

# 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**  
Reform America Fund

ADDRESS (number and street) N4298 12 Corners Rd  
Check if different than previously reported. (ACC) Black Creek WI 54106-8100

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00581934 3. IS THIS REPORT NEW (N) OR AMENDED (A)  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on 11 / 08 / 2016 in the State of WI  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on / / in the State of

5. Covering Period 10 / 01 / 2016 through 10 / 19 / 2016

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

Signature of Treasurer Pickens, Lorri, , , [Electronically Filed] Date 04 / 10 / 2017

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Reform America Fund**

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"/>		12410.47
(b) Cash on Hand at Beginning of Reporting Period.....	18115.72	
(c) Total Receipts (from Line 19) .....	4093812.47	5829922.47
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	4111928.19	5842332.94
7. Total Disbursements (from Line 31).....	3862977.50	5593382.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	248950.69	248950.69
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Reform America Fund**

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).....	4093500.00	5828750.00
(ii) Unitemized .....	300.00	1160.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4093800.00	5829910.00
(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) .....	4093800.00	5829910.00
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).....	12.47	12.47
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)).....▶	4093812.47	5829922.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4093812.47	5829922.47

**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 .....	71994.40	132585.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	71994.40	132585.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	367500.00	743851.98
24. Independent Expenditures (use Schedule E) .....	3423483.10	4716944.87
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)) ..	3862977.50	5593382.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3862977.50	5593382.25

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4093800.00	5829910.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4093800.00	5829910.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	71994.40	132585.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	12.47	12.47
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	71981.93	132572.93

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Reform America Fund**

**A. Landry, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W238 N3239 High Meadow Ct  
 City Pewaukee State WI Zip Code 53072-5701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : AF37E4CBD653E4857ACA**  
 Amount of Each Receipt this Period 800.00  
 Memo Item

**B. Hendricks, Diane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 65  
 City Afton State WI Zip Code 53501-0065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hendricks Holding Co., Inc. Occupation (for Individual) Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2648500.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : AC43AD83EB43B4FD7A10**  
 Amount of Each Receipt this Period 1273500.00  
 Memo Item

**C. Hendricks, Diane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 65  
 City Afton State WI Zip Code 53501-0065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hendricks Holding Co., Inc. Occupation (for Individual) Chairman  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4044600.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : AB1E4CAD10CD04FC1AE3**  
 Amount of Each Receipt this Period 1396100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2670400.00
<b>TOTAL</b> 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 17
	<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)  
**Reform America Fund**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Hendricks, Diane, , ,

Mailing Address PO Box 65

City Afton State WI Zip Code 53501-0065

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hendricks Holding Co., Inc. Occupation (for Individual) Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5467700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2016

**Transaction ID : AC2D4485E575B4EFAB56**

Amount of Each Receipt this Period  
1423100.00

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1423100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4093500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
**Reform America Fund**

**A. Professional Data Services**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 824 S Millledge Ave  
Ste 101

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

City Athens State GA Zip Code 30605-1332

FEC Identification Number

Purpose of Disbursement  
PAC Compliance Consulting

C
---

**Transaction ID : BE1CF39C70**  
Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

3000.00
---------

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

Memo Item

State: District:

**B. Aristotle International, Inc.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 205 Pennsylvania Ave. SE

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	3		2	0	1	6		

City Washington State DC Zip Code 20003-1164

FEC Identification Number

Purpose of Disbursement  
PAC Software

C
---

**Transaction ID : BDD5564591C**  
Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

250.00
--------

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

Memo Item

State: District:

**C. Connectivist**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 544 E. Ogden Avenue

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

City Milwaukee State WI Zip Code 53202-2698

FEC Identification Number

Purpose of Disbursement  
PAC Website Design & Digital Consulting

C
---

**Transaction ID : BC1D647CC1**  
Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

3250.00
---------

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

Memo Item

State: District:

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

6500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
**Reform America Fund**

**A. Doner Fundraising**

Full Name (Last, First, Middle Initial)

Mailing Address 815 Brazos Ste 701

City Austin State TX Zip Code 78701-2509

Purpose of Disbursement PAC Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 05 / 2016

FEC Identification Number: C

Transaction ID : B8326524EA

Amount of Each Disbursement this Period: 10000.00

Memo Item

**B. Godfrey & Kahn, SC**

Full Name (Last, First, Middle Initial)

