

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 AMERICARISINGPAC.ORG

ADDRESS (number and street) PO BOX 100088 ARLINGTON VA 22210 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00542902 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 Year-End Report (YE) (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

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 MATTHEW RHOADES

Signature of Treasurer MATTHEW RHOADES [Electronically Filed] Date 01 / 31 / 2016

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

**AMERICARISINGPAC.ORG**

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="2015"/>	<input type="text" value="261949.96"/>	<input type="text" value="261949.96"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="311039.27"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="323872.34"/>	<input type="text" value="701797.01"/>
(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="634911.61"/>	<input type="text" value="963746.97"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="500154.90"/>	<input type="text" value="828990.26"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="134756.71"/>	<input type="text" value="134756.71"/>
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="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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**AMERICARISINGPAC.ORG**

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).....	271515.64	640800.64
(ii) Unitemized .....	1546.70	6718.11
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	273062.34	647518.75
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	50000.00	50000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	323062.34	697518.75
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).....	810.00	4278.26
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))..... ▶	323872.34	701797.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	323872.34	701797.01

**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 .....	455904.90	774304.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	455904.90	774304.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	44250.00	54685.73
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)) ..	500154.90	828990.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	500154.90	828990.26

**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) .....	323062.34	697518.75
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	323062.34	697518.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	455904.90	774304.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	810.00	4278.26
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	455094.90	770026.27

**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 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**AMERICARISINGPAC.ORG**

**A. CBI VENTURES LLC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 414 E BRAODWAY  
 SUITE 200  
 City COLUMBIA State MO Zip Code 65201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2015  
**Transaction ID : SA11AI.9609**  
 Amount of Each Receipt this Period  
 10000.00

**B. ROBERT DAVIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1812 FAYMONT AVE  
 City MANHATTAN BEACH State CA Zip Code 90266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2015  
**Transaction ID : SA11AI.9608**  
 Amount of Each Receipt this Period  
 500.00

**C. PAUL DICKSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 51367  
 City SHREVEPORT State LA Zip Code 71135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MORRIS DICKSON OWNER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5472.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2015  
**Transaction ID : SA11AI.9642**  
 Amount of Each Receipt this Period  
 5472.00  
 IN-KIND: DIGITAL PRODUCTION EQUIPMENT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15972.00
<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 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICARISINGPAC.ORG**

**A. PAUL DICKSON**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 51367

City SHREVEPORT State LA Zip Code 71135

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

Name of Employer MORRIS DICKSON Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15472.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2015

**Transaction ID : SA11AI.9590**

Amount of Each Receipt this Period  
10000.00

**B. MR. MIGUEL FERNANDEZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 121 ALHAMBRA PLAZA SUITE 1100

City CORAL GABLES State FL Zip Code 33134

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

Name of Employer MBF HEALTHCARE Occupation FOUNDER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015

**Transaction ID : SA11AI.9548**

Amount of Each Receipt this Period  
100000.00

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

Mailing Address 47 VALLEY ROAD

City BRONXVILLE State NY Zip Code 10708

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2015

**Transaction ID : SA11AI.9567**

Amount of Each Receipt this Period  
10000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120000.00
<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 8 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICARISINGPAC.ORG**

**A. SCOTT KELLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 N MARKET PLACE DRIVE  
SUITE 101

City State Zip Code  
CENTERVILLE UT 89037

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

Name of Employer Occupation  
CEO/PRESIDENT KELLER INVESTMENT PROPERTIES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3442.14

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2015

**Transaction ID : SA11AI.9621**

Amount of Each Receipt this Period  
3442.14

IN-KIND: FUNDRAISING EXPENSE

**B. KELLER INVESTMENT PROPERTIES**  
Full Name (Last, First, Middle Initial)

Mailing Address 500 N MARKET PLACE DRIVE  
SUITE 101

City State Zip Code  
CENTERVILLE UT 84014

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2015

**Transaction ID : SA11AI.9546**

Amount of Each Receipt this Period  
10000.00

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

Mailing Address 500 N MARKET PLACE DRIVE  
SUITE 101

City State Zip Code  
CENTERVILLE UT 84014

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SA11AI.9561**

Amount of Each Receipt this Period  
10000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	23442.14
<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 9 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICARISINGPAC.ORG**

**A. WILLIAM KUNKLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 222 N. LASALLE STREET  
SUITE 1000

City CHICAGO State IL Zip Code 60601

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

Name of Employer CC INDUSTRIES, INC. Occupation EXECUTIVE VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
10 / 20 / 2015  
Transaction ID : SA11AI.9576

Amount of Each Receipt this Period  
10000.00

**B. JERRY LANGER**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 BRIARCLIFF ROAD

City MONTVILLE State NJ Zip Code 07045

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

Name of Employer LANGER TRANSPORT CORPORATION Occupation TRANSPORTATION

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
12 / 19 / 2015  
Transaction ID : SA11AI.9563

Amount of Each Receipt this Period  
5000.00

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

Mailing Address PO BOX 176

City ABILENE State TX Zip Code 79604

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

Name of Employer SELF-EMPLOYED Occupation INVESTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
07 / 02 / 2015  
Transaction ID : SA11AI.9611

