

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
AG AMERICA

ADDRESS (number and street) PO Box 3479
Check if different than previously reported. (ACC) Glen Allen VA 23058

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C C00567560
3. IS THIS REPORT NEW OR AMENDED
[X] (N) [] (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
[] April 15 Quarterly Report (Q1)
[] July 15 Quarterly Report (Q2)
[X] 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 07 / 01 / 2016 through 09 / 30 / 2016

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

Signature of Treasurer Sechrist, Erica, Ann, [Electronically Filed] Date 10 / 14 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

AG AMERICA

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="1163.37"/>	<input type="text" value="1163.37"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="19260.06"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="119294.35"/>	<input type="text" value="314269.35"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="138554.41"/>	<input type="text" value="315432.72"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="126361.75"/>	<input type="text" value="303240.06"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="12192.66"/>	<input type="text" value="12192.66"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="16955.92"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

AG AMERICA

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	119294.35	314269.35
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	119294.35	314269.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	119294.35	314269.35

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	126361.75	303240.06
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)) ..	126361.75	303240.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	126361.75	303240.06

DETAILED SUMMARY PAGE
of Disbursements

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

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

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

FOR LINE NUMBER: PAGE 6 OF 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
AG AMERICA

A. American Agri-Women
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 743
 City Colchester State VT Zip Code 05446
 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 ▼
 299.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : SA17.4545
 Amount of Each Receipt this Period
 299.00
 Memo Item
 Non-Contribution Account

B. American Humane
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 16th Street NW
 City Washington State DC Zip Code 20036
 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 ▼
 299.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : SA17.4541
 Amount of Each Receipt this Period
 299.00
 Memo Item
 Non-Contribution Account

C. Dow AgroSciences, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9330 Zionsville Road
 City Indianapolis State IN Zip Code 46268
 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 ▼
 897.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : SA17.4539
 Amount of Each Receipt this Period
 299.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....▶	897.00
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 7 OF 27
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AG AMERICA

A. Grocery Manufacturers Association

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

Mailing Address 1350 I Street, NW #300

City Washington State DC Zip Code 20005

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 ▼ 598.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA17.4538

Amount of Each Receipt this Period 299.00

Memo Item
Non-Contribution Account

B. Irrigation Association

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

Mailing Address 8280 Willow Oaks Corp. Drive Suite 400

City Fairfax State VA Zip Code 22031

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 ▼ 5500.00

Date of Receipt 09 / 29 / 2016
Transaction ID : SA17.4537

Amount of Each Receipt this Period 2500.00

Memo Item
Non-Contribution Account

C. Irrigation Association

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

Mailing Address 8280 Willow Oaks Corp. Drive Suite 400

City Fairfax State VA Zip Code 22031

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 ▼ 5799.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA17.4540

Amount of Each Receipt this Period 299.00

Memo Item
Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ▶ 3098.00

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 8 OF 27
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AG AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Monsanto Company

Mailing Address 800 N. Lindbergh

City Creve Couer	State MO	Zip Code 63167
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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 ▼
598.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : SA17.4544

Amount of Each Receipt this Period
299.00

Memo Item
Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Pet Food Institute

Mailing Address 1020 19th St., NW

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

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 ▼
6799.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2016

Transaction ID : SA17.4533

Amount of Each Receipt this Period
1500.00

Memo Item
Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Publix Super Markets, Inc.

Mailing Address PO Box 407

City Lakeland	State FL	Zip Code 33802
------------------	-------------	-------------------

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 ▼
100000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2016

Transaction ID : SA17.4526

Amount of Each Receipt this Period
100000.00

Memo Item
Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	101799.00
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 9 OF 27
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AG AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Syngenta Crop Protection, LLC

Mailing Address SN630000
PO Box 18300

City Greensboro State NC Zip Code 27419

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 ▼
3500.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2016

Transaction ID : SA17.4530

Amount of Each Receipt this Period
3500.00

Memo Item
Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. The Scotts Company and Subsidiaries

Mailing Address 14111 Scottslawn Road

City Marysville State OH Zip Code 43041

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 ▼
10000.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2016

Transaction ID : SA17.4528

Amount of Each Receipt this Period
10000.00

Memo Item
Non-Contribution Account

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	13500.00
TOTAL This Period (last page this line number only).....	119294.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

A. American Express

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 650448

City Dallas State TX Zip Code 75265

Purpose of Disbursement Non-Contribution Account, See itemization

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 26 / 2016

FEC Identification Number: C

Transaction ID : **SB29.4588**

Amount of Each Disbursement this Period: 44381.43

Memo Item

B. American Airlines

Full Name (Last, First, Middle Initial)

Mailing Address 4255 Amon Carter Blvd.

