778**

Amount of Each Disbursement this Period: 13959.19

Memo Item

**C. Blue Wave**

Full Name (Last, First, Middle Initial)

Mailing Address 3008 N 161st Terrace

City Omaha State NE Zip Code 68116

Purpose of Disbursement Travel Expense Reimb., Non-Contribution Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 30 / 2017

FEC Identification Number: C

Transaction ID : **SB29.4773**

Amount of Each Disbursement this Period: 9000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 27959.19

**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. Caleb Consulting</b>		Date of Disbursement MM / DD / YYYY 01 / 26 / 2017	
Mailing Address 1105 Havre Lafitte Dr.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4736</b> Amount of Each Disbursement this Period 7083.33	
City Austin	State TX	Zip Code 78746	Category/ Type [REDACTED]
Purpose of Disbursement Political Strategy Consulting, Non-Contribution Account		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Caleb Consulting</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2017	
Mailing Address 1105 Havre Lafitte Dr.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4748</b> Amount of Each Disbursement this Period 7083.33	
City Austin	State TX	Zip Code 78746	Category/ Type [REDACTED]
Purpose of Disbursement Political Strategy Consulting, Non-Contribution Account		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Caleb Consulting</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2017	
Mailing Address 1105 Havre Lafitte Dr.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4752</b> Amount of Each Disbursement this Period 7083.33	
City Austin	State TX	Zip Code 78746	Category/ Type [REDACTED]
Purpose of Disbursement Political Strategy Consulting, Non-Contribution Account		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

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

21249.99

**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. Caleb Consulting</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2017	
Mailing Address 1105 Havre Lafitte Dr.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4758</b> Amount of Each Disbursement this Period 5000.00	
City Austin	State TX	Zip Code 78746	Category/ Type [REDACTED]
Purpose of Disbursement Political Strategy Consulting, Non-Contribution Account		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. Caleb Consulting</b>		Date of Disbursement MM / DD / YYYY 05 / 08 / 2017	
Mailing Address 1105 Havre Lafitte Dr.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4760</b> Amount of Each Disbursement this Period 4000.00	
City Austin	State TX	Zip Code 78746	Category/ Type [REDACTED]
Purpose of Disbursement Political Strategy Consulting, Non-Contribution Account		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 06 / 17 / 2017	
Mailing Address 1105 Havre Lafitte Dr.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4779</b> Amount of Each Disbursement this Period 6222.23	
City Austin	State TX	Zip Code 78746	Category/ Type [REDACTED]
Purpose of Disbursement Political Strategy Consulting and Travel Expense Reimb., Non-Contribution Account		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)..... ▶

15222.23

**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. CMDI</b>		Date of Disbursement MM / DD / YYYY 01 / 10 / 2017
Mailing Address 1593 Spring Hill Rd. Suite 400		FEC Identification Number C [ ] <b>Transaction ID : SB29.4732</b>
City Tysons Corner	State VA	Zip Code 22182
Purpose of Disbursement Database, Non-Contribution Account		Amount of Each Disbursement this Period [ ] 250.00
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. CMDI</b>		Date of Disbursement MM / DD / YYYY 02 / 11 / 2017
Mailing Address 1593 Spring Hill Rd. Suite 400		FEC Identification Number C [ ] <b>Transaction ID : SB29.4739</b>
City Tysons Corner	State VA	Zip Code 22182
Purpose of Disbursement Database, Non-Contribution Account		Amount of Each Disbursement this Period [ ] 250.00
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>C. CMDI</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2017
Mailing Address 1593 Spring Hill Rd. Suite 400		FEC Identification Number C [ ] <b>Transaction ID : SB29.4750</b>
City Tysons Corner	State VA	Zip Code 22182
Purpose of Disbursement Database, Non-Contribution Account		Amount of Each Disbursement this Period [ ] 250.00
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 750.00
<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**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement MM / DD / YYYY 04 / 10 / 2017
Mailing Address 1593 Spring Hill Rd. Suite 400		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4755</b> Amount of Each Disbursement this Period [REDACTED] 250.00
City Tysons Corner	State VA	Zip Code 22182
Purpose of Disbursement Database, 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. CMDI</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2017
Mailing Address 1593 Spring Hill Rd. Suite 400		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4763</b> Amount of Each Disbursement this Period [REDACTED] 250.00
City Tysons Corner	State VA	Zip Code 22182
Purpose of Disbursement Database, 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. CMDI</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2017
Mailing Address 1593 Spring Hill Rd. Suite 400		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4777</b> Amount of Each Disbursement this Period [REDACTED] 250.00
City Tysons Corner	State VA	Zip Code 22182
Purpose of Disbursement Database, 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).....▶	[REDACTED] 750.00
<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**