Amount of Each Receipt this Period  
25000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 91
	<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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NAME OF COMMITTEE (In Full)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial) <b>A. ANDREW PUZDER</b>		Date of Receipt MM / DD / YYYY 08 / 04 / 2015
Mailing Address 570 MEADOW WOOD LANE		<b>Transaction ID : SA11AI.9595</b>
City SANTA BARBARA	State CA	Zip Code 93108
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00	
Name of Employer CKE RESTAURANT HOLDINGS, INC.	Occupation CEO	Aggregate Year-to-Date ▼ 5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. ANDREW PUZDER</b>		Date of Receipt MM / DD / YYYY 10 / 19 / 2015
Mailing Address 570 MEADOW WOOD LANE		<b>Transaction ID : SA11AI.9577</b>
City SANTA BARBARA	State CA	Zip Code 93108
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00	
Name of Employer CKE RESTAURANT HOLDINGS, INC.	Occupation CEO	Aggregate Year-to-Date ▼ 10000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MR. ALLEN &amp; KELLI QUESTROM</b>		Date of Receipt MM / DD / YYYY 07 / 11 / 2015
Mailing Address 6505 BANDERA AVE APT 2F		<b>Transaction ID : SA11AI.9607</b>
City DALLAS	State TX	Zip Code 75225
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10000.00	
Name of Employer RETIRED	Occupation RETIRED	Aggregate Year-to-Date ▼ 10000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	20000.00
<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 11 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial) <b>A. MR. ALLEN &amp; KELLI QUESTROM</b>		Date of Receipt
Mailing Address 6505 BANDERA AVE APT 2F		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code
DALLAS	TX	75225
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.9566</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="15000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="25000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MR. LE SIMMONS</b>		Date of Receipt
Mailing Address 600 TRAVIS STREET SUITE 6600		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
HOUSTON	TX	77002
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.9619</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SCF PARTNERS	CHAIRMAN	<input type="text" value="2101.50"/>
Receipt For:	Aggregate Year-to-Date ▼	IN-KIND: FUNDRAISING EXPENSE
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2101.50"/>	

Full Name (Last, First, Middle Initial) <b>C. MR. LE SIMMONS</b>		Date of Receipt
Mailing Address 600 TRAVIS STREET SUITE 6600		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
HOUSTON	TX	77002
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.9569</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SCF PARTNERS	CHAIRMAN	<input type="text" value="25000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="27101.50"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="42101.50"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 12 OF 91  
(check only one)

<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)  
**AMERICARISINGPAC.ORG**

**A. SJZ LLC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 137 NEWBURY STREET  
City BOSTON State MA Zip Code 02116  
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 Y Y  
09 / 15 / 2015  
**Transaction ID : SA11AI.9614**  
Amount of Each Receipt this Period  
10000.00

**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  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

**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 Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	271515.64

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

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

FOR LINE NUMBER: PAGE 13 OF 91  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)  
**AMERICARISINGPAC.ORG**

**A. ESAFUND**  
Full Name (Last, First, Middle Initial)  
Mailing Address 610 S. BOULEVARD  
City TAMPA State FL Zip Code 33606  
FEC ID number of contributing federal political committee. **C** C00489856  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 50000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 09 / 2015  
**Transaction ID : SA11C.9645**  
Amount of Each Receipt this Period  
50000.00

**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  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

**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 Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	50000.00

**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 14 OF 91
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**AMERICARISINGPAC.ORG**

**A. DECISIVE COMMUNICATIONS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5305 JEFFERSON PIKE  
SUITE C8  
City FREDERICK State MD Zip Code 21703  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
MM / DD / YYYY  
09 / 02 / 2015  
**Transaction ID : SA15.9616**  
Amount of Each Receipt this Period  
525.00  
VENDOR REFUND

**B. JONES DAY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 51 LOUISIANA AVE NW  
City WASHINGTON State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2015  
**Transaction ID : SA15.9617**  
Amount of Each Receipt this Period  
285.00  
VENDOR REFUND

**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  
MM / DD / YYYY  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	810.00
<b>TOTAL</b> This Period (last page this line number only).....▶	810.00

**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"/> 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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. AMERICA RISING LLC**

Mailing Address 1555 WILSON BLVD.  
SUITE 307

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
PLEASE SEE MEMO ENTRIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2015

Transaction ID : **SB21B.8797**

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

**B. AMERICA RISING LLC**

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2015

Transaction ID : **SB21B.8797.0**

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AMERICA RISING LLC**

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement  
HEALTH CARE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2015

Transaction ID : **SB21B.8797.1**

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

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

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

15000.00

**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"/> 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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. AMERICA RISING LLC**

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2015

Transaction ID : **SB21B.8797.2**

Amount of Each Disbursement this Period

21000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. AMERICA RISING LLC**

Mailing Address 1555 WILSON BLVD.  
SUITE 307

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
PLEASE SEE MEMO ENTRIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2015

Transaction ID : **SB21B.8790**

Amount of Each Disbursement this Period

21867.09

Full Name (Last, First, Middle Initial)

**C. AMERICA RISING LLC**

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2015

Transaction ID : **SB21B.8790.0**

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

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

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

21867.09



**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. AMERICA RISING LLC**

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement  
HEALTH CARE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	24	/	2015

Transaction ID : SB21B.8790.1

Amount of Each Disbursement this Period

500.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. AMERICA RISING LLC**

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	24	/	2015

Transaction ID : SB21B.8790.2

Amount of Each Disbursement this Period

13000.00
----------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AMERICA RISING LLC**