Mailing Address 780 N Water Street

City Milwaukee State WI Zip Code 53202-3512

Purpose of Disbursement PAC Legal Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 05 / 2016

FEC Identification Number: C

Transaction ID : BC51B057DD

Amount of Each Disbursement this Period: 450.00

Memo Item

**C. Johnson & Jordahl, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address N7130 N Lost Lake Rd

City Randolph State WI Zip Code 53956-9679

Purpose of Disbursement PAC Strategy Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 05 / 2016

FEC Identification Number: C

Transaction ID : B94C0617CE

Amount of Each Disbursement this Period: 10000.00

Memo Item

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

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

20450.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
**Reform America Fund**

Full Name (Last, First, Middle Initial) <b>A. Stitt, Mary, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016
Mailing Address 1478 Noridge Trail		FEC Identification Number <b>C</b>
City Port Washington	State WI	
Zip Code 53074-1371		Transaction ID : <b>B75673A41A</b>
Purpose of Disbursement PAC Fundraising Consulting		Amount of Each Disbursement this Period 5000.00
Candidate Name		<input type="checkbox"/> Memo Item
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Gralton, Laura, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016
Mailing Address N60 W39698 Mary Lane		FEC Identification Number <b>C</b>
City Oconomowoc	State WI	
Zip Code 53066-2120		Transaction ID : <b>B4AC6C54A6</b>
Purpose of Disbursement PAC Strategy Consulting		Amount of Each Disbursement this Period 7500.00
Candidate Name		<input type="checkbox"/> Memo Item
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. NMB Research, LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016
Mailing Address 206 N. Fayette St		FEC Identification Number <b>C</b>
City Alexandria	State VA	
Zip Code 22314-2433		Transaction ID : <b>BD6645EA6F</b>
Purpose of Disbursement PAC Polling		Amount of Each Disbursement this Period 27500.00
Candidate Name		<input type="checkbox"/> Memo Item
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:	Category/Type	

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

40000.00

**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 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)  
**Reform America Fund**

**A. Champion Group, LLC.**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1651

City Madison State WI Zip Code 53701-1651

Purpose of Disbursement PAC Strategy Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 10 / 2016

FEC Identification Number: C

Transaction ID : B46A932C07

Amount of Each Disbursement this Period: 5000.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5000.00

**TOTAL** This Period (last page this line number only)..... ▶ 71950.00

**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 checked="" 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)  
**Reform America Fund**

Full Name (Last, First, Middle Initial) <b>A. Reform Wisconsin Fund</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016
Mailing Address N4298 12 Corners Rd		FEC Identification Number C 00626150 <b>Transaction ID : B65165484EE</b> Amount of Each Disbursement this Period 1500.00
City Black Creek	State WI	Zip Code 54106-8100
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name <b>Reform Wisconsin Fund</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Reform Wisconsin Fund</b>		Date of Disbursement MM / DD / YYYY 10 / 03 / 2016
Mailing Address N4298 12 Corners Rd		FEC Identification Number C 00626150 <b>Transaction ID : B3A1F1703C!</b> Amount of Each Disbursement this Period 366000.00
City Black Creek	State WI	Zip Code 54106-8100
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name <b>Reform Wisconsin Fund</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
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)..... ▶

367500.00

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

367500.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Reform America Fund
FEC IDENTIFICATION NUMBER C C00581934

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Nonbox
Mailing Address 5307 S 92nd St
City Hales Corners State WI Zip Code 53130-1677
Purpose of Expenditure Media Buy
Name of Federal Candidate: Clinton, Hillary Rodham, , ,
Calendar Year-To-Date Per Election for Office Sought 2088443.10
Disbursement For: General 2016

Full Name of Payee Nonbox
Mailing Address 5307 S 92nd St
City Hales Corners State WI Zip Code 53130-1677
Purpose of Expenditure Media Buy
Name of Federal Candidate: Clinton, Hillary Rodham, , ,
Calendar Year-To-Date Per Election for Office Sought 2088443.10
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 383286.33
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Pickens, Lorri, , ,

[Electronically Filed]