Full Name (Last, First, Middle Initial) <b>A. FIG Marketing Events</b>		Date of Disbursement MM / DD / YYYY 01 / 26 / 2017
Mailing Address 5012 Desert Oak Circle		FEC Identification Number C [ ] <b>Transaction ID : SB29.4737</b> Amount of Each Disbursement this Period [ ] 4250.03
City Austin	State TX	Zip Code 78749
Purpose of Disbursement Fundraising & Event Management Services, 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. FIG Marketing Events</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2017
Mailing Address 5012 Desert Oak Circle		FEC Identification Number C [ ] <b>Transaction ID : SB29.4746</b> Amount of Each Disbursement this Period [ ] 7500.00
City Austin	State TX	Zip Code 78749
Purpose of Disbursement Fundraising & Event Management Services, 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. FIG Marketing Events</b>		Date of Disbursement MM / DD / YYYY 04 / 25 / 2017
Mailing Address 5012 Desert Oak Circle		FEC Identification Number C [ ] <b>Transaction ID : SB29.4756</b> Amount of Each Disbursement this Period [ ] 3750.00
City Austin	State TX	Zip Code 78749
Purpose of Disbursement Fundraising & Event Management Services, 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	

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

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

[ ] 15500.03
[ ]

**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. FIG Marketing Events**

Full Name (Last, First, Middle Initial)

Mailing Address 5012 Desert Oak Circle

City Austin State TX Zip Code 78749

Purpose of Disbursement Fundraising & Event Management Services, Non-Contribution Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB29.4771

Amount of Each Disbursement this Period: 3750.00

Memo Item

**B. goFish Advertising**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 33754

City San Antonio State TX Zip Code 78265

Purpose of Disbursement 004, Printing Expense, Non-Contribution Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 23 / 2017

FEC Identification Number: C

Transaction ID : SB29.4849

Amount of Each Disbursement this Period: 243.56

Memo Item

**C. Hyatt Regency - Lexington**

Full Name (Last, First, Middle Initial)

Mailing Address 401 West High Street

City Lexington State KY Zip Code 40507

Purpose of Disbursement 001, Travel Expense, AV, Catering/Food and Bev., Non-Contribution Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 18 / 2017

FEC Identification Number: C

Transaction ID : SB29.4838

Amount of Each Disbursement this Period: 163.53

Memo Item

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

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

3750.00

**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. Hyatt Regency - Lexington</b>		Date of Disbursement MM / DD / YYYY 01 / 29 / 2017	
Mailing Address 401 West High Street		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4841</b> Amount of Each Disbursement this Period [REDACTED] 13500.00	
City Lexington	State KY	Zip Code 40507	Category/Type [REDACTED]
Purpose of Disbursement 002, Travel Expense, AV, Catering/Food and Bev., 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>B. Hyatt Regency - Lexington</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2017	
Mailing Address 401 West High Street		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4842</b> Amount of Each Disbursement this Period [REDACTED] 5854.24	
City Lexington	State KY	Zip Code 40507	Category/Type [REDACTED]
Purpose of Disbursement 003, Travel Expense, AV, Catering/Food and Bev., 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. Jamie, Adams, Clover, ,</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2017	
Mailing Address 3565 Wynbrooke Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4765</b> Amount of Each Disbursement this Period [REDACTED] 470.47	
City Lansing	State MI	Zip Code 48906	Category/Type [REDACTED]
Purpose of Disbursement Travel Expense Reimb, Non-Contribution Account			
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 470.47
<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**

