

**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

AMERICAN COALITION FOR INJURED VETERANS PAC

ADDRESS (number and street)

1200 PENNSYLVANIA AVE. NW

SUITE 7601

Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20044

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00664128

3. IS THIS
REPORTNEW
(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

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

in the
State of(d) 30-Day
POST-Election
Report for the:

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

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2018

through

M M M / D D D / Y Y Y Y Y Y
06 30 2018

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

Bass, Zachary, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Bass, Zachary, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 14 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

AMERICAN COALITION FOR INJURED VETERANS PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2018		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19)	163843.28	163843.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	163843.28	163843.28
7. Total Disbursements (from Line 31).....	155983.95	155983.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	7859.33	7859.33
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

AMERICAN COALITION FOR INJURED VETERANS PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	8

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	8

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).....	3300.00	3300.00
(ii) Unitemized	160543.28	160543.28
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	163843.28	163843.28
(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)	163843.28	163843.28
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	163843.28	163843.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	163843.28	163843.28

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	147983.95	147983.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	147983.95	147983.95
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)	8000.00	8000.00
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).....	0.00	0.00
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)) ..	155983.95	155983.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	155983.95	155983.95

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	163843.28	163843.28
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	163843.28	163843.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	147983.95	147983.95
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	147983.95	147983.95

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFH`G7 <98I @G `CF`+H9A-N5H-CB
.

Form/Schedule: F3XN

Transaction ID :

Our PAC makes its best effort to collect required record keeping information for individuals who have contributed more than \$200 in a calendar year. All original solicitations contain a clear and conspicuous request for the required contributor information on reply materials with the required explanatory statement. If the information is not provided to the Committee, then we will follow up by sending a letter to the donor within 30 days of the donation requesting the missing information. This letter is sent by itself with no solicitation. It clearly request the missing information, informs the donor that federal law requires that we report this information and includes a return envelope. We then make sure to update the records and report any additional information to the Commision prior to our next reporting date, or as memo entries in the next regularly scheduled report.

For reporting purposes we have used the term 'Donor Outreach' on our schedule B supporting line 21(b). We have contracted multiple companies to provide 'Donor Outreach' services for us. 'Donor Outreach' services include but are not limited to FUNDRAISING ACTIVITIES, DONOR DATABASE MANAGEMENT, CAGING AND ESCROW, DIRECT MAIL SERVICES, LETTERHEAD/ENVELOPES/STATIONARY AND LIST ACQUISITION

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 15

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN COALITION FOR INJURED VETERANS PAC

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

A. FAUGHT, MICHAEL, , ,

Mailing Address PO BOX 17756

City
NORTH LITTLE ROCK

State
AR

Zip Code
72117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Roberts-McNutt

Occupation (for Individual)

CEO/NLR Roofing Project Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 09 / 2018

Transaction ID : SA11AI.4216

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. KEYSER, DON, , ,

Mailing Address 23243 WESTERN CT

City
AUBURN

State
CA

Zip Code
95602

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Keyser Painting

Occupation (for Individual)

Painting/ Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2018

Transaction ID : SA11AI.4212

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. MATTHEWS, WILMA, , ,

Mailing Address 5150 N 20TH ST UNIT 202

City
PHOENIX

State
AZ

Zip Code
85016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

ASU Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2018

Transaction ID : SA11AI.4226

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1250.00

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 8 OF 15

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

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NAME OF COMMITTEE (In Full)

AMERICAN COALITION FOR INJURED VETERANS PAC

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

A. MILLER, RANDALL, , ,

Mailing Address 500 1N SYCAMORE CT

City
ROSWELL

State
NM

Zip Code
88201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Accounting and Consulting Group

Occupation (for Individual)
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 09 / 2018

Transaction ID : SA11AI.4218

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. RICHARDS, ROBERT, , ,

Mailing Address 1398 W NIMSHA RD

City
CLINTON

State
OH

Zip Code
44216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Clinton School of Public Service

Occupation (for Individual)
Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 09 / 2018

Transaction ID : SA11AI.4214

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. SMITH, BRUCE, , ,

Mailing Address 6130 WILLERS WAY

City
HOUSTON

State
TX

Zip Code
77057

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bruce K. Smith M.D.

Occupation (for Individual)
Plastic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2018

Transaction ID : SA11AI.4224

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1250.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 15

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN COALITION FOR INJURED VETERANS PAC

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

A. STOUT, DAN, , ,

Mailing Address 10961 W CAVE BLVD

City
DRIPPING SPRINGSState
TXZip Code
78620FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lakota Water CompanyOccupation (for Individual)
Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2018

Transaction ID : SA11AI.4220

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. THOMPSON, JANICE, , ,

Mailing Address 160 S MAIN ST

City
RUTHERFORDTONState
NCZip Code
28139FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 25 / 2018

Transaction ID : SA11AI.4222

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C.