Date

04 / 10 / 2017

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Reform America Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00581934
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <b>Nonbox</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 5307 S 92nd St	Amount <input type="text"/>
City Hales Corners State WI Zip Code 53130-1677	Transaction ID : <b>EFF45A3F493C44920A4B</b>
Purpose of Expenditure Media Buy Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Clinton, Hillary Rodham, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2088443.10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Fedex</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3875 Airways	Amount <input type="text"/>
City Memphis State TN Zip Code 38116-5070	Transaction ID : <b>EBAE49A762FF94061B96</b>
Purpose of Expenditure Shipping Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Clinton, Hillary Rodham, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2088443.10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 411695.00
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(a) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Pickens, Lorri, , , [Electronically Filed]  
Signature \_\_\_\_\_ Date  /  /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Reform America Fund
FEC IDENTIFICATION NUMBER C C00581934

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Nonbox
Mailing Address 5307 S 92nd St
City Hales Corners State WI Zip Code 53130-1677
Purpose of Expenditure Media Buy
Date of Public Distribution/Dissemination 10/10/2016
Amount 1021155.84
Transaction ID: E4DC8583839D04C7A89B
Date of Disbursement or Obligation 10/06/2016

Name of Federal Candidate: Clinton, Hillary Rodham, ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 3109598.94

Full Name of Payee Nonbox
Mailing Address 5307 S 92nd St
City Hales Corners State WI Zip Code 53130-1677
Purpose of Expenditure Media Buy and Production
Date of Public Distribution/Dissemination 10/12/2016
Amount 310728.59
Transaction ID: E124D5973487D436999A
Date of Disbursement or Obligation 10/11/2016

Name of Federal Candidate: Clinton, Hillary Rodham, ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 3420327.53

(a) SUBTOTAL of Itemized Independent Expenditures 1331884.43
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Pickens, Lorri, ,

[Electronically Filed]

Date

04/10/2017

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Reform America Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00581934</span> </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Nonbox</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 17 / 2016</div>						
Mailing Address <b>5307 S 92nd St</b>	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1199212.30</div> <b>Transaction ID : E7CB3267CC8CA4A41ABI</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 13 / 2016</div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Hales Corners</td> <td>WI</td> <td>53130-1677</td> </tr> </table>		City	State	Zip Code	Hales Corners	WI	53130-1677
City		State	Zip Code				
Hales Corners	WI	53130-1677					
Purpose of Expenditure Media Buy and Production	Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>						
Name of Federal Candidate: Feingold, Russ, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> Other State: <u>WI</u>						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">1296617.34</div>						

Full Name of Payee <input type="checkbox"/> Memo Item <b>Nonbox</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 17 / 2016</div>						
Mailing Address <b>5307 S 92nd St</b>	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">90131.25</div> <b>Transaction ID : ED4309E3AECFD4A51A4I</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 14 / 2016</div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Hales Corners</td> <td>WI</td> <td>53130-1677</td> </tr> </table>		City	State	Zip Code	Hales Corners	WI	53130-1677
City		State	Zip Code				
Hales Corners	WI	53130-1677					
Purpose of Expenditure Media Buy and Production	Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>						
Name of Federal Candidate: Feingold, Russ, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> Other State: <u>WI</u>						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">1296617.34</div>						

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1289343.55</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Pickens, Lorri, , ,*

**[Electronically Filed]**

Date

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

04 / 10 / 2017

Signature



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Reform America Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> C00581934             </div>
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Check if  24-hour report  48-hour report ➤  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Nonbox</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid gray; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 17 / 2016
Mailing Address 5307 S 92nd St	Amount <div style="border: 1px solid gray; padding: 2px; display: inline-block;">7273.79</div>
City State Zip Code Hales Corners WI 53130-1677	
Purpose of Expenditure Media Buy and Production	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Feingold, Russ, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: WI
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid gray; padding: 2px; display: inline-block;">1296617.34</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid gray; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
Mailing Address	Amount <div style="border: 1px solid gray; padding: 2px; display: inline-block;"></div>
City State Zip Code	
Purpose of Expenditure	
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid gray; padding: 2px; display: inline-block;"></span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid gray; padding: 2px; display: inline-block;">7273.79</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid gray; padding: 2px; display: inline-block;"></div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid gray; padding: 2px; display: inline-block;">3423483.10</div>

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*Pickens, Lorri, , ,* **[Electronically Filed]**  
 Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2017