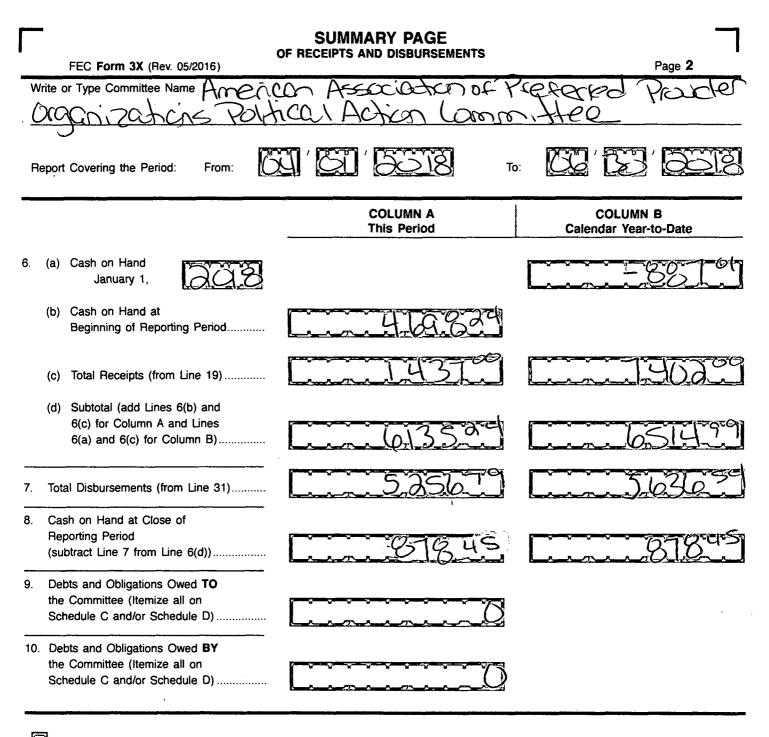
FEC FORM 3X	AND	DRT OF F DISBURS	SEMEN'	rs	FEC MI	CEIVED AIL CENTE 18 PM 3:	
1. NAME OF COMMITTEE (in 1	TYPE OR full)	PRINT V	Example: If t over the lines		12FE4M	a second s	
ADDRESS (number and ADDRESS (number and Check if differ than previous reported. (AC 2. FEC IDENTIFIC/ COD3C	erent LHL	3. IS 1		NEW OR			
July 15 Quarterly C October Quarterly January Year-Enc July 31 Report (Year On	xorts: / Report (Q1) (C) / Report (Q2) (C) / Report (Q3) (C) 31 J Report (YE) (C) Mid-Year (C)	nthly Feb 20 Port Mar 20 Port Apr 20 12-Day PRE-Election Report for the: Election 30-Day POST-Election Report for the: Election	0 (M3) 0 (M4) Primary (Convention on General	on (12C)	Sep	12S) in the State	Special (30S)
5. Covering Period 5. Covering Period 1 certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.							
Office Use Only						FEC FOI Rev. 12/	RM 3X

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

For further information contact:

Federal Election Commission 1050 First Street, N.E. Washington, DC 20463

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

DETAILED SUMMARY PAGE						
FEC Form 3X (Rev. 05/2016)	of Receipts	Page 3				
Write or Type Committee Name Americ	on Acception of	Preferred Moucler				
Urgenizations Polit		nmittel				
Report Covering the Period: From:	1' <u>611' 20017</u> To	6166 651 6018				
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
 Contributions (other than loans) From: Individuals/Persons Other Than Political Committees Itemized (use Schedule A)						
(b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b))						
 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	<u> </u>	<u> </u>				

