

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN COALITION FOR INJURED VETERANS PAC

ADDRESS (number and street)

1200 PENNSYLVANIA AVE. NW

SUITE 7601

Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20044

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00664128

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

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

Election on

M M M /

D D D /

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

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

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.

Bass, Zachary, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Bass, Zachary, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

AMERICAN COALITION FOR INJURED VETERANS PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y  
11 / 26 / 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2018</span>		<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">20127.20</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">433353.95</span>	<span style="border: 1px solid black; padding: 2px;">955415.81</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">453481.15</span>	<span style="border: 1px solid black; padding: 2px;">955415.81</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">439264.03</span>	<span style="border: 1px solid black; padding: 2px;">941198.69</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">14217.12</span>	<span style="border: 1px solid black; padding: 2px;">14217.12</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**AMERICAN COALITION FOR INJURED VETERANS PAC**

Report Covering the Period:

From:

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

To:

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9010.00	16760.00
(ii) Unitemized .....	424343.95	938655.81
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	433353.95	955415.81
(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) .....	433353.95	955415.81
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	433353.95	955415.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	433353.95	955415.81

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	439264.03	909898.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	439264.03	909898.69
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	31300.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	439264.03	941198.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	439264.03	941198.69

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	433353.95	955415.81
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	433353.95	955415.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	439264.03	909898.69
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	439264.03	909898.69

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

Form/Schedule: F3XN

Transaction ID :

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

For reporting purposes we have used the term "Donor Outreach" on our Schedule B supporting line 21(b). We have contracted multiple companies to provide "Donor Outreach" services for us. "DonorOutreach" services include but are not limited to FUNDRAISING ACTIVITIES, DONOR DATABASE MANAGEMENT, CAGING AND ESROW, DIRECT MAIL SERVICES, Letterhead/Envelopes/Stationary and List Acquisition

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 24  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**AMERICAN COALITION FOR INJURED VETERANS PAC**

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

**A. APPADURAI, MICHAEL, , ,**

Mailing Address 150 N SANTA ANITA AVE STE 570A

City  
ARCADIA

State  
CA

Zip Code  
91006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Best Efforts

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2018

Transaction ID : SA11AI.4322

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**B. AVILA, JAMES, , ,**

Mailing Address 1104 SPRABERRY DR

City  
MIDLAND

State  
TX

Zip Code  
79703

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

JAMES AVILA CONSTRUCTION

Occupation (for Individual)

CARPENTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 13 / 2018

Transaction ID : SA11AI.4371

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**C. BILLIE, URSULA, , ,**

Mailing Address 1335 ST TROPEZ CIR APT 108

City  
WESTON

State  
FL

Zip Code  
33326

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Best Efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 08 / 2018

Transaction ID : SA11AI.4328

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

850.00

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

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

FOR LINE NUMBER: PAGE 8 OF 24

(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN COALITION FOR INJURED VETERANS PAC**

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

**A. CHANCE, ELEONOR H, , ,**

Mailing Address 519 GOODSON LOOP

City  
PINEHURST

State  
TX

Zip Code  
77362

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Chance Contacting

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 21 / 2018

Transaction ID : SA11AI.4386

Amount of Each Receipt this Period

450.00

☐ Memo Item

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

**B. COMSTOCK, TONA, , ,**

Mailing Address 409 8TH ST

City  
FOWLER

State  
CO

Zip Code  
81039

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Tamarack Grille

Occupation (for Individual)  
Waitress

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2018

Transaction ID : SA11AI.4320

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**C. DESSECKER, ERIC, , ,**

Mailing Address 4001 UPLAND TRCE

City  
MARIETTA

State  
GA

Zip Code  
30066

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sigma Thermal

Occupation (for Individual)  
Executive VP and Biomass Systems Ma

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 21 / 2018

Transaction ID : SA11AI.4388

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

1050.00



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

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<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 COALITION FOR INJURED VETERANS PAC**

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

**A. DOWDY, JASON R, , ,**

Mailing Address 1885 LEISSNER SCHOOL RD

City  
SEGUINState  
TXZip Code  
78155FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apache CorporationOccupation (for Individual)  
Drilling Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	17	2018

Transaction ID : SA11AI.4335

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**B. FOUTZ, CAROLYN, , ,**

Mailing Address 12 DOWLEN PL

City  
BEAUMONTState  
TXZip Code  
77706FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
11	11	2018

Transaction ID : SA11AI.4369

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**C. GANDARA, EDUARDO, , ,**

Mailing Address 2930 REMOND DR APT 1004

City  
DALLASState  
TXZip Code  
75211FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NEW YORK LIFEOccupation (for Individual)  
FINANCIAL PROFESSIONAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
11	06	2018

