

**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 Political Action Committee

ADDRESS (number and street)

P.O. Box 1682

☐ Check if different than previously reported. (ACC)

Bellevue

WA

98009

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C99002396

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☒ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y 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 Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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 J.H. Versnel

Signature of Treasurer

J.H. Versnel

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		589869.15
(b) Cash on Hand at Beginning of Reporting Period.....	589869.15	
(c) Total Receipts (from Line 19)	16869.13	16869.13
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	606738.28	606738.28
7. Total Disbursements (from Line 31)	75669.10	75669.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	531069.18	531069.18
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 01 01 2015

To:

 M M / D D / Y Y Y Y Y
 06 30 2015
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).....

1226.00

1226.00

(ii) Unitemized

15598.00

15598.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

16824.00

16824.00

(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)

16824.00

16824.00

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.).....

45.13

45.13

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))..... ▶

16869.13

16869.13

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

16869.13

16869.13

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	8649.45	8649.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	8649.45	8649.45
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)	67019.65	67019.65
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)) ..	75669.10	75669.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	75669.10	75669.10

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)	16824.00	16824.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16824.00	16824.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	8649.45	8649.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	8649.45	8649.45

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 21

☒ 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 Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jo Ann Baughman

Mailing Address PO Box 1269

City

Philomath

State

OR

Zip Code

97370

FEC ID number of contributing
federal political committee.

C

Name of Employer

retired

Occupation

farmer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

214.00

Date of Receipt

02 / 19 / 2015

Transaction ID : SA11AI.79248

Amount of Each Receipt this Period

29.00

Full Name (Last, First, Middle Initial)

B. Jo Ann Baughman

Mailing Address PO Box 1269

City

Philomath

State

OR

Zip Code

97370

FEC ID number of contributing
federal political committee.

C

Name of Employer

retired

Occupation

farmer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

243.00

Date of Receipt

02 / 19 / 2015

Transaction ID : SA11AI.79257

Amount of Each Receipt this Period

29.00

Full Name (Last, First, Middle Initial)

C. Jo Ann Baughman

Mailing Address PO Box 1269

City

Philomath

State

OR

Zip Code

97370

FEC ID number of contributing
federal political committee.

C

Name of Employer

retired

Occupation

farmer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

253.00

Date of Receipt

02 / 19 / 2015

Transaction ID : SA11AI.79261

Amount of Each Receipt this Period

10.00

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

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

68.00

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 21

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jo Ann Baughman

Mailing Address PO Box 1269

City State Zip Code
 Philomath OR 97370

FEC ID number of contributing
federal political committee.

C

Name of Employer

retired

Occupation

farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.00

Date of Receipt

02 / 19 / 2015

Transaction ID : SA11AI.79263

Amount of Each Receipt this Period

29.00

Full Name (Last, First, Middle Initial)

B. Jo Ann Baughman

Mailing Address PO Box 1269

City State Zip Code
 Philomath OR 97370

FEC ID number of contributing
federal political committee.

C

Name of Employer

retired

Occupation

farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

02 / 19 / 2015

Transaction ID : SA11AI.79267

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Jo Ann Baughman

Mailing Address PO Box 1269

City State Zip Code
 Philomath OR 97370

FEC ID number of contributing
federal political committee.

C

Name of Employer

retired

Occupation

farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

04 / 15 / 2015

Transaction ID : SA11AI.79533

Amount of Each Receipt this Period

10.00

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

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

49.00

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

PAGE 8 OF 21

<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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NAME OF COMMITTEE (In Full)

American Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jo Ann Baughman

Mailing Address PO Box 1269

City
PhilomathState
ORZip Code
97370FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	5

Transaction ID : SA11AI.79957

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. David Calkins

Mailing Address 1405 Soplo Rd SE

City
AlbuquerqueState
NMZip Code
87123FEC ID number of contributing
federal political committee.