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement Travel Expense, non-contribution account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 26 / 2016

FEC Identification Number: C

Transaction ID : **SB29.4588.1**

Amount of Each Disbursement this Period: 5144.40

Memo Item

C. American Express

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 650448

City Dallas State TX Zip Code 75265

Purpose of Disbursement Finance Charges, non-contribution account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 26 / 2016

FEC Identification Number: C

Transaction ID : **SB29.4588.2**

Amount of Each Disbursement this Period: 125.50

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 44381.43

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement MM / DD / YYYY 08 / 26 / 2016
Mailing Address PO Box 650448		FEC Identification Number C [REDACTED] Transaction ID : SB29.4588.3 Amount of Each Disbursement this Period 11.36
City Dallas	State TX	Zip Code 75265
Purpose of Disbursement Unitemized Charges, non-contribution account		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Courtyard Marriott		Date of Disbursement MM / DD / YYYY 08 / 26 / 2016
Mailing Address 7809 E Ben White Blvd.		FEC Identification Number C [REDACTED] Transaction ID : SB29.4588.4 Amount of Each Disbursement this Period 244.61
City Austin	State TX	Zip Code 78744
Purpose of Disbursement Travel Expense, non-contribution account		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Delta Air Lines, Inc.		Date of Disbursement MM / DD / YYYY 08 / 26 / 2016
Mailing Address PO Box 20706		FEC Identification Number C [REDACTED] Transaction ID : SB29.4588.5 Amount of Each Disbursement this Period 3629.90
City Atlanta	State GA	Zip Code 30320
Purpose of Disbursement Travel Expense, non-contribution account		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

Full Name (Last, First, Middle Initial)

A. Facebook, Inc.

Mailing Address 1601 Willow Road

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement Website Expense, non-contribution account

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.4588.6
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Hyatt Hotels

Mailing Address 208 Barton Springs Road

City Austin State TX Zip Code 78704

Purpose of Disbursement Travel Expense, non-contribution account

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.4588.7
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Ring Central

Mailing Address 20 Davis Drive

City Belmont State CA Zip Code 94002

Purpose of Disbursement Telephone Expense, non-contribution account

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.4588.9
 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AG AMERICA

A. Salt Lick

Full Name (Last, First, Middle Initial)

Mailing Address 18300 FM 1826

City Driftwood State TX Zip Code 78619

Purpose of Disbursement Food/Beverage, non-contribution account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 26 / 2016

FEC Identification Number: C

Transaction ID : SB29.4588.10

Amount of Each Disbursement this Period: 8885.42

Memo Item

B. Savoya

Full Name (Last, First, Middle Initial)

Mailing Address 1845 Woodall Rogers Freeway Ste. 1725

City Dallas State TX Zip Code 75201

Purpose of Disbursement Transportation Services, non-contribution account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 26 / 2016

FEC Identification Number: C

Transaction ID : SB29.4588.11

Amount of Each Disbursement this Period: 2191.00

Memo Item

C. Southwest Air

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 36647-1CR

City Dallas State TX Zip Code 75235

Purpose of Disbursement Travel Expense, non-contribution account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 26 / 2016

FEC Identification Number: C

Transaction ID : SB29.4588.1;

Amount of Each Disbursement this Period: 516.48

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement MM / DD / YYYY 08 / 26 / 2016
Mailing Address 233 South Wacker Dr.		FEC Identification Number C [] Transaction ID : SB29.4588.13 Amount of Each Disbursement this Period [] 1104.70
City Chicago	State IL	Zip Code 60606
Purpose of Disbursement Travel Expense, non-contribution account		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Barnes Association Consultants		Date of Disbursement MM / DD / YYYY 08 / 26 / 2016
Mailing Address 5164 Brawner Place		FEC Identification Number C [] Transaction ID : SB29.4566 Amount of Each Disbursement this Period [] 5000.00
City Alexandria	State VA	Zip Code 22304
Purpose of Disbursement Campaign Mgmt. & Consulting, non-contribution account		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Barnes Association Consultants		Date of Disbursement MM / DD / YYYY 08 / 26 / 2016
Mailing Address 5164 Brawner Place		FEC Identification Number C [] Transaction ID : SB29.4567 Amount of Each Disbursement this Period [] 5181.85
City Alexandria	State VA	Zip Code 22304
Purpose of Disbursement Campaign Mgt. and Consulting, non-contribution acct.		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 10181.85
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

