

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

2016 APR 15 AM 8:17

Office Use Only

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

AMERICANS FOR LEGISLATIVE EXCELLENCE

ADDRESS (number and street) P.O. BOX 1863

Check if different than previously reported. (ACC) MARTINSBURG WV 25402

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C100572362

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M / D D / Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2016 through 03 / 31 / 2016

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 Stephanie Coeper

Signature of Treasurer Stephanie Coeper Date 04 / 12 / 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. 02/2003)

Page 2

Write or Type Committee Name

Americans For Legislative Excellence

Report Covering the Period:

From:

01 ' 01 ' 2016

To:

03 ' 31 ' 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016	2016	1,809.15
(b) Cash on Hand at Beginning of Reporting Period.....	1,809.15	
(c) Total Receipts (from Line 19)	5,000.00	6,809.15
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6,809.15	6,809.15
7. Total Disbursements (from Line 31)	5,219.23	5,219.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1,529.92	1,529.92
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	000	

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

20160331 16:00:00

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Americans For Legislative Excellence

Report Covering the Period:

From:

01 ' 01 ' 2016

To:

03 ' 31 ' 2016

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).....

500000

500000

(ii) Unitemized.....

000

000

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

500000

500000

(b) Political Party Committees.....

000

000

(c) Other Political Committees (such as PACs).....

000

000

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

500000

500000

12. Transfers From Affiliated/Other Party Committees.....

000

000

13. All Loans Received.....

000

000

14. Loan Repayments Received.....

000

000

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

000

000

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

000

000

17. Other Federal Receipts (Dividends, Interest, etc.).....

000

000

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

000

000

(b) Levin Funds (from Schedule H5).....

000

000

(c) Total Transfers (add 18(a) and 18(b))..

000

000

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

500000

500000

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

500000

500000

20160331 15:00:00

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	4,029.23	4,029.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4,029.23	4,029.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1,250.00	1,250.00
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	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))..	5,279.23	5,279.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5,279.23	5,279.23

NON-FEDERAL DISBURSEMENTS

DETAILED SUMMARY PAGE
of Disbursements

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)	5,000.00	5,000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5,000.00	5,000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4,029.23	4,029.23
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4,029.23	4,029.23

11111111111111111111111111111111

**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 OF	
<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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Americans For Legislative Excellence

A. Full Name (Last, First, Middle Initial)
Gregory J. Elliot

Mailing Address
240 Capitol Street Suite 500

City **Charleston** State **WV** Zip Code **25301**

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
01/29/2016

Amount of Each Receipt this Period
5000.00

Memo Item

B. 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 _____

Amount of Each Receipt this Period _____

Memo Item

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 _____

Amount of Each Receipt this Period _____

Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ **5000.00**

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

20160129 11:40 AM

**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)

PAGE OF

<input 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)

Americans For Legislative Excellence

Full Name (Last, First, Middle Initial)

A. Marriott Waterfront

Date of Disbursement

Mailing Address 700 Aliceanna St

01' 19' 2016

City Baltimore State MD Zip Code 21202

Purpose of Disbursement

Travel

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

6.34

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. Harbor Court
Mailing Address 550 Light Street

Date of Disbursement

01' 19' 2016

City Baltimore State MD Zip Code 21202

Purpose of Disbursement

Travel

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

20.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. Marriott Baltimore Parking
Mailing Address 700 Aliceanna St.

Date of Disbursement

01' 19' 2016

City Baltimore State MD Zip Code 21202

Purpose of Disbursement

Travel

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

52.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

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

98.34

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

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NAME OF COMMITTEE (In Full)

Americans For Legislative Excellence

Full Name (Last, First, Middle Initial)

A. <u>Dunkin Donuts</u>		Date of Disbursement
Mailing Address <u>5600 Mannheim Rd</u>		<u>02</u> / <u>01</u> / <u>2016</u>
City <u>Chicago</u> State <u>IL</u> Zip Code <u>60666</u>	Purpose of Disbursement <u>Travel</u>	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<u>15.82</u>
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) <input type="checkbox"/>	<input type="checkbox"/> Memo Item
State: District:		

B. <u>Loves Travel Stop</u>		Date of Disbursement
Mailing Address <u>4400 S 22nd Ave E</u>		<u>02</u> / <u>01</u> / <u>2016</u>
City <u>Newton</u> State <u>IA</u> Zip Code <u>50208</u>	Purpose of Disbursement <u>Travel</u>	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<u>33.00</u>
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) <input type="checkbox"/>	<input type="checkbox"/> Memo Item
State: District:		