Full Name (Last, First, Middle Initial) <b>A. Hertz</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2017
Mailing Address 8501 Williams Road		FEC Identification Number C [ ] <b>Transaction ID : SB29.4765.0</b> Amount of Each Disbursement this Period [ ] 273.82
City Estero	State FL	Zip Code 33928
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>B. Left Hand Design</b>		Date of Disbursement MM / DD / YYYY 01 / 26 / 2017
Mailing Address 7233 Manchaca Road #37		FEC Identification Number C [ ] <b>Transaction ID : SB29.4735</b> Amount of Each Disbursement this Period [ ] 1461.38
City Austin	State TX	Zip Code 78745
Purpose of Disbursement Design Services, 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. Linode</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2017
Mailing Address 329 E Jimmie Leeds Road Ste. A		FEC Identification Number C [ ] <b>Transaction ID : SB29.4843</b> Amount of Each Disbursement this Period [ ] 20.00
City Galloway	State NJ	Zip Code 08205
Purpose of Disbursement 003, Computer 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).....▶	[ ] 1461.38
<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. Linode**

Full Name (Last, First, Middle Initial)

Mailing Address 329 E Jimmie Leeds Road  
Ste. A

City Galloway State NJ Zip Code 08205

Purpose of Disbursement 004, Computer Expense, Non-Contribution Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement MM / DD / YYYY 02 / 23 / 2017

FEC Identification Number C

Transaction ID : SB29.4851

Amount of Each Disbursement this Period 20.00

Memo Item

**B. MAXimum Compliance, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 4703 Woodway Lane, NW

City Washington State DC Zip Code 20016

Purpose of Disbursement Bookkeeping, Non-Contribution Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement MM / DD / YYYY 01 / 26 / 2017

FEC Identification Number C

Transaction ID : SB29.4733

Amount of Each Disbursement this Period 2000.00

Memo Item

**C. MAXimum Compliance, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 4703 Woodway Lane, NW

City Washington State DC Zip Code 20016

Purpose of Disbursement Bookkeeping, Non-Contribution Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement MM / DD / YYYY 01 / 26 / 2017

FEC Identification Number C

Transaction ID : SB29.4738

Amount of Each Disbursement this Period 64.84

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2064.84

**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 03 / 01 / 2017	
Mailing Address 4703 Woodway Lane, NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4742</b> Amount of Each Disbursement this Period [REDACTED] 2010.09	
City Washington	State DC	Zip Code 20016	Category/ Type [REDACTED]
Purpose of Disbursement Bookkeeping, Non-Contribution Account		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 03 / 13 / 2017	
Mailing Address 4703 Woodway Lane, NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4745</b> Amount of Each Disbursement this Period [REDACTED] 2003.36	
City Washington	State DC	Zip Code 20016	Category/ Type [REDACTED]
Purpose of Disbursement Bookkeeping, Non-Contribution Account		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 04 / 29 / 2017	
Mailing Address 4703 Woodway Lane, NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4757</b> Amount of Each Disbursement this Period [REDACTED] 1000.00	
City Washington	State DC	Zip Code 20016	Category/ Type [REDACTED]
Purpose of Disbursement Bookkeeping, Non-Contribution Account		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).....▶	[REDACTED] 5013.45
<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**

Full Name (Last, First, Middle Initial)  
**A. MAXimum Compliance, LLC**

Date of Disbursement:  /  /

Mailing Address: 4703 Woodway Lane, NW

City: Washington State: DC Zip Code: 20016

Purpose of Disbursement: Bookkeeping, Non-Contribution Account

Candidate Name:

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

FEC Identification Number:   
**Transaction ID : SB29.4772**  
Amount of Each Disbursement this Period:   
 Memo Item

Full Name (Last, First, Middle Initial)  
**B. MAXimum Compliance, LLC**

Date of Disbursement:  /  /

Mailing Address: 4703 Woodway Lane, NW

City: Washington State: DC Zip Code: 20016

Purpose of Disbursement: Bookkeeping, Non-Contribution Account

Candidate Name:

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

FEC Identification Number:   
**Transaction ID : SB29.4776**  
Amount of Each Disbursement this Period:   
 Memo Item

Full Name (Last, First, Middle Initial)  
**C. MAXimum Compliance, LLC**

Date of Disbursement:  /  /

Mailing Address: 4703 Woodway Lane, NW

City: Washington State: DC Zip Code: 20016

Purpose of Disbursement: Bookkeeping, Non-Contribution Account

Candidate Name:

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

FEC Identification Number:   
**Transaction ID : SB29.4780**  
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 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. Proghorn Agency, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 106 East Lincoln Way Ste. 300

City Cheyenne State WY Zip Code 82001

Purpose of Disbursement Research Consulting Services, Non-Contribution Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 21 / 2017