A. Blue Wave

Full Name (Last, First, Middle Initial)

Mailing Address 3008 N 161st Terrace

City Omaha State NE Zip Code 68116

Purpose of Disbursement Campaign Mgmt. & Consulting, non-contribution account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 09 / 2016

FEC Identification Number: C

Transaction ID : SB29.4557

Amount of Each Disbursement this Period: 8000.00

Memo Item

B. Blue Wave

Full Name (Last, First, Middle Initial)

Mailing Address 3008 N 161st Terrace

City Omaha State NE Zip Code 68116

Purpose of Disbursement Campaign Mgmt. & Consulting, Travel, Subscription and Telephone

Expenses non-contribution acct

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 26 / 2016

FEC Identification Number: C

Transaction ID : SB29.4568

Amount of Each Disbursement this Period: 18052.31

Memo Item

C. Blue Wave

Full Name (Last, First, Middle Initial)

Mailing Address 3008 N 161st Terrace

City Omaha State NE Zip Code 68116

Purpose of Disbursement Campaign Mgmt. & Consulting, Travel, Subscription and Telephone

Expenses non-contribution acct

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 17 / 2016

FEC Identification Number: C

Transaction ID : SB29.4585

Amount of Each Disbursement this Period: 8396.06

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 34448.37

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

Full Name (Last, First, Middle Initial) A. Caleb Consulting		Date of Disbursement MM / DD / YYYY 07 / 09 / 2016	
Mailing Address 1105 Havre Lafitte Dr.		FEC Identification Number C [] Transaction ID : SB29.4558 Amount of Each Disbursement this Period [] 4583.33	
City Austin	State TX	Zip Code 78746	Category/ Type []
Purpose of Disbursement Political Strategy Consulting, non-contribution account		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Caleb Consulting		Date of Disbursement MM / DD / YYYY 08 / 26 / 2016	
Mailing Address 1105 Havre Lafitte Dr.		FEC Identification Number C [] Transaction ID : SB29.4569 Amount of Each Disbursement this Period [] 4583.33	
City Austin	State TX	Zip Code 78746	Category/ Type []
Purpose of Disbursement Political Strategy Consulting, non-contribution account		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Caleb Consulting		Date of Disbursement MM / DD / YYYY 08 / 26 / 2016	
Mailing Address 1105 Havre Lafitte Dr.		FEC Identification Number C [] Transaction ID : SB29.4570 Amount of Each Disbursement this Period [] 110.40	
City Austin	State TX	Zip Code 78746	Category/ Type []
Purpose of Disbursement Travel and Subscription Reimbursement, non-contribution account		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 9277.06
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

A. Caleb Consulting

Full Name (Last, First, Middle Initial)

Mailing Address 1105 Havre Lafitte Dr.

City Austin State TX Zip Code 78746

Purpose of Disbursement Political Strategy Consulting, non-contribution account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 17 / 2016

FEC Identification Number: C

Transaction ID : SB29.4584

Amount of Each Disbursement this Period: 9166.66

Memo Item

B. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 Spring Hill Rd. Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement Database, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB29.4559

Amount of Each Disbursement this Period: 250.00

Memo Item

C. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 Spring Hill Rd. Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement Database, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 15 / 2016

FEC Identification Number: C

Transaction ID : SB29.4565

Amount of Each Disbursement this Period: 250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9666.66

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement MM / DD / YYYY 09 / 15 / 2016
Mailing Address 1593 Spring Hill Rd. Suite 400		FEC Identification Number C [] Transaction ID : SB29.4583 Amount of Each Disbursement this Period [] 250.00
City Tysons Corner	State VA	Zip Code 22182
Purpose of Disbursement Database, Non-Contribution Account		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. FIG Marketing Events		Date of Disbursement MM / DD / YYYY 08 / 26 / 2016
Mailing Address 5012 Desert Oak Circle		FEC Identification Number C [] Transaction ID : SB29.4571 Amount of Each Disbursement this Period [] 1500.00
City Austin	State TX	Zip Code 78749
Purpose of Disbursement Event Management Services, non-contribution account		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. FIG Marketing Events		Date of Disbursement MM / DD / YYYY 09 / 09 / 2016
Mailing Address 5012 Desert Oak Circle		FEC Identification Number C [] Transaction ID : SB29.4581 Amount of Each Disbursement this Period [] 3000.00
City Austin	State TX	Zip Code 78749
Purpose of Disbursement Event Management Services, non-contribution account		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 4750.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