C. <u>Burger King</u>		Date of Disbursement
Mailing Address <u>209 Lincoln Way</u>		<u>02</u> / <u>01</u> / <u>2016</u>
City <u>Ames</u> State <u>IA</u> Zip Code <u>50010</u>	Purpose of Disbursement <u>Travel</u>	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<u>37.38</u>
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) <input type="checkbox"/>	<input type="checkbox"/> Memo Item
State: District:		

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

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

86.20

NOTES: 04 15 01 0000414

**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)						PAGE	OF
	<input 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)
Americans For Legislative Excellence

A. Full Name (Last, First, Middle Initial) I HOP		Date of Disbursement 02' 01' 2016
Mailing Address 6301 Douglas Ave		
City Urbandale	State IA	Zip Code 50322
Purpose of Disbursement Travel		Amount of Each Disbursement this Period 39.08
Candidate Name		Category/ Type
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) ▼	<input type="checkbox"/> Memo Item
State:	District:	

B. Full Name (Last, First, Middle Initial) Lou Malnati Pizzeria		Date of Disbursement 02' 01' 2016
Mailing Address 131 W Jefferson Ave		
City Naperville	State IL	Zip Code 60540
Purpose of Disbursement Travel		Amount of Each Disbursement this Period 41.78
Candidate Name		Category/ Type
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) ▼	<input type="checkbox"/> Memo Item
State:	District:	

C. Full Name (Last, First, Middle Initial) Buffalo Wild Wings		Date of Disbursement 02' 01' 2016
Mailing Address 3311 SE 14th		
City Des Moines	State IA	Zip Code 50320
Purpose of Disbursement Travel		Amount of Each Disbursement this Period 159.34
Candidate Name		Category/ Type
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) ▼	<input type="checkbox"/> Memo Item
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	240.20
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)						PAGE	OF
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)
Americans For Legislative Excellence

A. Full Name (Last, First, Middle Initial) Budget Rent-A-Car			Date of Disbursement 02 / 03 / 2016	
Mailing Address 1000 Bessie Coleman Dr.			Amount of Each Disbursement this Period 792.83	
City Chicago	State IL	Zip Code 60666		
Purpose of Disbursement Travel		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:				

B. Full Name (Last, First, Middle Initial) Curb D.C.			Date of Disbursement 02 / 05 / 2016	
Mailing Address 5904 Richmond Hwy Suite 600			Amount of Each Disbursement this Period 12.85	
City Alexandria	State VA	Zip Code 22303		
Purpose of Disbursement Travel		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:				

C. Full Name (Last, First, Middle Initial) Versailles			Date of Disbursement 02 / 08 / 2016	
Mailing Address 3555 SW 8th St.			Amount of Each Disbursement this Period 494.2	
City Miami	State FL	Zip Code 33135		
Purpose of Disbursement Travel		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:				

SUBTOTAL of Disbursements This Page (optional)..... ▶	855.10
TOTAL This Period (last page this line number only)..... ▶	

NOT TO BE FILLED IN

**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)

PAGE OF

<input 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)

Americans For Legislative Excellence

A. Full Name (Last, First, Middle Initial) Yellow Cab		Date of Disbursement 02' 08' 2016
Mailing Address 1700 N. Florida Mango Rd		Amount of Each Disbursement this Period 58.08
City West Palm Beach	State FL	
Zip Code 33409		
Purpose of Disbursement Travel	Candidate Name	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:		

B. Full Name (Last, First, Middle Initial) Kapnos Taverna		Date of Disbursement 02' 08' 2016
Mailing Address 2201 14th Street NW		Amount of Each Disbursement this Period 6695
City Washington	State DC	
Zip Code 20132		
Purpose of Disbursement Travel	Candidate Name	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:		

C. Full Name (Last, First, Middle Initial) McDonald		Date of Disbursement 02' 09' 2016
Mailing Address 121 N. Maple Ave.		Amount of Each Disbursement this Period 23.27
City Purcellville	State VA	
Zip Code 20132		
Purpose of Disbursement Travel	Candidate Name	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:		

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

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

148.30

**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)						PAGE	OF
	<input 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)
Americans For Legislative Excellence

A. Thrifty Car Rental

Full Name (Last, First, Middle Initial)