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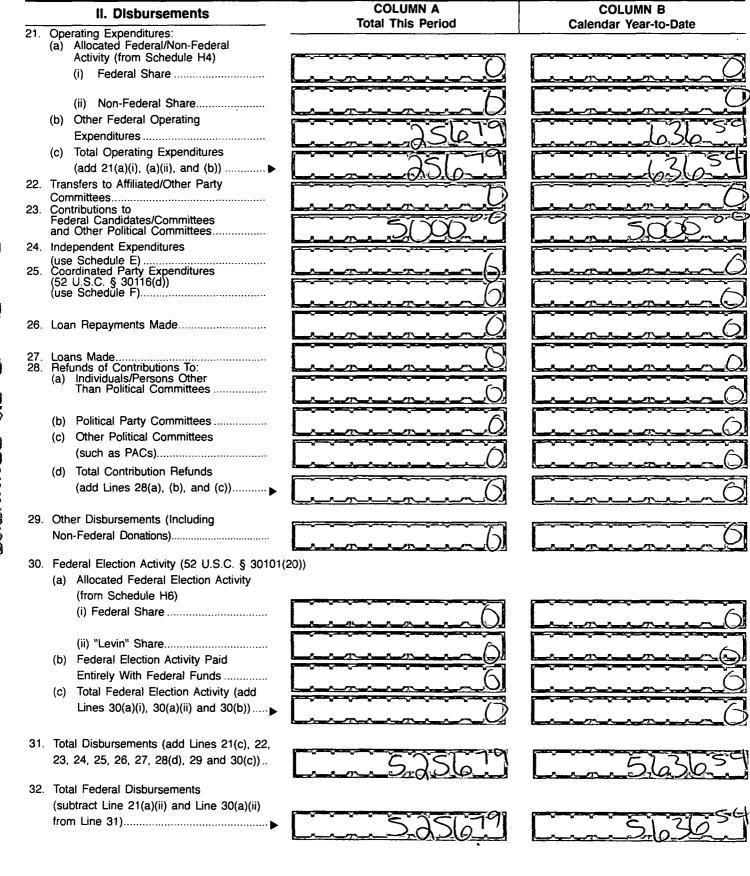
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DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 05/2016)



DETAILED SUMMARY PAGE

COLUMN A

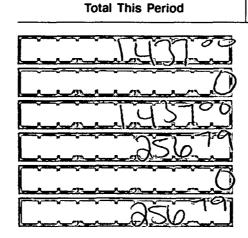
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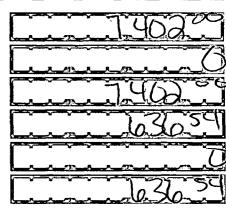
Page 5

III. Net Contributions/ Operating Expenditures

FEC Form 3X (Rev. 05/2016)

- 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))...........▶
 37. Offsets to Operating Expenditures