C

Name of Employer
sunrise medical groupOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

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

Transaction ID : SA11AI.79211

Amount of Each Receipt this Period

99.00

Full Name (Last, First, Middle Initial)

C. WILLIAM HUBNER

Mailing Address 7091 ORCHARD LAKE ROAD

City
West BloomfieldState
MIZip Code
48322FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	5

Transaction ID : SA11AI.79753

Amount of Each Receipt this Period

500.00

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

609.00

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

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

PAGE 9 OF 21

<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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NAME OF COMMITTEE (In Full)

American Political Action Committee

Full Name (Last, First, Middle Initial)

A. Glen Kaska

Mailing Address 550 e. hwy 153

City

Mosinee

State

WI

Zip Code

54455

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	5

Transaction ID : SA11AI.79675

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

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

500.00

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

1226.00

<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

American Political Action Committee

A. Freedom Donations

Category/
Type

16.80

State: District:

B. Freedom Donations

MM / DD / YYYY

Category/
Type

172.45

State: District:

C. Freedom Donations

Three digital displays are shown, each with a set of small squares above the digits. The first display shows '04' with two squares above the '0' and two above the '4'. The second display shows '02' with one square above the '0' and one above the '2'. The third display shows '2015' with one square above each digit: '2', '0', '1', and '5'.

Category/
Type

25.77

State: District:

215.02

<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

American Political Action Committee

A. Freedom Donations

Date of Disbursement



Transaction ID : SB21B.79485

Category/
Type

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

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	10.1
25-34	10.1
35-44	10.1
45-54	10.1
55-64	10.1
65-74	10.1
75-84	10.1
85+	51.19

B. Freedom Donations

Date of Disbursement

Transaction ID : SB21B.79965

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	~12.5%
25-34	26.34%
35-44	~15.0%
45-54	~12.5%
55-64	~10.0%
65-74	~8.0%
75-84	~5.0%
85+	~1.6%

C. Freedom Donations

Date of Disbursement

Transaction ID : SB21B.79967

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	10.61
25-34	10.61
35-44	10.61
45-54	10.61
55-64	10.61
65-74	10.61
75-84	10.61
85+	10.61

88.14

<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

American Political Action Committee

A. Freedom Donations

Three 7-segment displays are shown, each with a label above it. The first display is labeled 'M M' and shows the number '06'. The second display is labeled 'D D' and shows the number '03'. The third display is labeled 'Y Y Y Y' and shows the year '2015'.

Category/
Type

7.69

State: District:

B. Freedom Donations

MM / DD / YYYY

Category/
Type

6.19

State: District:

C. Ernie Simmons V

Category/
Type

299.35

State: District:

313.23

<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

American Political Action Committee

A. Ernie Simmons V

Category/
Type

649.93

State: District:

B. Ernie Skip Simmons

Category/
Type

525.00

State: District:

C. Ernie Skip Simmons

Three 7-segment displays are shown, each with a different number of segments lit. The first display shows '02' with 6 segments lit. The second display shows '04' with 7 segments lit. The third display shows '2015' with 10 segments lit.

Category/
Type

Age	Number of people
0	100
10	200
20	1050
30	500
40	300
50	200
60	150
70	100
80	50
90	20
100	10

State: District:

2224.93

<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

American Political Action Committee

The image shows three 16-pin D-sub connectors. The first connector is labeled '03' and has pins labeled 'M' and 'M'. The second connector is labeled '04' and has pins labeled 'D' and 'D'. The third connector is labeled '2015' and has pins labeled 'Y', 'Y', 'Y', and 'Y'.

1125.00

State: District:

675.00

State: District:

750.00

State: District:

2550.00

<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

American Political Action Committee

A. Ernie Skip Simmons

Mailing Address

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

Purpose of Disbursement	Non-Candidate Issue Email Copyrighting
-------------------------	--

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.79971

Amount of Each Disbursement this Period

375.00

Full Name (Last, First, Middle Initial)

B. Transaxt, LLC

Mailing Address 190 Monroe Avenue NW

City	State	Zip Code
Grand Rapids	MI	49503

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.79930

Amount of Each Disbursement this Period

393.90

Full Name (Last, First, Middle Initial)

C. Rebecca Woodhouse

Mailing Address

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

[illegible]

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.79363

Amount of Each Disbursement this Period

200.00

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

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

968.90

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

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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 Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rebecca Woodhouse

Mailing Address 1126 Church Street

City Lebanon State PA Zip Code 17046

Purpose of Disbursement
Non-Candidate Issue Email Coding

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 20 2015
Transaction ID : SB21B.79969

Amount of Each Disbursement this Period

240.00

Full Name (Last, First, Middle Initial)

B. Rebecca Woodhouse

Mailing Address 1126 Church Street

City Lebanon State PA Zip Code 17046

Purpose of Disbursement
Non-Candidate Issue Email Coding

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 19 2015
Transaction ID : SB21B.79981

Amount of Each Disbursement this Period

190.00

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) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