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	24	/	2015

Transaction ID : SB21B.8790.3

Amount of Each Disbursement this Period

5867.09
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[MEMO ITEM]

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

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

0.00
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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"/> 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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. AMERICA RISING LLC**

Mailing Address 1555 WILSON BLVD.  
SUITE 307

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
PLEASE SEE MEMO ENTRIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2015

**Transaction ID : SB21B.8795**

Amount of Each Disbursement this Period

16000.00

Full Name (Last, First, Middle Initial)

**B. AMERICA RISING LLC**

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2015

**Transaction ID : SB21B.8795.0**

Amount of Each Disbursement this Period

2500.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. AMERICA RISING LLC**

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement  
HEALTH CARE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2015

**Transaction ID : SB21B.8795.1**

Amount of Each Disbursement this Period

500.00

**[MEMO ITEM]**

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

16000.00

**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"/> 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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. AMERICA RISING LLC**

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.8795.2**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. AMERICA RISING LLC**

Mailing Address 1555 WILSON BLVD.  
SUITE 307

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
PLEASE SEE MEMO ENTRIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.8794**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. AMERICA RISING LLC**

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.8794.0**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. AMERICA RISING LLC**

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement  
HEALTH CARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

Transaction ID : SB21B.8794.1

Amount of Each Disbursement this Period

500.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. AMERICA RISING LLC**

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2015			

Transaction ID : SB21B.8794.2

Amount of Each Disbursement this Period

13000.00
----------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AMERICA RISING LLC**

Mailing Address 1555 WILSON BLVD.  
SUITE 307

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
PLEASE SEE MEMO ENTRIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2015			

Transaction ID : SB21B.8792

Amount of Each Disbursement this Period

19532.36
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

19532.36
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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"/> 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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. AMERICA RISING LLC**

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : **SB21B.8792.0**

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. AMERICA RISING LLC**

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement  
HEALTH CARE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : **SB21B.8792.1**

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AMERICA RISING LLC**

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : **SB21B.8792.2**

Amount of Each Disbursement this Period

14000.00

[MEMO ITEM]

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

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

0.00

**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"/> 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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. AMERICA RISING LLC**

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2015

Transaction ID : **SB21B.8792.3**

Amount of Each Disbursement this Period

2532.36

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. AMERICA RISING LLC**

Mailing Address 1555 WILSON BLVD.  
SUITE 307

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
PLEASE SEE MEMO ENTRIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 14 / 2015

Transaction ID : **SB21B.8791**

Amount of Each Disbursement this Period

21308.51

Full Name (Last, First, Middle Initial)

**C. AMERICA RISING LLC**

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 14 / 2015

Transaction ID : **SB21B.8791.0**

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

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

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

21308.51

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. AMERICA RISING LLC**

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement  
HEALTH CARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 14 / 2015

Transaction ID : **SB21B.8791.1**

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. AMERICA RISING LLC**

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 14 / 2015

Transaction ID : **SB21B.8791.2**

Amount of Each Disbursement this Period

16354.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AMERICA RISING LLC**

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 14 / 2015

Transaction ID : **SB21B.8791.3**

Amount of Each Disbursement this Period

1954.31

[MEMO ITEM]

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

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

0.00

**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"/> 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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. ASG - LOT 12**

Mailing Address 1555 WILSON BLVD

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
TRAVEL: PARKING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2015

**Transaction ID : SB21B.8906**

Amount of Each Disbursement this Period

140.00

Full Name (Last, First, Middle Initial)

**B. ASG - LOT 12**

Mailing Address 1555 WILSON BLVD

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
TRAVEL: PARKING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2015

**Transaction ID : SB21B.8905**

Amount of Each Disbursement this Period

140.00

Full Name (Last, First, Middle Initial)

**C. ASG - LOT 12**

Mailing Address 1555 WILSON BLVD

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
TRAVEL: PARKING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2015

**Transaction ID : SB21B.8904**

Amount of Each Disbursement this Period

140.00

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

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

420.00



**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"/> 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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. ASG - LOT 12**

Mailing Address 1555 WILSON BLVD

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
TRAVEL: PARKING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.8918**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. ASG - LOT 12**

Mailing Address 1555 WILSON BLVD

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
TRAVEL: PARKING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.8902**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. ASG - LOT 12**

Mailing Address 1555 WILSON BLVD

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
TRAVEL: PARKING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.8903**

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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. ASG - LOT 12**

Mailing Address 1555 WILSON BLVD

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
TRAVEL: PARKING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.8900**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. ASG - LOT 12**

Mailing Address 1555 WILSON BLVD

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
TRAVEL: PARKING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.8901**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. ASG - LOT 12**

Mailing Address 1555 WILSON BLVD

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
TRAVEL: PARKING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.9055**

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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. ASG - LOT 12**

Mailing Address 1555 WILSON BLVD

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
TRAVEL: PARKING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.8898**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. ASG - LOT 12**

Mailing Address 1555 WILSON BLVD

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
TRAVEL: PARKING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.8899**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. JEFFREY BECHDEL**

Mailing Address 2000 S. EADS STREET  
#204

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement  
TRAVEL REIMBURSEMENT - PLEASE SEE MEMO ENTRIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.9633**

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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. WASHINGTON METROPOLITAN AREA TRANSIT AUTHORITY**

Mailing Address 600 5TH STREET, NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
TRAVEL: RAIL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2015