Transaction ID : SA11AI.4363

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

900.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 24

(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN COALITION FOR INJURED VETERANS PAC**

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

**A. HERRERA, JAIME, , ,**

Mailing Address 706 DUNCAN RD

City  
COPPELL

State  
TX

Zip Code  
75019

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 11 / 2018

Transaction ID : SA11AI.4367

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**B. HUNTER, DARLENE, , ,**

Mailing Address 1405 ZUBER DR

City  
GALENA PARK

State  
TX

Zip Code  
77547

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 14 / 2018

Transaction ID : SA11AI.4376

Amount of Each Receipt this Period

105.00

☐ Memo Item

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

**C. KEYSER, DON, , ,**

Mailing Address 23243 WESTERN CT

City  
AUBURN

State  
CA

Zip Code  
95602

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Keyser Painting

Occupation (for Individual)  
Painter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 01 / 2018

Transaction ID : SA11AI.4361

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

905.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN COALITION FOR INJURED VETERANS PAC**

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

**A. LEISE, ANDREW, , ,**

Mailing Address 6100 DURANGO DR

City  
THE COLONY

State  
TX

Zip Code  
75056

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Talisman Energy

Occupation (for Individual)

Field Technician/Production Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 18 / 2018

Transaction ID : SA11AI.4381

Amount of Each Receipt this Period

105.00

☐ Memo Item

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

**B. MACHUCA, JOSEPH P, , ,**

Mailing Address 2200 ROWLAND AVE

City  
ODESSA

State  
TX

Zip Code  
79763

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INDUSTRIAL PIPING SPECIALIST

Occupation (for Individual)  
Machinist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 14 / 2018

Transaction ID : SA11AI.4377

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. MCCAFFERY, JANE, , ,**

Mailing Address 139 RAIN TREE LN

City  
MOORESVILLE

State  
NC

Zip Code  
28117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 18 / 2018

Transaction ID : SA11AI.4341

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

705.00

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

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

FOR LINE NUMBER: PAGE 12 OF 24

(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN COALITION FOR INJURED VETERANS PAC**

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

A. MILLER, JORDAN, , ,

Mailing Address 5485 CERRITOS AVE

City  
LONG BEACH

State  
CA

Zip Code  
90805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DAMIANO

Occupation (for Individual)  
DELIVERY DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2018

Transaction ID : SA11AI.4312

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. MILLER, RANDALL, , ,

Mailing Address 1 N SYCAMORE CT

City  
ROSWELL

State  
NM

Zip Code  
88201

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
7M Entertainment Inc.

Occupation (for Individual)  
Co-Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2018

Transaction ID : SA11AI.4399

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. MOUHAFEL, WASSIM, , ,

Mailing Address 7765 NW 48TH ST STE 100

City  
DORAL

State  
FL

Zip Code  
33166

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
A.M. Best Transportation, Inc.

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2018

Transaction ID : SA11AI.4357

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 13 OF 24

(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN COALITION FOR INJURED VETERANS PAC**

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

**A. OBRYAN, GERALD, , ,**

Mailing Address 249 SUGARWOOD BLVD

City  
HOUMA

State  
LA

Zip Code  
70360

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Leonard J Chabert Medical Center

Occupation (for Individual)  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2018

Transaction ID : SA11AI.4365

Amount of Each Receipt this Period

750.00

☐ Memo Item

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

**B. ORTIZ, CHRISTIAN A, , ,**

Mailing Address 18725 DALLAS PKWY APT 2123

City  
DALLAS

State  
TX

Zip Code  
75287

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
US ARMY

Occupation (for Individual)  
System Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 19 / 2018

Transaction ID : SA11AI.4349

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. PERKINS, BART, , ,**

Mailing Address 24 RIDGE DR

City  
BIRMINGHAM

State  
AL

Zip Code  
35213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SWANEE UNIVEERSITY OF THE SOUTH

Occupation (for Individual)  
STUDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 25 / 2018

Transaction ID : SA11AI.4403

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

1300.00

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

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

FOR LINE NUMBER: PAGE 14 OF 24

(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN COALITION FOR INJURED VETERANS PAC**

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

A. REID, JANET, , ,

Mailing Address 7151 LATITUDE LN

City  
CARLSBAD

State  
CA

Zip Code  
92011

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNEMPLOYED

Occupation (for Individual)  
UNEMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2018

Transaction ID : SA11AI.4405

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. SEAMAN, ROBERT D, , ,

Mailing Address 487 COUNTY ROAD 812

City  
BUNA

State  
TX

Zip Code  
77612

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Best Efforts

Occupation (for Individual)  
Best Efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2018

