

# 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  /  /  2016 through  /  /  2016

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="2016"/>	<input type="text" value="1163.37"/>	<input type="text" value="1163.37"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="37654.79"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5000.00"/>	<input type="text" value="414813.35"/>
(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="42654.79"/>	<input type="text" value="415976.72"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="40769.01"/>	<input type="text" value="414090.94"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1885.78"/>	<input type="text" value="1885.78"/>
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="27163.53"/>	

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.).....	5000.00	414813.35
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)).....▶	5000.00	414813.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5000.00	414813.35

**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).....	40769.01	414090.94
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)) ..	40769.01	414090.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40769.01	414090.94

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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

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

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

FOR LINE NUMBER: PAGE 6 OF 18  
(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)  
**AG AMERICA**

**A. American Gas Association**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 North Capitol Street, NW  
 City Washington State DC Zip Code 20001  
 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 / D D / Y Y Y Y Y Y  
 12 / 13 / 2016  
**Transaction ID : SA17.4715**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 Non-Contribution Account

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

**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. American Express</b>		Date of Disbursement MM / DD / YYYY 12 / 22 / 2016
Mailing Address PO Box 650448		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4719</b> Amount of Each Disbursement this Period 5000.00
City Dallas	State TX	Zip Code 75265
Purpose of Disbursement Credit Card Payment, Non-Contribution Account (see memo)		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. Autrey, Daniel, , ,</b>		Date of Disbursement MM / DD / YYYY 12 / 17 / 2016
Mailing Address 3018 Cloverdale Road		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4705</b> Amount of Each Disbursement this Period 67.57
City Montgomery	State AL	Zip Code 36106
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 type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Barnes Association Consultants</b>		Date of Disbursement MM / DD / YYYY 12 / 22 / 2016
Mailing Address 5164 Brawner Place		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4712</b> Amount of Each Disbursement this Period 3000.00
City Alexandria	State VA	Zip Code 22304
Purpose of Disbursement Campaign Mgmt. & Consulting, 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)..... ▶

8067.57

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Blue Wave</b>		Date of Disbursement MM / DD / YYYY 12 / 17 / 2016	
Mailing Address 3008 N 161st Terrace		FEC Identification Number C [ ] <b>Transaction ID : SB29.4703</b>	
City Omaha	State NE	Zip Code 68116	Amount of Each Disbursement this Period [ ] 8316.92
Purpose of Disbursement Campaign Mgmt. & Consulting, Travel, Telephone Expenses Non-Contribution Account		Category/ Type [ ]	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) <b>B. Blue Wave</b>		Date of Disbursement MM / DD / YYYY 12 / 22 / 2016	
Mailing Address 3008 N 161st Terrace		FEC Identification Number C [ ] <b>Transaction ID : SB29.4713</b>	
City Omaha	State NE	Zip Code 68116	Amount of Each Disbursement this Period [ ] 1531.71
Purpose of Disbursement Travel Expense Reimb., Non-Contribution Account		Category/ Type [ ]	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) <b>C. Caleb Consulting</b>		Date of Disbursement MM / DD / YYYY 12 / 17 / 2016	
Mailing Address 1105 Havre Lafitte Dr.		FEC Identification Number C [ ] <b>Transaction ID : SB29.4704</b>	
City Austin	State TX	Zip Code 78746	Amount of Each Disbursement this Period [ ] 7083.33
Purpose of Disbursement Political Strategy Consulting, Non-Contribution Account		Category/ Type [ ]	Memo Item <input type="checkbox"/>
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 16931.96
<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. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 Spring Hill Rd.  
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement Database, Non-Contribution Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 14 / 2016

FEC Identification Number: C

Transaction ID : **SB29.4714**

Amount of Each Disbursement this Period: 250.00

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: 11 / 29 / 2016

FEC Identification Number: C

Transaction ID : **SB29.4726**

Amount of Each Disbursement this Period: 1016.20

Memo Item

**C. Farwell, Natalie, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4530 Merle Drive

City Austin State TX Zip Code 78745

Purpose of Disbursement Event Management Services, Non-Contribution Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 29 / 2016

FEC Identification Number: C

Transaction ID : **SB29.4696**

Amount of Each Disbursement this Period: 2214.58

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2464.58

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

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

Form/Schedule: SB29

Transaction ID : SB29.4726

Part of 11/29/2016 \$1,056.20 Doug Goehring payment

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**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  
Travel Expense, Non-Contribution Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 17 / 2016

FEC Identification Number: C

Transaction ID : SB29.4707

Amount of Each Disbursement this Period: 512.80

Memo Item

**B. 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  
Event Management Services, Non-Contribution Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 17 / 2016

FEC Identification Number: C

Transaction ID : SB29.4708

Amount of Each Disbursement this Period: 3750.00

Memo Item

**C. Goehring, Doug, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3816 Kingston Drive

City Bismark State ND Zip Code 58503

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: 11 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB29.4702

