

# 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.   
**AMERICARISINGPAC.ORG**

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer **MATTHEW RHOADES**

Signature of Treasurer MATTHEW RHOADES [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**AMERICARISINGPAC.ORG**

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="134756.71"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="117737.49"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="16089.40"/>	<input type="text" value="181459.40"/>
(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="133826.89"/>	<input type="text" value="316216.11"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="40306.43"/>	<input type="text" value="222695.65"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="93520.46"/>	<input type="text" value="93520.46"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**AMERICARISINGPAC.ORG**

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).....	15000.00	130000.00
(ii) Unitemized .....	235.00	605.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15235.00	130605.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	50000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	15235.00	180605.00
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).....	854.40	854.40
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))..... ▶	16089.40	181459.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16089.40	181459.40

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	40306.43	222695.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	40306.43	222695.65
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 (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	40306.43	222695.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40306.43	222695.65

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	15235.00	180605.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15235.00	180605.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	40306.43	222695.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	854.40	854.40
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	39452.03	221841.25

**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 17  
(check only one)

<input checked="" 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 type="checkbox"/> 17
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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)  
**AMERICARISINGPAC.ORG**

**A. BRIAN FRANCE**  
Full Name (Last, First, Middle Initial)  
Mailing Address ONE DAYTONA BLVD  
City DAYTONA BEACH State FL Zip Code 90071  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NASCAR Occupation CEO  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **15000.00**

Date of Receipt **04 / 27 / 2016**  
**Transaction ID : SA11AI.9836**  
Amount of Each Receipt this Period **15000.00**  
 Memo Item

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date

Date of Receipt  
Amount of Each Receipt this Period  
 Memo Item

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date

Date of Receipt  
Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>15000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>15000.00</b>

**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 17  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICARISINGPAC.ORG**

**A. EPAY BUSINESS SOLUTIONS, INC.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 27A MIDSTATE DRIVE  
SUITE 218  
City AUBURN State MA Zip Code 01501  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
854.40

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2016  
**Transaction ID : SA15.9839**  
Amount of Each Receipt this Period  
854.40  
 Memo Item  
PAYROLL REFUND: OVER CHARGE

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
Amount of Each Receipt this Period  
 Memo Item

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	854.40
<b>TOTAL</b> This Period (last page this line number only).....▶	854.40

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. JEFFREY W BECHDEL**

Mailing Address 2000 S. EADS STREET  
#204

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2016

Transaction ID : **SB21B.9842**

Amount of Each Disbursement this Period

3958.34

Memo Item

Full Name (Last, First, Middle Initial)

**B. JEFFREY W BECHDEL**

Mailing Address 2000 S. EADS STREET  
#204

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2016

Transaction ID : **SB21B.9843**

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. JEFFREY W BECHDEL**

Mailing Address 2000 S. EADS STREET  
#204

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement  
EMPLOYEE TRAVEL REIMBURSEMENT: PLEASE SEE MEMO ENTRY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 19 / 2016

Transaction ID : **SB21B.9868**

Amount of Each Disbursement this Period

80.00

Memo Item

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

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

4088.34



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. WASHINGTON METROPOLITAN AREA TRANSIT AUTHORITY**

Mailing Address 600 5TH STREET, NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
TRAVEL: RAIL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 19 / 2016

Transaction ID : **SB21B.9868.0**

Amount of Each Disbursement this Period

80.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. JEFFREY W BECHDEL**

Mailing Address 2000 S. EADS STREET #204

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2016

Transaction ID : **SB21B.9852**

Amount of Each Disbursement this Period

3958.34

Memo Item

Full Name (Last, First, Middle Initial)

**C. JEFFREY W BECHDEL**

Mailing Address 2000 S. EADS STREET #204

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2016

Transaction ID : **SB21B.9853**

Amount of Each Disbursement this Period

50.00

Memo Item

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

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

4008.34

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. AMELIA T CHASSE**

Mailing Address 209 FRANKLIN STREET  
2ND FLOOR

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.9844**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMELIA T CHASSE**

Mailing Address 209 FRANKLIN STREET  
2ND FLOOR

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.9845**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMELIA T CHASSE**

Mailing Address 209 FRANKLIN STREET  
2ND FLOOR

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.9854**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. AMELIA T CHASSE**

Mailing Address 209 FRANKLIN STREET  
2ND FLOOR

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2016

Transaction ID : **SB21B.9855**

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. EPAY BUSINESS SOLUTIONS, INC.**