Transaction ID : SA11AI.4347

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

C. SMITH, ANDRE, , ,

Mailing Address 500 CRAWFORD ST APT 726

City  
HOUSTON

State  
TX

Zip Code  
77002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Best Efforts

Occupation (for Individual)  
CHEF COOK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2018

Transaction ID : SA11AI.4355

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

1000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 24

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

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NAME OF COMMITTEE (In Full)

**AMERICAN COALITION FOR INJURED VETERANS PAC**

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

**A. SMITH, KATHLEEN K, , ,**

Mailing Address 3736 N ARMSTRONG AVE

City  
FRESNO

State  
CA

Zip Code  
93727

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 13 / 2018

Transaction ID : SA11AI.4373

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**B. THOMPSON, JANICE, , ,**

Mailing Address 160 S MAIN ST

City

RUTHERFORDTON

State

NC

Zip Code

28139

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2018

Transaction ID : SA11AI.4329

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. THOMPSON, JANICE, , ,**

Mailing Address 160 S MAIN ST

City

RUTHERFORDTON

State

NC

Zip Code

28139

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2018

Transaction ID : SA11AI.4382

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 16 OF 24

(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN COALITION FOR INJURED VETERANS PAC**

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

A. WALKER, ROBERT, , ,

Mailing Address 1219 W 23RD ST

City  
HOUSTON

State  
TX

Zip Code  
77008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Best Efforts

Occupation (for Individual)  
Best Efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2018

Transaction ID : SA11AI.4353

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. WILLIAMS, KV, , ,

Mailing Address 2602 OLD MALLARD RD

City  
ENID

State  
OK

Zip Code  
73703

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2018

Transaction ID : SA11AI.4333

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

800.00

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

9010.00



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

PAGE 17 OF 24

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

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NAME OF COMMITTEE (In Full)

**AMERICAN COALITION FOR INJURED VETERANS PAC**

Full Name (Last, First, Middle Initial)

**A. Action Committee Marketing LLC**

Mailing Address 698 Old Commons Dr

City  
GreenwoodState  
INZip Code  
46142Purpose of Disbursement  
Donor Outreach

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.4407**

Amount of Each Disbursement this Period

1044.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Action Committee Marketing LLC**

Mailing Address 698 Old Commons Dr

City  
GreenwoodState  
INZip Code  
46142Purpose of Disbursement  
Donor Outreach

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.4414**

Amount of Each Disbursement this Period

913.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. American Public Resource LLC**

Mailing Address 3855 S. 500 West, Ste D

City  
South Salt LakeState  
UTZip Code  
84115Purpose of Disbursement  
Donor Outreach

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.4408**

Amount of Each Disbursement this Period

1967.71

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

3925.21

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

PAGE 18 OF 24

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

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NAME OF COMMITTEE (In Full)

**AMERICAN COALITION FOR INJURED VETERANS PAC**

Full Name (Last, First, Middle Initial)

**A. American Public Resource LLC**

Mailing Address 3855 S. 500 West, Ste D

City  
South Salt LakeState  
UTZip Code  
84115Purpose of Disbursement  
Donor Outreach

Candidate Name

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

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		24		2018

FEC Identification Number

**C****Transaction ID : SB21B.4415**

Amount of Each Disbursement this Period

3666.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. COMMUNITY GROWTH COUNCIL**

Mailing Address 13635 WEST OLD OAK LANE

City  
NEW BERLINState  
WIZip Code  
53151Purpose of Disbursement  
Donor Outreach

Candidate Name

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

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		15		2018

FEC Identification Number

**C****Transaction ID : SB21B.4409**

Amount of Each Disbursement this Period

2440.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. COMMUNITY GROWTH COUNCIL**

Mailing Address 13635 WEST OLD OAK LANE

City  
NEW BERLINState  
WIZip Code  
53151Purpose of Disbursement  
Donor Outreach

Candidate Name

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

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		24		2018

FEC Identification Number

**C****Transaction ID : SB21B.4416**

Amount of Each Disbursement this Period

2592.00

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

8699.11

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

PAGE 19 OF 24

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

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NAME OF COMMITTEE (In Full)

**AMERICAN COALITION FOR INJURED VETERANS PAC**

Full Name (Last, First, Middle Initial)