Transaction ID : **SB21B.9633.0**

Amount of Each Disbursement this Period

80.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. JEFFREY BECHDEL**

Mailing Address 2000 S. EADS STREET #204

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement  
EMPLOYEE TRAVEL REIMBURSEMENT - PLEASE SEE MEMO ENTRIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2015

Transaction ID : **SB21B.9635**

Amount of Each Disbursement this Period

80.00

Full Name (Last, First, Middle Initial)

**C. WASHINGTON METROPOLITAN AREA TRANSIT AUTHORITY**

Mailing Address 600 5TH STREET, NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
TRAVEL: RAIL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2015

Transaction ID : **SB21B.9635.0**

Amount of Each Disbursement this Period

80.00

[MEMO ITEM]

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

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

80.00

**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"/> 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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. JEFFREY BECHDEL**

Mailing Address 2000 S. EADS STREET  
#204

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement  
EMPLOYEE TRAVEL REIMBURSEMENT - PLEASE SEE MEMO ENTRIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2015

Transaction ID : **SB21B.9637**

Amount of Each Disbursement this Period

80.00

Full Name (Last, First, Middle Initial)

**B. WASHINGTON METROPOLITAN AREA TRANSIT AUTHORITY**

Mailing Address 600 5TH STREET, NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
TRAVEL: RAIL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2015

Transaction ID : **SB21B.9637.0**

Amount of Each Disbursement this Period

80.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. BULLDOG COMPLIANCE**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 27 / 2015

Transaction ID : **SB21B.8848**

Amount of Each Disbursement this Period

3000.00

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

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

3080.00

**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"/> 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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. BULLDOG COMPLIANCE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		14		2015

Mailing Address 138 CONANT STREET  
2ND FLOOR

**Transaction ID : SB21B.8847**

City BEVERLY State MA Zip Code 01915

Amount of Each Disbursement this Period

3000.00
---------

Purpose of Disbursement  
COMPLIANCE CONSULTING

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. AMELIA T CHASSE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		17		2015

Mailing Address 209 FRANKLIN STREET

**Transaction ID : SB21B.8851**

City ALEXANDRIA State VA Zip Code 22314

Amount of Each Disbursement this Period

2922.73
---------

Purpose of Disbursement  
SALARY

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. AMELIA T CHASSE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		17		2015

Mailing Address 209 FRANKLIN STREET

**Transaction ID : SB21B.8953**

City ALEXANDRIA State VA Zip Code 22314

Amount of Each Disbursement this Period

50.00
-------

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

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

5972.73
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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"/> 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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. AMELIA T CHASSE**

Mailing Address 209 FRANKLIN STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2015

Transaction ID : **SB21B.8843**

Amount of Each Disbursement this Period

3958.34

Full Name (Last, First, Middle Initial)

**B. AMELIA T CHASSE**

Mailing Address 209 FRANKLIN STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2015

Transaction ID : **SB21B.8950**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**C. AMELIA T CHASSE**

Mailing Address 209 FRANKLIN STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2015

Transaction ID : **SB21B.8842**

Amount of Each Disbursement this Period

3958.34

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

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

7966.68

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. AMELIA T CHASSE**

Mailing Address 209 FRANKLIN STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2015

Transaction ID : **SB21B.8948**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**B. AMELIA T CHASSE**

Mailing Address 209 FRANKLIN STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

Transaction ID : **SB21B.8841**

Amount of Each Disbursement this Period

3958.34

Full Name (Last, First, Middle Initial)

**C. AMELIA T CHASSE**

Mailing Address 209 FRANKLIN STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

Transaction ID : **SB21B.8945**

Amount of Each Disbursement this Period

50.00

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

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

4058.34



**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. AMELIA T CHASSE**

Mailing Address 209 FRANKLIN STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21B.8840**

Amount of Each Disbursement this Period

3958.34

Full Name (Last, First, Middle Initial)

**B. AMELIA T CHASSE**

Mailing Address 209 FRANKLIN STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21B.8942**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**C. AMELIA T CHASSE**

Mailing Address 209 FRANKLIN STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21B.8839**

Amount of Each Disbursement this Period

3958.34

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

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

7966.68

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. AMELIA T CHASSE**

Mailing Address 209 FRANKLIN STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21B.8939**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**B. AMELIA T CHASSE**

Mailing Address 209 FRANKLIN STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2015

Transaction ID : **SB21B.8838**

Amount of Each Disbursement this Period

3958.34

Full Name (Last, First, Middle Initial)

**C. AMELIA T CHASSE**

Mailing Address 209 FRANKLIN STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2015

Transaction ID : **SB21B.8936**

Amount of Each Disbursement this Period

50.00

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

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

4058.34

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. AMELIA T CHASSE**

Mailing Address 209 FRANKLIN STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 27 / 2015

Transaction ID : **SB21B.8837**

Amount of Each Disbursement this Period

3958.34

Full Name (Last, First, Middle Initial)

**B. AMELIA T CHASSE**

Mailing Address 209 FRANKLIN STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 27 / 2015

Transaction ID : **SB21B.8933**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**C. AMELIA T CHASSE**

Mailing Address 209 FRANKLIN STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2015

Transaction ID : **SB21B.8836**

Amount of Each Disbursement this Period

3958.34

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

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

7966.68

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. AMELIA T CHASSE**

Mailing Address 209 FRANKLIN STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2015

Transaction ID : **SB21B.8930**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**B. AMELIA T CHASSE**