Amount of Each Disbursement this Period: 1056.20

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5319.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Hyatt Regency - Lexington</b>		Date of Disbursement MM / DD / YYYY 12 / 22 / 2016
Mailing Address 401 West High Street		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4723</b> Amount of Each Disbursement this Period 5000.00
City Lexington	State KY	Zip Code 40507
Purpose of Disbursement Travel Expense, AV, Catering/Food and Bev., 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. Ian M. Swanson - Zoe Life Communications</b>		Date of Disbursement MM / DD / YYYY 12 / 17 / 2016
Mailing Address 3517 S 163 St.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4710</b> Amount of Each Disbursement this Period 3000.00
City Omaha	State NE	Zip Code 68130
Purpose of Disbursement Communications Consulting Services, 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. Kansas Department of Agriculture</b>		Date of Disbursement MM / DD / YYYY 11 / 29 / 2016
Mailing Address Office of the Secretary 1320 Research Park Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.4699</b> Amount of Each Disbursement this Period 1792.83
City Manhattan	State KS	Zip Code 66502
Purpose of Disbursement Travel 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 type="checkbox"/> Memo Item	

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

4792.83

**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. 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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 17 / 2016

FEC Identification Number: C

Transaction ID : SB29.4709

Amount of Each Disbursement this Period: 2000.00

Memo Item

**B. Shelby, Rick, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 119 Ingleside Avenue

City McLean State VA Zip Code 22101

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: 11 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB29.4695

Amount of Each Disbursement this Period: 776.87

Memo Item

**C. United Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address 233 South Wacker Dr.

City Chicago State IL Zip Code 60606

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: 11 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB29.4728

Amount of Each Disbursement this Period: 523.20

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2776.87

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

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

Form/Schedule: SB29

Transaction ID : SB29.4728

Part of 11/29/2016 \$776.87 Rick Shelby payment

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

**A. Weathers, Hugh, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 489

City Bowman State SC Zip Code 29018

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: 11 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB29.4700

Amount of Each Disbursement this Period: 413.20

Memo Item

**B. Orbitz.com**

Full Name (Last, First, Middle Initial)

Mailing Address 333 108th Avenue, NE

City Bellevue State WA Zip Code 98004

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: 11 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB29.4700.0

Amount of Each Disbursement this Period: 413.20

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: / /

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	413.20
<b>TOTAL</b> This Period (last page this line number only).....▶	40766.01

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 18
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>American Express</b>			Nature of Debt (Purpose): Credit Card Payment
Mailing Address PO Box 650448			
City Dallas	State TX	Zip Code 75265	

Outstanding Balance Beginning This Period <input type="text" value="30959.97"/>	<b>Transaction ID : SD10.4618</b>	
Amount Incurred This Period <input type="text" value="1203.56"/>	Payment This Period <input type="text" value="5000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="27163.53"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Barnes Association Consultants</b>			Nature of Debt (Purpose): Campaign Mgmt. & Consulting
Mailing Address 5164 Brawner Place			
City Alexandria	State VA	Zip Code 22304	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	<b>Transaction ID : SD10.4483</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Farwell, Natalie, , ,</b>			Nature of Debt (Purpose): Event Management Services
Mailing Address 4530 Merle Drive			
City Austin	State TX	Zip Code 78745	

Outstanding Balance Beginning This Period <input type="text" value="2214.58"/>	<b>Transaction ID : SD10.4685</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2214.58"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="27163.53"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>



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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 18
	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): Travel Expense
Mailing Address 5012 Desert Oak Circle			
City Austin	State TX	Zip Code 78749	

Outstanding Balance Beginning This Period		Transaction ID : SD10.4683	
512.80			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	512.80	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Goehring, Doug, , ,</b>			Nature of Debt (Purpose): Travel Expense
Mailing Address 3816 Kingston Drive			
City Bismark	State ND	Zip Code 58503	

Outstanding Balance Beginning This Period		Transaction ID : SD10.4689	
1056.20			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	1056.20	0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Kansas Department of Agriculture</b>			Nature of Debt (Purpose): Travel Expense
Mailing Address Office of the Secretary 1320 Research Park Drive			
City Manhattan	State KS	Zip Code 66502	

Outstanding Balance Beginning This Period		Transaction ID : SD10.4687	
1792.83			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	1792.83	0.00	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
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 18 OF 18
	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>Shelby, Rick, , ,</b>			Nature of Debt (Purpose): Travel Expense
Mailing Address 119 Ingleside Avenue			
City McLean	State VA	Zip Code 22101	

Outstanding Balance Beginning This Period		Transaction ID : SD10.4684	
776.87			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	776.87	0.00	

B. 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	

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) SUBTOTALS This Period This Page (optional).....▶	0.00
2) TOTALS This Period (last page this line number only).....▶	27163.53
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	27163.53