430.00

7775.51

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 18 OF 21
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Political Action Committee		FEC IDENTIFICATION NUMBER ▼ C C99002396	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Campaign HQ		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 06 / 2015	
Mailing Address 109 West Front St		Amount 2772.38	
City Brooklyn	State IA	Zip Code 52211	Transaction ID : SE.79478
Purpose of Expenditure Inbound Telephone and Mail Campaign - Anti Hilary Clinton		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 06 / 2015
Name of Federal Candidate Hilary Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 2772.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Campaign HQ		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 109 West Front St		Amount 1932.12	
City Brooklyn	State IA	Zip Code 52211	Transaction ID : SE.79484
Purpose of Expenditure Call Center and Outbound Mail - Anti- Hilary Campaign		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 15 / 2015
Name of Federal Candidate Hilary Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 1932.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		4704.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
J.H. Versnel Signature		[Electronically Filed] Date MM / DD / YYYY 07 / 06 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 19 OF 21
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Political Action Committee			FEC IDENTIFICATION NUMBER ▼ C C99002396		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Campaign HQ			Date of Public Distribution/Dissemination 04 / 18 / 2015		
Mailing Address 109 West Front St			Amount 124.02		
City Brooklyn		State IA	Zip Code 52211		Transaction ID : SE.79486
Purpose of Expenditure In Bound Telephone and Mail Campaign - Anti- Hilary Clinton		Category/ Type 	Date of Disbursement or Obligation 04 / 27 / 2015		
Name of Federal Candidate Hilary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		124.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Client First Consulting Group			Date of Public Distribution/Dissemination 04 / 15 / 2015		
Mailing Address 385 Avery Lane			Amount 481.13		
City Medina		State OH	Zip Code 44256		Transaction ID : SE.79482
Purpose of Expenditure Call Center and Mail Campaign - Anti- Hilary Clinton		Category/ Type 	Date of Disbursement or Obligation 04 / 15 / 2015		
Name of Federal Candidate Hilary Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		481.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			605.15		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
J.H. Versnel		[Electronically Filed]		Date 07 / 06 / 2015	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 20 OF 21
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Political Action Committee			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C99002396</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>				
Full Name of Payee Rapid Response Television			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 01 / 2015</div>	
Mailing Address P.O. Box 36819			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">42800.00</div>	
City Canton		State OH	Zip Code 44735	
Purpose of Expenditure Anti Hilary Clinton Television Ads		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Transaction ID : SE.79399 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 25 / 2015</div>
Name of Federal Candidate Hilary Clinton			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div><div><input checked="" 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; display: inline-block;">42800.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Rapid Response Television			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 06 / 2015</div>	
Mailing Address P.O. Box 36819			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">17200.00</div>	
City Canton		State OH	Zip Code 44735	
Purpose of Expenditure Anti Hilary Clinton Television Ads		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Transaction ID : SE.79403 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 02 / 2015</div>
Name of Federal Candidate Hilary Clinton			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div><div><input checked="" 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; display: inline-block;">60000.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">60000.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <div style="text-align: right;">J.H. Versnel</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 06 / 2015</div> <div style="text-align: center;">[Electronically Filed]</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 21 OF 21
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Political Action Committee			FEC IDENTIFICATION NUMBER ▼ C C99002396		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY					
Full Name of Payee LLC UJI Productions			Date of Public Distribution/Dissemination MM / DD / YYYYYY 06 / 24 / 2015		
Mailing Address 4810 PT Fosdick Dr NW #32			Amount 1500.00		
City Gig Harbor		State WA	Zip Code 98335		Transaction ID : SE.79982
Purpose of Expenditure Anti-Hillary Clinton TV Internet Ad		Category/Type 		Date of Disbursement or Obligation MM / DD / YYYYYY 06 / 24 / 2015	
Name of Federal Candidate Hilary Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		1500.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Philip Watson			Date of Public Distribution/Dissemination MM / DD / YYYYYY 04 / 06 / 2015		
Mailing Address 12500 NE 10th PI			Amount 210.00		
City Bellevue		State WA	Zip Code 98005		Transaction ID : SE.79476
Purpose of Expenditure Voice recording for anti-Hillary Clinton TV & radio ad		Category/Type 		Date of Disbursement or Obligation MM / DD / YYYYYY 04 / 06 / 2015	
Name of Federal Candidate Hilary Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		210.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			1710.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶					
(c) TOTAL Independent Expenditures.....▶			67019.65		
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.					
J.H. Versnel		[Electronically Filed]		Date MM / DD / YYYYYY 07 / 06 / 2015	
Signature					