Mailing Address 209 FRANKLIN STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2015

Transaction ID : **SB21B.8835**

Amount of Each Disbursement this Period

4116.66

Full Name (Last, First, Middle Initial)

**C. AMELIA T CHASSE**

Mailing Address 209 FRANKLIN STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2015

Transaction ID : **SB21B.8927**

Amount of Each Disbursement this Period

50.00

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

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

4216.66

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. CIDER SOLUTIONS, INC.**

Mailing Address 1301 S. FERN ST. #2884

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement  
IT CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2015

Transaction ID : **SB21B.8856**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. CIDER SOLUTIONS, INC.**

Mailing Address 1301 S. FERN ST. #2884

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement  
IT CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 05 / 2015

Transaction ID : **SB21B.8855**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. CIDER SOLUTIONS, INC.**

Mailing Address 1301 S. FERN ST. #2884

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement  
IT CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2015

Transaction ID : **SB21B.8829**

Amount of Each Disbursement this Period

5000.00

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

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

10000.00

**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"/> 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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. CIDER SOLUTIONS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		09		2015

Mailing Address 1301 S. FERN ST. #2884

**Transaction ID : SB21B.8854**

City ARLINGTON State VA Zip Code 22202

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
IT CONSULTING

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. CIDER SOLUTIONS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		14		2015

Mailing Address 1301 S. FERN ST. #2884

**Transaction ID : SB21B.8853**

City ARLINGTON State VA Zip Code 22202

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
IT CONSULTING

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. COLIN REED**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		09		2015

Mailing Address 7 RUSSELL ROAD  
APT. D

**Transaction ID : SB21B.8878**

City ALEXANDRIA State VA Zip Code 22301

Amount of Each Disbursement this Period

980.04
--------

Purpose of Disbursement  
TRAVEL REIMBURSEMENT: PLEASE SEE MEMOS

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

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

5980.04
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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"/> 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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. THE VENETIAN LAS VEGAS**

Mailing Address 3355 LAS VEGAS BLVD  
S

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement  
TRAVEL: LODGING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2015

Transaction ID : **SB21B.8878.0**

Amount of Each Disbursement this Period

980.04
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. DEFINERS CORP**

Mailing Address 1555 WILSON BLVD.  
SUITE 307

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
HUMAN RESOURCES CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		14		2015

Transaction ID : **SB21B.8816**

Amount of Each Disbursement this Period

7500.00
---------

Full Name (Last, First, Middle Initial)

**C. DEFINERS CORP**

Mailing Address 1555 WILSON BLVD.  
SUITE 307

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
HUMAN RESOURCES CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2015

Transaction ID : **SB21B.8815**

Amount of Each Disbursement this Period

7500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

15000.00
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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"/> 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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. DEFINERS CORP**

Mailing Address 1555 WILSON BLVD.  
SUITE 307

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
HUMAN RESOURCES CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2015

Transaction ID : **SB21B.8813**

Amount of Each Disbursement this Period

7500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. DEFINERS CORP**

Mailing Address 1555 WILSON BLVD.  
SUITE 307

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
HUMAN RESOURCES CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : **SB21B.8812**

Amount of Each Disbursement this Period

7500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. DEFINERS CORP**

Mailing Address 1555 WILSON BLVD.  
SUITE 307

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
HUMAN RESOURCES CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 14 / 2015

Transaction ID : **SB21B.8811**

Amount of Each Disbursement this Period

7500.00

Category/  
Type

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

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

22500.00



**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"/> 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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. PAUL DICKSON**

Mailing Address PO BOX 51367

City SHREVEPORT State LA Zip Code 71135

Purpose of Disbursement  
IN-KIND: DIGITAL PRODUCTION EQUIPMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2015

Transaction ID : **SB21B.9643**

Amount of Each Disbursement this Period

5472.00
---------

Full Name (Last, First, Middle Initial)

**B. EPAY BUSINESS SOLUTIONS, INC.**

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

City AUBURN State MA Zip Code 01501

Purpose of Disbursement  
PAYROLL: TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		14		2015

Transaction ID : **SB21B.8889**

Amount of Each Disbursement this Period

403.36
--------

Full Name (Last, First, Middle Initial)

**C. EPAY BUSINESS SOLUTIONS, INC.**

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

City AUBURN State MA Zip Code 01501

Purpose of Disbursement  
PAYROLL SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		14		2015

Transaction ID : **SB21B.8984**

Amount of Each Disbursement this Period

35.30
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5910.66
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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"/> 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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. EPAY BUSINESS SOLUTIONS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2015

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

**Transaction ID : SB21B.8891**

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

398.44
--------

Purpose of Disbursement  
PAYROLL: TAXES

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. EPAY BUSINESS SOLUTIONS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2015

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

**Transaction ID : SB21B.8988**

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

33.90
-------

Purpose of Disbursement  
PAYROLL SERVICES

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. EPAY BUSINESS SOLUTIONS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		14		2015

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

**Transaction ID : SB21B.8890**

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

398.44
--------

Purpose of Disbursement  
PAYROLL: TAXES

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

830.78
--------

**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"/> 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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. EPAY BUSINESS SOLUTIONS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		14		2015

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

**Transaction ID : SB21B.8987**

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

33.90
-------

Purpose of Disbursement  
PAYROLL SERVICES

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. EPAY BUSINESS SOLUTIONS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		17		2015

