

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5  
AMERICAN UNITY PAC INC

ADDRESS (number and street) PO BOX 53454  
Check if different than previously reported. (ACC) WASHINGTON DC 20009

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00523589 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on 09 / 09 / 2014 in the State of NH  
(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 / 2014 through 08 / 20 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Margaret Hoover

Signature of Treasurer Margaret Hoover [Electronically Filed] Date 08 / 28 / 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN UNITY PAC INC

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="2014"/>	<input type="text" value="107343.37"/>	<input type="text" value="107343.37"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2079923.10"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="23708.25"/>	<input type="text" value="3198295.45"/>
(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="2103631.35"/>	<input type="text" value="3305638.82"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="619752.60"/>	<input type="text" value="1821760.07"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1483878.75"/>	<input type="text" value="1483878.75"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="7991.65"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**AMERICAN UNITY PAC INC**

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).....	23558.25	3092089.83
(ii) Unitemized .....	150.00	205.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23708.25	3092294.83
(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) .....	23708.25	3092294.83
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	106000.62
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))..... ▶	23708.25	3198295.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	23708.25	3198295.45

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	319752.60	667150.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	319752.60	667150.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	190000.00
24. Independent Expenditures (use Schedule E) .....	300000.00	964609.79
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	619752.60	1821760.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	619752.60	1821760.07

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	23708.25	3092294.83
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23708.25	3092294.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	319752.60	667150.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	106000.62
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	319752.60	561149.66

**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 13
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**AMERICAN UNITY PAC INC**

**A. Paul Singer**  
Full Name (Last, First, Middle Initial)

Mailing Address 40 West 57th Street, 30th Floor

City New York	State NY	Zip Code 10019
------------------	-------------	-------------------

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

Name of Employer Elliott Management Corp.	Occupation Principal
--	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1776912.08

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07		09		2014

**Transaction ID : SA11AI.4718**

Amount of Each Receipt this Period  
9380.50

In-kind - Legal Fees

**B. Paul Singer**  
Full Name (Last, First, Middle Initial)

Mailing Address 40 West 57th Street, 30th Floor

City New York	State NY	Zip Code 10019
------------------	-------------	-------------------

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

Name of Employer Elliott Management Corp.	Occupation Principal
--	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1791089.83

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		04		2014

**Transaction ID : SA11AI.4719**

Amount of Each Receipt this Period  
14177.75

In-kind - Legal Fees

**C.**  
Full Name (Last, First, Middle Initial)

Mailing Address

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

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	23558.25
<b>TOTAL</b> This Period (last page this line number only).....▶	23558.25

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICAN UNITY PAC INC**

Full Name (Last, First, Middle Initial)

**A. Allegiance Strategies LLC**

Mailing Address PO Box 53454

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Strategic Consulting

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4677**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Allegiance Strategies LLC**

Mailing Address PO Box 53454

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Strategic Consulting

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4687**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. America Rising**

Mailing Address 138 Conant St., 1st Fl.

City Beverly State MA Zip Code 01915

Purpose of Disbursement  
Research

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4697**

Amount of Each Disbursement this Period

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICAN UNITY PAC INC**

Full Name (Last, First, Middle Initial)

**A. b-fresh consulting llc**

Mailing Address 816 Elm St., PMB 153

City Manchester State NH Zip Code 03101

Purpose of Disbursement  
Strategic Consulting

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4689**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. b-fresh consulting llc**

Mailing Address 816 Elm St., PMB 153

City Manchester State NH Zip Code 03101

Purpose of Disbursement  
Strategic Consulting

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4695**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. BB&T**

Mailing Address 1909 K St., NW

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Merchant Fees

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4683**

Amount of Each Disbursement this Period

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICAN UNITY PAC INC**

Full Name (Last, First, Middle Initial)

**A. BB&T**

Mailing Address 1909 K St., NW

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Merchant Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
08 / 15 / 2014

**Transaction ID : SB21B.4699**

Amount of Each Disbursement this Period

50.90

Full Name (Last, First, Middle Initial)

**B. CT Corporation**

Mailing Address PO Box 4349

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement  
Legal Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 09 / 2014

**Transaction ID : SB21B.4679**

Amount of Each Disbursement this Period

284.00

Full Name (Last, First, Middle Initial)

**C. IMGE LLC**

Mailing Address 603 King St., 4th Fl.

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Web Services

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 09 / 2014

**Transaction ID : SB21B.4681**

Amount of Each Disbursement this Period

3750.00

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

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

4084.90

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICAN UNITY PAC INC**

Full Name (Last, First, Middle Initial)

**A. Mentzer Media Services Inc.**

Mailing Address 600 Fairmount Ave., Ste. 306

City Towson State MD Zip Code 21286

Purpose of Disbursement  
Media Buy-Prepayment

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4701**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Paul Singer**

Mailing Address 40 West 57th Street, 30th Floor

City New York State NY Zip Code 10019

Purpose of Disbursement  
In-kind - Legal Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4721**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Paul Singer**

Mailing Address 40 West 57th Street, 30th Floor

City New York State NY Zip Code 10019

Purpose of Disbursement  
In-kind - Legal Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4720**

Amount of Each Disbursement this Period

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**AMERICAN UNITY PAC INC**

Full Name (Last, First, Middle Initial)

**A. Voter/Consumer Research Inc.**

Mailing Address 501 C St., NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Research

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4685**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 13
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**AMERICAN UNITY PAC INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>McCarthy Hennings Whalen Inc.</b>	Nature of Debt (Purpose): IE-Innis-Media Production
Mailing Address 1850 M St., NW Ste. 235	
City State Zip Code Washington DC 20036	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD10.4704</b>	
Amount Incurred This Period <input type="text" value="7991.65"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="7991.65"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
---	---	---	---

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
---	---	---	---

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="7991.65"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="7991.65"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="7991.65"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICAN UNITY PAC INC
FEC IDENTIFICATION NUMBER
C C00523589
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
McCarthy Hennings Whalen Inc.
[MEMO ITEM]
Mailing Address
1850 M St., NW
Ste. 235
City
Washington State
DC Zip Code
20036
Purpose of Expenditure
IE-Innis-Media Production
Category/Type
004
Name of Federal Candidate
DANIEL E INNIS
Support
Office Sought: House
District: 01
State: NH
Calendar Year-To-Date
Per Election for Office Sought
300000.00

Date of Public Distribution/Dissemination
08 / 20 / 2014
Amount
7991.65
Transaction ID : SE.4703
Date of Disbursement or Obligation
08 / 20 / 2014
Disbursement For: Primary
2014

Full Name of Payee
Mentzer Media Services Inc.
Mailing Address
600 Fairmount Ave., Ste. 306
City
Towson State
MD Zip Code
21286
Purpose of Expenditure
IE-Innis-Media Buy
Category/Type
004
Name of Federal Candidate
DANIEL E INNIS
Support
Office Sought: House
District: 01
State: NH
Calendar Year-To-Date
Per Election for Office Sought
300000.00

Date of Public Distribution/Dissemination
08 / 20 / 2014
Amount
300000.00
Transaction ID : SE.4655
Date of Disbursement or Obligation
08 / 15 / 2014
Disbursement For: Primary
2014

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 300000.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 300000.00

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.

Margaret Hoover
[Electronically Filed]
Date 08 / 28 / 2014
Signature