FEC Identification Number: C

Transaction ID : SB29.4781

Amount of Each Disbursement this Period: 2000.00

Memo Item

**B. RegOnline by Lanyon**

Full Name (Last, First, Middle Initial)

Mailing Address 717 N Harwood Street Ste. 2200

City Dallas State TX Zip Code 75201

Purpose of Disbursement Credit Card Processing Fees, Non-Contribution Account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 31 / 2017

FEC Identification Number: C

Transaction ID : SB29.4784

Amount of Each Disbursement this Period: 193.45

Memo Item

**C. The Allbaugh Company LLC**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 90609

City Austin State TX Zip Code 78709

Purpose of Disbursement Voided Check, orig. issued 7/6/2016

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 02 / 2017

FEC Identification Number: C

Transaction ID : SB29.4741

Amount of Each Disbursement this Period: - 602.20

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1591.25

**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. The Gober Group (fka Gober Hilgers PLLC)</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2017
Mailing Address PO Box 341016 Ste 350		FEC Identification Number C [ ] <b>Transaction ID : SB29.4747</b> Amount of Each Disbursement this Period [ ] 474.00
City Austin	State TX	Zip Code 78734
Purpose of Disbursement Legal Services, 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. Thomas Graphics, Inc.</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2017
Mailing Address PO Box 142226		FEC Identification Number C [ ] <b>Transaction ID : SB29.4847</b> Amount of Each Disbursement this Period [ ] 940.00
City Austin	State TX	Zip Code 78714
Purpose of Disbursement 004, Graphic Design Services, 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. Woodford Reserve Distillery</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2017
Mailing Address 7855 McCracken Pike		FEC Identification Number C [ ] <b>Transaction ID : SB29.4844</b> Amount of Each Disbursement this Period [ ] 1625.76
City Versailles	State KY	Zip Code 40383
Purpose of Disbursement 003, 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 checked="" type="checkbox"/> Memo Item	

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

[ ] 474.00

**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. Woodford Reserve Distillery**

Full Name (Last, First, Middle Initial)

Mailing Address 7855 McCracken Pike

City Versailles State KY Zip Code 40383

Purpose of Disbursement 004, Food/Beverage, Non-Contribution Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement MM / DD / YYYY 02 / 23 / 2017

FEC Identification Number C

Transaction ID : SB29.4846

Amount of Each Disbursement this Period 4796.44

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement MM / DD / YYYY

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement MM / DD / YYYY

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

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

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

0.00
203665.83

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 45 OF 47
	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 27163.53	<b>Transaction ID : SD10.4618</b>	
Amount Incurred This Period 14325.00	Payment This Period 27163.53	Outstanding Balance at Close of This Period 14325.00

B. 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 0.00	<b>Transaction ID : SD10.4878</b>	
Amount Incurred This Period 36926.24	Payment This Period 0.00	Outstanding Balance at Close of This Period 36926.24

C. 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 0.00	<b>Transaction ID : SD10.4879</b>	
Amount Incurred This Period 7083.33	Payment This Period 0.00	Outstanding Balance at Close of This Period 7083.33

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	58334.57
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 46 OF 47
	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>FIG Marketing Events</b>			Nature of Debt (Purpose): Fundraising & Event Management Services
Mailing Address 5012 Desert Oak Circle			
City Austin	State TX	Zip Code 78749	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4880</b>	
Amount Incurred This Period 3750.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3750.00

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 0.00	<b>Transaction ID : SD10.4881</b>	
Amount Incurred This Period 1298.87	Payment This Period 0.00	Outstanding Balance at Close of This Period 1298.87

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Proghorn Agency, LLC</b>			Nature of Debt (Purpose): Research Consulting Services
Mailing Address 106 East Lincoln Way Ste. 300			
City Cheyenne	State WY	Zip Code 82001	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4882</b>	
Amount Incurred This Period 2000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	7048.87
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 47 OF 47
	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>Quarles, Ryan, , ,</b>			Nature of Debt (Purpose): Travel Expense Reimb.
Mailing Address 123 Placid Drive			
City Georgetown	State KY	Zip Code 40324	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4883</b>	
Amount Incurred This Period 463.47	Payment This Period 0.00	Outstanding Balance at Close of This Period 463.47

B. 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 0.00	<b>Transaction ID : SD10.4885</b>	
Amount Incurred This Period 323.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 323.00

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		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	786.47
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	66169.91
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	66169.91