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

**Transaction ID : SB21B.8869**

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

1490.54
---------

Purpose of Disbursement  
PAYROLL: TAXES

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. EPAY BUSINESS SOLUTIONS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		28		2015

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

**Transaction ID : SB21B.8884**

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

847.86
--------

Purpose of Disbursement  
PAYROLL: TAXES

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

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

2372.30
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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"/> 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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. EPAY BUSINESS SOLUTIONS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		28		2015

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

**Transaction ID : SB21B.8983**

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

35.30
-------

Purpose of Disbursement  
PAYROLL SERVICES

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. EPAY BUSINESS SOLUTIONS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2015

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

**Transaction ID : SB21B.8886**

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

719.56
--------

Purpose of Disbursement  
PAYROLL: TAXES

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. EPAY BUSINESS SOLUTIONS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2015

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

**Transaction ID : SB21B.8982**

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

35.30
-------

Purpose of Disbursement  
PAYROLL SERVICES

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

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

790.16
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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"/> 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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. EPAY BUSINESS SOLUTIONS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

**Transaction ID : SB21B.8885**

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

813.81
--------

Purpose of Disbursement  
PAYROLL: TAXES

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. EPAY BUSINESS SOLUTIONS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

**Transaction ID : SB21B.8976**

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

36.70
-------

Purpose of Disbursement  
PAYROLL SERVICES

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. EPAY BUSINESS SOLUTIONS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2015

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

**Transaction ID : SB21B.8876**

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

982.89
--------

Purpose of Disbursement  
PAYROLL: TAXES

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

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

1833.40
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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"/> 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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. EPAY BUSINESS SOLUTIONS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2015

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

**Transaction ID : SB21B.8975**

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

36.70
-------

Purpose of Disbursement  
PAYROLL: SERVICES

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. EPAY BUSINESS SOLUTIONS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2015

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

**Transaction ID : SB21B.8874**

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

1032.89
---------

Purpose of Disbursement  
PAYROLL: TAXES

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. EPAY BUSINESS SOLUTIONS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2015

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

**Transaction ID : SB21B.8974**

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

36.70
-------

Purpose of Disbursement  
PAYROLL: SERVICES

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

1106.29
---------

**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"/> 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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. EPAY BUSINESS SOLUTIONS, INC.**

Date of Disbursement

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

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

**Transaction ID : SB21B.8879**

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

9	7	4	.	8	6
---	---	---	---	---	---

Purpose of Disbursement  
PAYROLL:TAXES

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. EPAY BUSINESS SOLUTIONS, INC.**

Date of Disbursement

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

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

**Transaction ID : SB21B.8973**

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

3	6	.	7	0
---	---	---	---	---

Purpose of Disbursement  
PAYROLL: SERVICES

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. EPAY BUSINESS SOLUTIONS, INC.**

Date of Disbursement

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

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

**Transaction ID : SB21B.8882**

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

9	0	0	.	4	7
---	---	---	---	---	---

Purpose of Disbursement  
PAYROLL:TAXES

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

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

1	9	1	2	.	0	3
---	---	---	---	---	---	---

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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"/> 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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. EPAY BUSINESS SOLUTIONS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		27		2015

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

**Transaction ID : SB21B.8972**

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

36.70
-------

Purpose of Disbursement  
PAYROLL: SERVICES

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. EPAY BUSINESS SOLUTIONS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		14		2015

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

**Transaction ID : SB21B.8881**

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

900.47
--------

Purpose of Disbursement  
PAYROLL:TAXES

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. EPAY BUSINESS SOLUTIONS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		14		2015

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

**Transaction ID : SB21B.8971**

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

36.70
-------

Purpose of Disbursement  
PAYROLL: SERVICES

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

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

973.87
--------

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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"/> 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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. EPAY BUSINESS SOLUTIONS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		30		2015

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

**Transaction ID : SB21B.8880**

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

916.40
--------

Purpose of Disbursement  
PAYROLL:TAXES

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. EPAY BUSINESS SOLUTIONS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		30		2015

Mailing Address 27A MIDSTATE DRIVE  
SUITE 218

**Transaction ID : SB21B.8970**

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

36.70
-------

Purpose of Disbursement  
PAYROLL: SERVICES

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. GRAHAM ADVISORS, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		17		2015

Mailing Address 1135 N. GLENMOOR CT

**Transaction ID : SB21B.8806**

City WICHITA State KS Zip Code 67206

Amount of Each Disbursement this Period

8391.23
---------

Purpose of Disbursement  
FUNDRAISING CONSULTING

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

9344.33
---------

**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"/> 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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. GRAHAM ADVISORS, LLC**

Mailing Address 1135 N. GLENMOOR CT

City WICHITA State KS Zip Code 67206

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 05 / 2015

**Transaction ID : SB21B.8809**

Amount of Each Disbursement this Period

7976.26

Full Name (Last, First, Middle Initial)

**B. GRAHAM ADVISORS, LLC**

Mailing Address 1135 N. GLENMOOR CT

City WICHITA State KS Zip Code 67206

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2015

**Transaction ID : SB21B.8814**

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

**C. GRAHAM ADVISORS, LLC**

Mailing Address 1135 N. GLENMOOR CT

City WICHITA State KS Zip Code 67206

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2015

**Transaction ID : SB21B.8810**

Amount of Each Disbursement this Period

7519.68

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

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

22995.94

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. GRAHAM ADVISORS, LLC**

Mailing Address 1135 N. GLENMOOR CT

City WICHITA State KS Zip Code 67206

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

**Transaction ID : SB21B.8807**

Amount of Each Disbursement this Period

8257.61

Full Name (Last, First, Middle Initial)