Full Name (Last, First, Middle Initial) A. Hyde-Smith, Cindy, , Comm.,		Date of Disbursement MM / DD / YYYY 07 / 06 / 2016	
Mailing Address 400 Cattle Trail, NW		FEC Identification Number C [REDACTED] Transaction ID : SB29.4587 Amount of Each Disbursement this Period [REDACTED] 347.81	
City Brookhaven	State MS	Zip Code 39601	Category/ Type [REDACTED]
Purpose of Disbursement Travel Expense, non-contribution account			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Ian M. Swanson - Zoe Life Communications		Date of Disbursement MM / DD / YYYY 08 / 26 / 2016	
Mailing Address 3517 S 163 St.		FEC Identification Number C [REDACTED] Transaction ID : SB29.4579 Amount of Each Disbursement this Period [REDACTED] 1500.00	
City Omaha	State NE	Zip Code 68130	Category/ Type [REDACTED]
Purpose of Disbursement Communications Consulting Services, non-contribution account			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Ian M. Swanson - Zoe Life Communications		Date of Disbursement MM / DD / YYYY 09 / 09 / 2016	
Mailing Address 3517 S 163 St.		FEC Identification Number C [REDACTED] Transaction ID : SB29.4582 Amount of Each Disbursement this Period [REDACTED] 1500.00	
City Omaha	State NE	Zip Code 68130	Category/ Type [REDACTED]
Purpose of Disbursement Communications Consulting Services, non-contribution account			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

3347.81

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

Full Name (Last, First, Middle Initial) A. MAXimum Compliance, LLC		Date of Disbursement MM / DD / YYYY 08 / 26 / 2016
Mailing Address 4703 Woodway Lane, NW		FEC Identification Number C [] Transaction ID : SB29.4575 Amount of Each Disbursement this Period [] 2038.20
City Washington	State DC	Zip Code 20016
Purpose of Disbursement Bookkeeping, non-contribution account		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. MDC & Associates, Inc.		Date of Disbursement MM / DD / YYYY 07 / 09 / 2016
Mailing Address 11972 Grey Oaks Park Rd.		FEC Identification Number C [] Transaction ID : SB29.4556 Amount of Each Disbursement this Period [] 2337.24
City Glen Allen	State VA	Zip Code 23059
Purpose of Disbursement Bookkeeping, non-contribution account		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. MDC & Associates, Inc.		Date of Disbursement MM / DD / YYYY 08 / 26 / 2016
Mailing Address 11972 Grey Oaks Park Rd.		FEC Identification Number C [] Transaction ID : SB29.4577 Amount of Each Disbursement this Period [] 2056.79
City Glen Allen	State VA	Zip Code 23059
Purpose of Disbursement Bookkeeping, non-contribution account		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 6432.23
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

Full Name (Last, First, Middle Initial) A. MDC & Associates, Inc.		Date of Disbursement MM / DD / YYYY 08 / 26 / 2016	
Mailing Address 11972 Grey Oaks Park Rd.		FEC Identification Number C [REDACTED] Transaction ID : SB29.4578 Amount of Each Disbursement this Period [REDACTED] 2017.99	
City Glen Allen	State VA	Zip Code 23059	Category/ Type [REDACTED]
Purpose of Disbursement Bookkeeping, non-contribution account			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. RegOnline by Lanyon		Date of Disbursement MM / DD / YYYY 09 / 30 / 2016	
Mailing Address 717 N Harwood Street Ste. 2200		FEC Identification Number C [REDACTED] Transaction ID : SB29.4548 Amount of Each Disbursement this Period [REDACTED] 140.15	
City Dallas	State TX	Zip Code 75201	Category/ Type [REDACTED]
Purpose of Disbursement Credit Card Processing Fees, Non-Contribution Account			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Ruth Young Travel Service		Date of Disbursement MM / DD / YYYY 07 / 06 / 2016	
Mailing Address PO Box 1528		FEC Identification Number C [REDACTED] Transaction ID : SB29.4552 Amount of Each Disbursement this Period [REDACTED] 475.58	
City Ardmore	State OK	Zip Code 73402	Category/ Type [REDACTED]
Purpose of Disbursement Travel Expense, non-contribution account			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

2158.14

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

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

Form/Schedule: SB29

Transaction ID : SB29.4552

The parent entry for this transaction (\$708.20) is the travel expense reimbursement for Rick Shelby. FecFile is not allowing a transaction split on the debt schedule payment. This manual entry manual should suffice for itemization. This is the only expense that required itemization.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AG AMERICA