Mailing Address

City

State

Zip Code

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 ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

800.00

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

3300.00

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

PAGE 10 OF 15

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN COALITION FOR INJURED VETERANS PAC

Full Name (Last, First, Middle Initial)

A. Bristol Marketing Associates Inc

Mailing Address 8051 N. Tamiami Trail, Box 2

City
SarasotaState
FLZip Code
34243Purpose of Disbursement
Donor Outreach

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.4150**

Amount of Each Disbursement this Period

68.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GSI, INC

Mailing Address 6655 Chicago Rd, Suite 9

City
WarrenState
MIZip Code
48092Purpose of Disbursement
Donor Outreach

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.4134**

Amount of Each Disbursement this Period

4054.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GSI, INC

Mailing Address 6655 Chicago Rd, Suite 9

City
WarrenState
MIZip Code
48092Purpose of Disbursement
Donor Outreach

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	1			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.4135**

Amount of Each Disbursement this Period

10065.41

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

14187.46

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

PAGE 11 OF 15

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN COALITION FOR INJURED VETERANS PAC

Full Name (Last, First, Middle Initial)

A. GSI, INC

Mailing Address 6655 Chicago Rd, Suite 9

City
WarrenState
MIZip Code
48092Purpose of Disbursement
Donor Outreach

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.4136**

Amount of Each Disbursement this Period

7851.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LIFELINE SERVICES, INC

Mailing Address 5622 Marine Parkway, Suite 9

City
New Port RicheyState
FLZip Code
34652Purpose of Disbursement
Donor Outreach

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	1			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.4142**

Amount of Each Disbursement this Period

382.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LIFELINE SERVICES, INC

Mailing Address 5622 Marine Parkway, Suite 9

City
New Port RicheyState
FLZip Code
34652Purpose of Disbursement
Donor Outreach

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.4143**

Amount of Each Disbursement this Period

132.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8366.11

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

PAGE 12 OF 15

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN COALITION FOR INJURED VETERANS PAC

Full Name (Last, First, Middle Initial)

A. MARKET PROCESS GROUP

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Donor Outreach

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2018

FEC Identification Number

C**Transaction ID : SB21B.4138**

Amount of Each Disbursement this Period

1359.97

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MARKET PROCESS GROUP

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Donor Outreach

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		31		2018

FEC Identification Number

C**Transaction ID : SB21B.4139**

Amount of Each Disbursement this Period

29873.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MARKET PROCESS GROUP

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Donor Outreach

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2018

FEC Identification Number

C**Transaction ID : SB21B.4140**

Amount of Each Disbursement this Period

54084.84

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

85318.71

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

PAGE 13 OF 15

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

AMERICAN COALITION FOR INJURED VETERANS PAC

Full Name (Last, First, Middle Initial)

A. OSI

Mailing Address 1629 K ST. N.W.

City
WASHINGTONState
DCZip Code
20006Purpose of Disbursement
rent

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.4154**

Amount of Each Disbursement this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PLEDGE ASSISTANCE, LLC

Mailing Address 30 N Gould Street, #5915

City
SheridanState
WYZip Code
82801Purpose of Disbursement
Donor Outreach

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.4148**

Amount of Each Disbursement this Period

20665.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Politicause LLC

Mailing Address 204 W. Spear St #3719

City
Carson CityState
NVZip Code
89703Purpose of Disbursement
Donor Outreach

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.4152**

Amount of Each Disbursement this Period

18390.29

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

39130.74

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

PAGE 14 OF 15

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN COALITION FOR INJURED VETERANS PAC

Full Name (Last, First, Middle Initial)

A. PREMIER CALLING, INC

Mailing Address 10432 US HWY 19

City
Port RicheyState
FLZip Code
34668Purpose of Disbursement
Donor Outreach

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	1			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.4145**

Amount of Each Disbursement this Period

902.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PREMIER CALLING, INC

Mailing Address 10432 US HWY 19

City
Port RicheyState
FLZip Code
34668Purpose of Disbursement
Donor Outreach

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.4146**

Amount of Each Disbursement this Period

78.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

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).....▶

980.93

147983.95

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 15 OF 15
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN COALITION FOR INJURED VETERANS PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00664128 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item Tampa Media Marketing			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Mailing Address 7320 E Fletcher Ave			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8000.00</div>		
City Tampa	State FL	Zip Code 33637	Transaction ID : SE.4231 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Advertising - Radio		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: ROE, DAVID PHILLIP DR., , ,			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TN </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">8000.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
City	State	Zip Code	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"></div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate:			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	8000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures	8000.00

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

Signature Bass, Zachary, , ,

[Electronically Filed]

Date

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

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

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