**B. GRAHAM ADVISORS, LLC**

Mailing Address 1135 N. GLENMOOR CT

City WICHITA State KS Zip Code 67206

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 14 / 2015

**Transaction ID : SB21B.8796**

Amount of Each Disbursement this Period

15039.28

Full Name (Last, First, Middle Initial)

**C. JONES DAY**

Mailing Address 51 LOUISIANA AVE NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2015

**Transaction ID : SB21B.8849**

Amount of Each Disbursement this Period

2985.00

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

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

26281.89

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. JONES DAY**

Mailing Address 51 LOUISIANA AVE NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2015

Transaction ID : **SB21B.8870**

Amount of Each Disbursement this Period

1443.60

Full Name (Last, First, Middle Initial)

**B. JONES DAY**

Mailing Address 51 LOUISIANA AVE NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

Transaction ID : **SB21B.8867**

Amount of Each Disbursement this Period

1942.50

Full Name (Last, First, Middle Initial)

**C. JONES DAY**

Mailing Address 51 LOUISIANA AVE NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 20 / 2015

Transaction ID : **SB21B.8868**

Amount of Each Disbursement this Period

1532.50

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

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

4918.60

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. JONES DAY**

Mailing Address 51 LOUISIANA AVE NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. SCOTT KELLER**

Mailing Address 50 N MARKET PLACE DRIVE  
SUITE 101

City CENTERVILLE State UT Zip Code 89037

Purpose of Disbursement  
IN-KIND: FUNDRAISING EXPENSE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. KELLY & ASSOCIATES INSURANCE GROUP**

Mailing Address 1 KELLY WAY

City SPARKS State MD Zip Code 21152

Purpose of Disbursement  
INSURANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : **SB21B.8857**

Amount of Each Disbursement this Period

2422.50

Date of Disbursement

MM / DD / YYYY  
07 / 29 / 2015

Transaction ID : **SB21B.9622**

Amount of Each Disbursement this Period

3442.14

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2015

Transaction ID : **SB21B.8850**

Amount of Each Disbursement this Period

2950.40

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

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

8815.04

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. KELLY & ASSOCIATES INSURANCE GROUP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2015

Mailing Address 1 KELLY WAY

**Transaction ID : SB21B.8871**

City SPARKS State MD Zip Code 21152

Amount of Each Disbursement this Period

1438.99
---------

Purpose of Disbursement  
INSURANCE

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. KELLY & ASSOCIATES INSURANCE GROUP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		09		2015

Mailing Address 1 KELLY WAY

**Transaction ID : SB21B.8866**

City SPARKS State MD Zip Code 21152

Amount of Each Disbursement this Period

1982.49
---------

Purpose of Disbursement  
INSURANCE

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. KELLY & ASSOCIATES INSURANCE GROUP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		14		2015

Mailing Address 1 KELLY WAY

**Transaction ID : SB21B.8872**

City SPARKS State MD Zip Code 21152

Amount of Each Disbursement this Period

1420.99
---------

Purpose of Disbursement  
INSURANCE

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

4842.47
---------

**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"/> 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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. MEATH MEDIA GROUP**

Mailing Address 4441 KLINGLE ST., NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement  
MEDIA CONSULTING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.8805**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. MJW CONSULTING, INC.**

Mailing Address 220 W CANTON ST  
SUITE 1

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.8865**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. MJW CONSULTING, INC.**

Mailing Address 220 W CANTON ST  
SUITE 1

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.8800**

Amount of Each Disbursement this Period

Category/  
Type

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. MJW CONSULTING, INC.**

Mailing Address 220 W CANTON ST  
SUITE 1

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
12 / 14 / 2015

Transaction ID : **SB21B.8832**

Amount of Each Disbursement this Period

4433.69

Full Name (Last, First, Middle Initial)

**B. RED OCTOBER PRODUCTIONS**

Mailing Address 1851A MCGUCKIAN STREET

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
11 / 23 / 2015

Transaction ID : **SB21B.8802**

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**C. COLIN T REED**

Mailing Address 7 RUSSELL BLVD  
APT D

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
07 / 14 / 2015

Transaction ID : **SB21B.8830**

Amount of Each Disbursement this Period

5000.00

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

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

19433.69



**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. COLIN T REED**

Mailing Address 7 RUSSELL BLVD  
APT D

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2015

Transaction ID : SB21B.8955

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**B. COLIN T REED**

Mailing Address 7 RUSSELL BLVD  
APT D

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 30 / 2015

Transaction ID : SB21B.8828

Amount of Each Disbursement this Period

5208.34

Full Name (Last, First, Middle Initial)

**C. COLIN T REED**

Mailing Address 7 RUSSELL BLVD  
APT D

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 30 / 2015

Transaction ID : SB21B.8954

Amount of Each Disbursement this Period

50.00

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

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

5308.34

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. COLIN T REED**

Mailing Address 7 RUSSELL BLVD  
APT D

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2015

Transaction ID : **SB21B.8827**

Amount of Each Disbursement this Period

5208.34

Full Name (Last, First, Middle Initial)