Mailing Address: **2600 James L. Turnage Blvd**

City: **West Palm Beach FL** State: **FL** Zip Code: **33406**

Purpose of Disbursement: **Travel**

Candidate Name

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

State: District:

Date of Disbursement: **02/09/2016**

Amount of Each Disbursement this Period: **23.31**

Memo Item

B. PGA National Resort

Full Name (Last, First, Middle Initial)

Mailing Address: **400 Ave of the Champions**

City: **West Palm Beach FL** State: **FL** Zip Code: **33406**

Purpose of Disbursement: **Travel**

Candidate Name

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

State: District:

Date of Disbursement: **02/10/2016**

Amount of Each Disbursement this Period: **669.76**

Memo Item

C. PGA National Resort

Full Name (Last, First, Middle Initial)

Mailing Address: **400 Ave of the Champions**

City: **West Palm Beach FL** State: **FL** Zip Code: **33406**

Purpose of Disbursement: **Travel**

Candidate Name

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

State: District:

Date of Disbursement: **02/10/2016**

Amount of Each Disbursement this Period: **1,004.64**

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ **1,697.71**

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

NOTICE: ON JAN 14 2016

**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)						PAGE	OF
	<input 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)
Americas For Legislative Excellence

Full Name (Last, First, Middle Initial) A. Sleep Inn		Date of Disbursement 02' 02' 2016
Mailing Address 11211 Hickman Rd.		
City Urbandale	State IA	Zip Code 50322
Purpose of Disbursement Travel		Amount of Each Disbursement this Period 386.25
Candidate Name		Category/Type
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. Sleep Inn		Date of Disbursement 02' 02' 2016
Mailing Address 11211 Hickman Rd		
City Urbandale	State IA	Zip Code 50322
Purpose of Disbursement Travel		Amount of Each Disbursement this Period 515.00
Candidate Name		Category/Type
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. Rod Blum For Congress		Date of Disbursement 02' 02' 2016
Mailing Address 2728 Asbury Rd Suite 400		
City Dubuque	State IA	Zip Code 52001
Purpose of Disbursement Transfer		Amount of Each Disbursement this Period 250.00
Candidate Name Rod Blum		Category/Type
Office Sought: <input checked="" 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: IA District: 1	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1,151.25
TOTAL This Period (last page this line number only).....▶	

NO. 101-111-0000-1110

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

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NAME OF COMMITTEE (In Full)
Americans For Legislative Excellence

A.

Full Name (Last, First, Middle Initial) **Harland Clarke**

Mailing Address **15955 LaCantera Pkwy**

City **San Antonio** State **TX** Zip Code **78256**

Purpose of Disbursement **Office Supplies**

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement **02 / 18 / 2016**

Amount of Each Disbursement this Period **22.13**

Memo Item

B.

Full Name (Last, First, Middle Initial) **Patrick Mooney for Congress**

Mailing Address **P.O. Box 730774**

City **Ormond Beach** State **FL** Zip Code

Purpose of Disbursement **Transfer**

Candidate Name **Patrick Mooney**

Office Sought: House Senate President
State: **FL** District: **6**

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement **03 / 30 / 2016**

Amount of Each Disbursement this Period **1,000.00**

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

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ **1,022.13**

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

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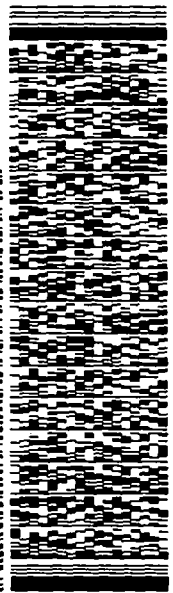
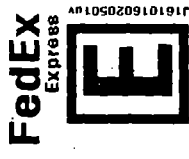
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WASHINGTON DC 20463

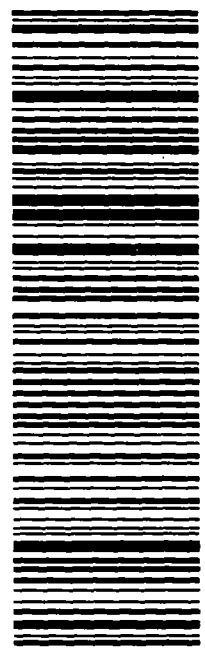
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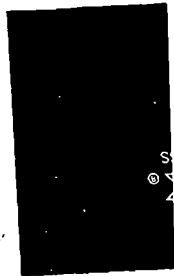
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