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

City AUBURN State MA Zip Code 01501

Purpose of Disbursement  
PAYROLL SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 14 / 2016

Transaction ID : **SB21B.9840**

Amount of Each Disbursement this Period

38.10

Memo Item

Full Name (Last, First, Middle Initial)

**C. EPAY BUSINESS SOLUTIONS, INC.**

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

City AUBURN State MA Zip Code 01501

Purpose of Disbursement  
PAYROLL: TAX

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 14 / 2016

Transaction ID : **SB21B.9841**

Amount of Each Disbursement this Period

1192.10

Memo Item

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

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

1280.20

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. EPAY BUSINESS SOLUTIONS, INC.**

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

City AUBURN State MA Zip Code 01501

Purpose of Disbursement  
PAYROLL SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2016

**Transaction ID : SB21B.9850**

Amount of Each Disbursement this Period

38.10

Memo Item

Full Name (Last, First, Middle Initial)

**B. EPAY BUSINESS SOLUTIONS, INC.**

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

City AUBURN State MA Zip Code 01501

Purpose of Disbursement  
PAYROLL: TAX

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2016

**Transaction ID : SB21B.9851**

Amount of Each Disbursement this Period

1192.10

Memo Item

Full Name (Last, First, Middle Initial)

**C. KELLY & ASSOCIATES INSURANCE GROUP**

Mailing Address 1 KELLY WAY

City SPARKS State MD Zip Code 21152

Purpose of Disbursement  
HEALTH INSURANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 22 / 2016

**Transaction ID : SB21B.9860**

Amount of Each Disbursement this Period

1895.42

Memo Item

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

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

3125.62

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. KELLY & ASSOCIATES INSURANCE GROUP**

Mailing Address 1 KELLY WAY

City SPARKS State MD Zip Code 21152

Purpose of Disbursement  
PRIOR PERIOD VOID: HEALTH INSURANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 22 / 2016

**Transaction ID : SB21B.9872**

Amount of Each Disbursement this Period

Amount: -1919.42

Memo Item

Full Name (Last, First, Middle Initial)

**B. COLIN T REED**

Mailing Address 7 RUSSELL BLVD  
APT D

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2016

**Transaction ID : SB21B.9846**

Amount of Each Disbursement this Period

Amount: 5625.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. COLIN T REED**

Mailing Address 7 RUSSELL BLVD  
APT D

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2016

**Transaction ID : SB21B.9847**

Amount of Each Disbursement this Period

Amount: 50.00

Memo Item

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

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

Amount: 3755.58

Amount: 0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. COLIN T REED**

Mailing Address 7 RUSSELL BLVD  
APT D

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2016

Transaction ID : SB21B.9856

Amount of Each Disbursement this Period

5625.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. COLIN T REED**

Mailing Address 7 RUSSELL BLVD  
APT D

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2016

Transaction ID : SB21B.9857

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. COOPER N REEVES**

Mailing Address 1600 MARYLAND AVE NE  
APT 148

City WASHINGTON State VA Zip Code 20002

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2016

Transaction ID : SB21B.9848

Amount of Each Disbursement this Period

2395.84

Memo Item

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

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

8070.84

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. COOPER N REEVES**

Mailing Address 1600 MARYLAND AVE NE  
APT 148

City WASHINGTON State VA Zip Code 20002

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2016

Transaction ID : **SB21B.9849**

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. COOPER N REEVES**

Mailing Address 1600 MARYLAND AVE NE  
APT 148

City WASHINGTON State VA Zip Code 20002

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2016

Transaction ID : **SB21B.9858**

Amount of Each Disbursement this Period

2395.84

Memo Item

Full Name (Last, First, Middle Initial)

**C. COOPER N REEVES**

Mailing Address 1600 MARYLAND AVE NE  
APT 148

City WASHINGTON State VA Zip Code 20002

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2016

Transaction ID : **SB21B.9859**

Amount of Each Disbursement this Period

50.00

Memo Item

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

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

2495.84

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET  
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 20 / 2016

Transaction ID : SB21B.9863

Amount of Each Disbursement this Period

1.78

Memo Item

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET  
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 21 / 2016

Transaction ID : SB21B.9864

Amount of Each Disbursement this Period

4022.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET  
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2016

Transaction ID : SB21B.9865

Amount of Each Disbursement this Period

0.71

Memo Item

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

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

4024.49



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET  
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 29 / 2016

Transaction ID : SB21B.9866

Amount of Each Disbursement this Period

1065.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

1065.00

40297.57