Full Name (Last, First, Middle Initial) A. Shelby, Rick, , ,		Date of Disbursement MM / DD / YYYY 07 / 06 / 2016	
Mailing Address 119 Ingleside Avenue		FEC Identification Number C [] Transaction ID : SB29.4551 Amount of Each Disbursement this Period [] 708.20	
City McLean	State VA	Zip Code 22101	Category/ Type []
Purpose of Disbursement Travel Expense, non-contribution account		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. The Allbaugh Company LLC		Date of Disbursement MM / DD / YYYY 07 / 06 / 2016	
Mailing Address PO Box 90609		FEC Identification Number C [] Transaction ID : SB29.4555 Amount of Each Disbursement this Period [] 602.20	
City Austin	State TX	Zip Code 78709	Category/ Type []
Purpose of Disbursement Travel Expense, non-contribution account		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []	
City	State	Zip Code	Category/ Type []
Purpose of Disbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	1310.40
TOTAL This Period (last page this line number only).....▶	125953.95

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 24 OF 27
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
AG AMERICA

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4618	
Amount Incurred This Period 954.40	Payment This Period 0.00	Outstanding Balance at Close of This Period 954.40

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

Outstanding Balance Beginning This Period 5000.00	Transaction ID : SD10.4483	
Amount Incurred This Period 8000.00	Payment This Period 5000.00	Outstanding Balance at Close of This Period 8000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Blue Wave			Nature of Debt (Purpose): Campaign Mgmt. & Consulting
Mailing Address 3008 N 161st Terrace			
City Omaha	State NE	Zip Code 68116	

Outstanding Balance Beginning This Period 8000.00	Transaction ID : SD10.4484	
Amount Incurred This Period 0.00	Payment This Period 8000.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	8954.40
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 25 OF 27
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
AG AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Caffeine Interactive		Nature of Debt (Purpose): Website Development	
Mailing Address 505 Bending Oak Drive			
City Dripping Springs	State TX	Zip Code 78620	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4610	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="600.00"/>	<input type="text" value="0.00"/>	<input type="text" value="600.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Caleb Consulting		Nature of Debt (Purpose): Political Strategy Consulting	
Mailing Address 1105 Havre Lafitte Dr.			
City Austin	State TX	Zip Code 78746	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4520	
<input type="text" value="4583.33"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="4583.33"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Left Hand Design		Nature of Debt (Purpose): Design Services	
Mailing Address 7233 Manchaca Road #37			
City Austin	State TX	Zip Code 78745	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4613	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="378.88"/>	<input type="text" value="0.00"/>	<input type="text" value="378.88"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="978.88"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 26 OF 27
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
AG AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MAXimum Compliance, LLC			Nature of Debt (Purpose): Bookkeeping
Mailing Address 4703 Woodway Lane, NW			
City Washington	State DC	Zip Code 20016	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4615	
Amount Incurred This Period 2052.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2052.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MDC & Associates, Inc.			Nature of Debt (Purpose): Bookkeeping
Mailing Address 11972 Grey Oaks Park Rd.			
City Glen Allen	State VA	Zip Code 23059	

Outstanding Balance Beginning This Period 4394.03	Transaction ID : SD10.4485	
Amount Incurred This Period 0.00	Payment This Period 4394.03	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Shelby, Rick, , ,			Nature of Debt (Purpose): Travel Expense
Mailing Address 119 Ingleside Avenue			
City McLean	State VA	Zip Code 22101	

Outstanding Balance Beginning This Period 708.20	Transaction ID : SD10.4486	
Amount Incurred This Period 0.00	Payment This Period 708.20	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	2052.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 27 OF 27
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
AG AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Allbaugh Company LLC			Nature of Debt (Purpose): Travel Expense
Mailing Address PO Box 90609			
City Austin	State TX	Zip Code 78709	

Outstanding Balance Beginning This Period <input type="text" value="602.20"/>	Transaction ID : SD10.4488	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="602.20"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group (fka Gober Hilgers PLLC)			Nature of Debt (Purpose): Legal and Compliance Services
Mailing Address PO Box 341016 Ste 350			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.4612	
Amount Incurred This Period <input type="text" value="1490.64"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1490.64"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wilson Perkins Allen Opinion Research			Nature of Debt (Purpose): Polling
Mailing Address 1319 Classen Drive			
City Oklahoma City	State OK	Zip Code 73103	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.4616	
Amount Incurred This Period <input type="text" value="3480.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3480.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="4970.64"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="16955.92"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="16955.92"/>