**A. GSI, INC**

Mailing Address 6655 Chicago Rd, Suite 9

City  
WarrenState  
MIZip Code  
48092Purpose of Disbursement  
Donor Outreach

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2018			

FEC Identification Number

**C****Transaction ID : SB21B.4410**

Amount of Each Disbursement this Period

722.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GSI, INC**

Mailing Address 6655 Chicago Rd, Suite 9

City  
WarrenState  
MIZip Code  
48092Purpose of Disbursement  
Donor Outreach

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2018			

FEC Identification Number

**C****Transaction ID : SB21B.4417**

Amount of Each Disbursement this Period

3745.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LIFELINE SERVICES, INC**

Mailing Address 5622 Marine Parkway, Suite 9

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

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2018			

FEC Identification Number

**C****Transaction ID : SB21B.4411**

Amount of Each Disbursement this Period

56.00

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

4523.92

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

PAGE 20 OF 24

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

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NAME OF COMMITTEE (In Full)

**AMERICAN COALITION FOR INJURED VETERANS PAC**

Full Name (Last, First, Middle Initial)

**A. LIFELINE SERVICES, INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		24		2018

Mailing Address 5622 Marine Parkway, Suite 9

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

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.4418**

Amount of Each Disbursement this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MARKET PROCESS GROUP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2018

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Donor Outreach

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.4413**

Amount of Each Disbursement this Period

10622.73

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MARKET PROCESS GROUP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		24		2018

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Donor Outreach

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.4420**

Amount of Each Disbursement this Period

129177.16

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

139839.89

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

PAGE 21 OF 24

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

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

NAME OF COMMITTEE (In Full)

**AMERICAN COALITION FOR INJURED VETERANS PAC**

Full Name (Last, First, Middle Initial)

**A. OSI**

Mailing Address 1629 K ST. N.W.

City  
WASHINGTONState  
DCZip Code  
20006Purpose of Disbursement  
rent

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2018			

FEC Identification Number

**C****Transaction ID : SB21B.4421**

Amount of Each Disbursement this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. OSI**

Mailing Address 1629 K ST. N.W.

City  
WASHINGTONState  
DCZip Code  
20006Purpose of Disbursement  
rent

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2018			

FEC Identification Number

**C****Transaction ID : SB21B.4422**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. OSI**

Mailing Address 1629 K ST. N.W.

City  
WASHINGTONState  
DCZip Code  
20006Purpose of Disbursement  
rent

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2018			

FEC Identification Number

**C****Transaction ID : SB21B.4429**

Amount of Each Disbursement this Period

75.00

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

200.00

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

PAGE 22 OF 24

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

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NAME OF COMMITTEE (In Full)

**AMERICAN COALITION FOR INJURED VETERANS PAC**

Full Name (Last, First, Middle Initial)

**A. Politicause LLC**

Mailing Address 204 W. Spear St #3719

City  
Carson CityState  
NVZip Code  
89703Purpose of Disbursement  
Donor Outreach

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2018			

FEC Identification Number

**C****Transaction ID : SB21B.4412**

Amount of Each Disbursement this Period

85066.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Politicause LLC**

Mailing Address 204 W. Spear St #3719

City  
Carson CityState  
NVZip Code  
89703Purpose of Disbursement  
Donor Outreach

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2018			

FEC Identification Number

**C****Transaction ID : SB21B.4419**

Amount of Each Disbursement this Period

147964.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Tampa Media Marketing**

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			12			2018			

FEC Identification Number

**C****Transaction ID : SB21B.4425**

Amount of Each Disbursement this Period

9000.00

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

242030.42

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

PAGE 23 OF 24

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

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NAME OF COMMITTEE (In Full)

**AMERICAN COALITION FOR INJURED VETERANS PAC**

Full Name (Last, First, Middle Initial)

**A. Tampa Media Marketing**

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2018

FEC Identification Number

**C****Transaction ID : SB21B.4426**

Amount of Each Disbursement this Period

9000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Tampa Media Marketing**

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2018

FEC Identification Number

**C****Transaction ID : SB21B.4427**

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Tampa Media Marketing**

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		02		2018

FEC Identification Number

**C****Transaction ID : SB21B.4428**

Amount of Each Disbursement this Period

9000.00

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

24000.00

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

PAGE 24 OF 24

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

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NAME OF COMMITTEE (In Full)

**AMERICAN COALITION FOR INJURED VETERANS PAC**

Full Name (Last, First, Middle Initial)

**A. Tampa Media Marketing**

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		09		2018

FEC Identification Number

**C****Transaction ID : SB21B.4430**

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Tampa Media Marketing**

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		16		2018

FEC Identification Number

**C****Transaction ID : SB21B.4431**

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Tampa Media Marketing**

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		23		2018

FEC Identification Number

**C****Transaction ID : SB21B.4432**

Amount of Each Disbursement this Period

9000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

16000.00

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

439218.55