COLUMN B

Calendar Year-to-Date

SC	HEDULE B (FEC Form 3X)		FOR LINE			
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b	one) 22 23 26 27		
	uinformation assist from such Departs and States		28a	28b 28c 29 30b		
or	y information copied from such Reports and Staten for commercial purposes, other than using the nam	ie and address of any political	committee to	solicit contributions from such committee.		
\square	NAME OF COMMITTEE (In Full) America	Con Associa	tion o	+ Preferred		
\angle	Houder Ulginization	ns Holifice	Act	ion committee		
A.	Full Name (Last, First, Middle Initial)			Date of Disbursement		
	Mailing Address BOX 305	183		107 (107 (<u>2015</u>		
	city not souther s	State Zip Code -1	220	FEC Identification Number		
	Purpose of Disbursement					
	Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
	Office Sought: House Disbursen	nent For: Primary General		3249		
	State: District:	Other (specify) ▼		Memo Item		
В.	Full Name (Last, First, Middle Initial)			Date of Disbursement		
	Mailing Address PO Box 30	5193		<u>167</u> , <u>63</u> , <u>6618</u>		
	THESPULIE	State N Zip Code 372	30	FEC Identification Number		
	Purpose of Disbursement					
Candidate Name Category/ Type				Amount of Each Disbursement this Period		
		Primary General		<u>Lunnun Olul</u>		
·	State: District:	Other (specify)		Memo Item		
c.	Full Name (Last, First, Middle Initial)			Date of Disbursement		
	Mailing Address PO PAY 30	<u>16</u> 25193		ETOG (PU) (PO		
	City MRShulle	State Zip Code	247	FEC Identification Number		
	Purpose of Disbursement					
	Candidate Name	c	Category/ Type	Amount of Each Disbursement this Period		
	Office Sought: House Disburser	nent For: Primary General		Luna 0.6.		
	State: District:	Other (specify) ▼		Memo item		
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NAME OF COMMITTEE (In Full) America Provider 01201, 2010		chien Committee		
Full Name (Last, First, Middle Mittial) A. <u>SunTrost Back</u> Mailing Address Box 305		Date of Disbursement		
Purpose of Disbursement Candidate Name Office Sought: House Disbursen Senate President State: District:	State Zip Code Catego Type nent For: Primary General Other (specify) ▼			
B. <u>Sintust Ba</u> Mailing Address PO Bax 30	nk 5183	Date of Disbursement		
City MCGMULL S Purpose of Disbursement CCCS Candidate Name Office Sought: House Disburser Senate President State: District:	State Zip Code 3333 Catego Type nent For: Primary General Other (specify)			
Purpose of Pisbursement Candidate Name	State N Zip Code State N Zip Code Catego Type ment For: Primary General Other (specify) ▼	<u> </u>		
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/ Houder Ulgnizati	255 Political	Acti	in Committee
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Thisnutte	State Zip Code 31	230	FEC Identification Number
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State: District:	Other (specify) ▼	:	Memo Item
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address P() Px y 3($\frac{11}{5193}$		9106 ' 0 0' ' 2018
City NGSNULLE	State N Zip Code - 7	30	FEC Identification Number
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C. <u>SUTTUST</u> BCD Mailing Address DUD RUN 201	K		Date of Disbursement
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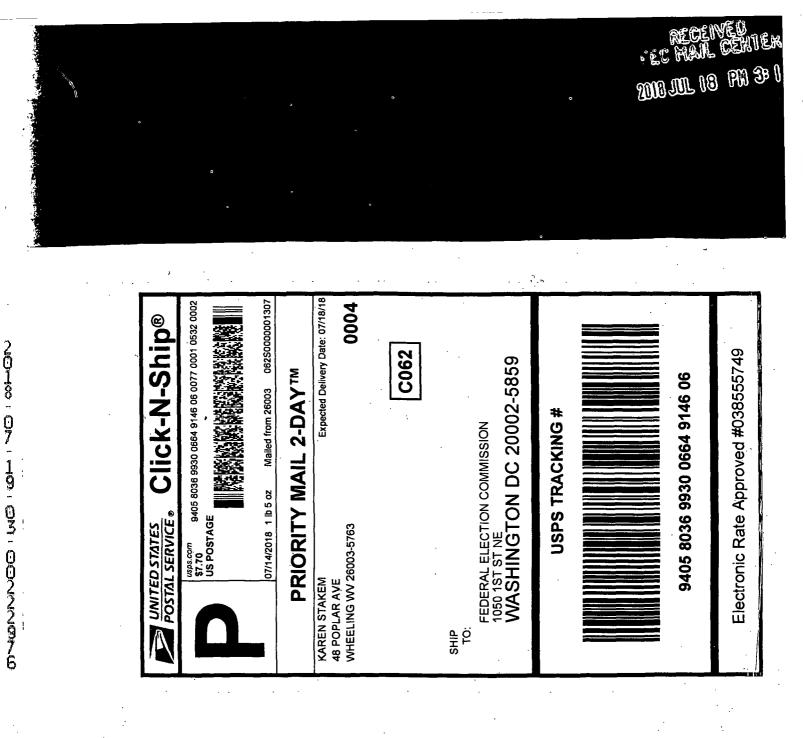
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	20 NUST KLOIL				
	Mailing Address PO ROX 30	<u>)518</u>	33		
	city Mashurlle	State	Zip Code	226	FEC Identification Number
	Purpose of Disbursement				С
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	President	Other (spec			Memo Item
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Ź	Provider Urgenizatio	nsF	Slitica	1 Act	in committee
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	State: TL District: S				Memo Item
в.	Full Name (Last, First, Middle Initial)	$\Omega(0 -$			Date of Disbursement
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	Mailing Address D BOX 107	35			
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