**B. COLIN T REED**

Mailing Address 7 RUSSELL BLVD  
APT D

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2015

Transaction ID : **SB21B.8952**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**C. COLIN T REED**

Mailing Address 7 RUSSELL BLVD  
APT D

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2015

Transaction ID : **SB21B.8894**

Amount of Each Disbursement this Period

208.33

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

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

5466.67

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. COLIN T REED**

Mailing Address 7 RUSSELL BLVD  
APT D

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2015

Transaction ID : **SB21B.8825**

Amount of Each Disbursement this Period

5416.67

Full Name (Last, First, Middle Initial)

**B. COLIN T REED**

Mailing Address 7 RUSSELL BLVD  
APT D

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2015

Transaction ID : **SB21B.8951**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**C. COLIN T REED**

Mailing Address 7 RUSSELL BLVD  
APT D

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2015

Transaction ID : **SB21B.8824**

Amount of Each Disbursement this Period

5416.67

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

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

10883.34

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. COLIN T REED**

Mailing Address 7 RUSSELL BLVD  
APT D

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2015

Transaction ID : **SB21B.8949**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**B. COLIN T REED**

Mailing Address 7 RUSSELL BLVD  
APT D

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

Transaction ID : **SB21B.8823**

Amount of Each Disbursement this Period

5416.67

Full Name (Last, First, Middle Initial)

**C. COLIN T REED**

Mailing Address 7 RUSSELL BLVD  
APT D

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

Transaction ID : **SB21B.8946**

Amount of Each Disbursement this Period

50.00

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

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

5516.67

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. COLIN T REED**

Mailing Address 7 RUSSELL BLVD  
APT D

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21B.8822**

Amount of Each Disbursement this Period

5416.67

Full Name (Last, First, Middle Initial)

**B. COLIN T REED**

Mailing Address 7 RUSSELL BLVD  
APT D

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21B.8943**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**C. COLIN T REED**

Mailing Address 7 RUSSELL BLVD  
APT D

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21B.8821**

Amount of Each Disbursement this Period

5416.67

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

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

10883.34

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. COLIN T REED**

Mailing Address 7 RUSSELL BLVD  
APT D

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21B.8940**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**B. COLIN T REED**

Mailing Address 7 RUSSELL BLVD  
APT D

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2015

Transaction ID : **SB21B.8820**

Amount of Each Disbursement this Period

5416.67

Full Name (Last, First, Middle Initial)

**C. COLIN T REED**

Mailing Address 7 RUSSELL BLVD  
APT D

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2015

Transaction ID : **SB21B.8937**

Amount of Each Disbursement this Period

50.00

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

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

5516.67

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. COLIN T REED**

Mailing Address 7 RUSSELL BLVD  
APT D

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 27 / 2015

Transaction ID : **SB21B.8819**

Amount of Each Disbursement this Period

5416.67

Full Name (Last, First, Middle Initial)

**B. COLIN T REED**

Mailing Address 7 RUSSELL BLVD  
APT D

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 27 / 2015

Transaction ID : **SB21B.8934**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**C. COLIN T REED**

Mailing Address 7 RUSSELL BLVD  
APT D

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 14 / 2015

Transaction ID : **SB21B.8818**

Amount of Each Disbursement this Period

5416.67

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

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

10883.34

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. COLIN T REED**

Mailing Address 7 RUSSELL BLVD  
APT D

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 14 / 2015

Transaction ID : **SB21B.8931**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**B. COLIN T REED**

Mailing Address 7 RUSSELL BLVD  
APT D

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2015

Transaction ID : **SB21B.8817**

Amount of Each Disbursement this Period

5416.67

Full Name (Last, First, Middle Initial)

**C. COLIN T REED**

Mailing Address 7 RUSSELL BLVD  
APT D

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2015

Transaction ID : **SB21B.8928**

Amount of Each Disbursement this Period

50.00

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

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

5516.67



**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. COOPER N REEVES**

Mailing Address 1600 MARYLAND AVE NE  
APT 148

City WASHINGTON State VA Zip Code 20002

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

Transaction ID : **SB21B.8883**

Amount of Each Disbursement this Period

871.21

Full Name (Last, First, Middle Initial)

**B. COOPER N REEVES**

Mailing Address 1600 MARYLAND AVE NE  
APT 148

City WASHINGTON State VA Zip Code 20002

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

Transaction ID : **SB21B.8947**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**C. COOPER N REEVES**

Mailing Address 1600 MARYLAND AVE NE  
APT 148

City WASHINGTON State VA Zip Code 20002

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21B.8864**

Amount of Each Disbursement this Period

2395.84

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

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

3317.05

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. COOPER N REEVES**

Mailing Address 1600 MARYLAND AVE NE  
APT 148

City WASHINGTON State VA Zip Code 20002

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : **SB21B.8944**

Amount of Each Disbursement this Period

50.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. COOPER N REEVES**

Mailing Address 1600 MARYLAND AVE NE  
APT 148

City WASHINGTON State VA Zip Code 20002

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21B.8863**

Amount of Each Disbursement this Period

2395.84

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. COOPER N REEVES**

Mailing Address 1600 MARYLAND AVE NE  
APT 148

City WASHINGTON State VA Zip Code 20002

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21B.8941**

Amount of Each Disbursement this Period

50.00

Category/  
Type

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

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

2495.84

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. COOPER N REEVES**

Mailing Address 1600 MARYLAND AVE NE  
APT 148

City WASHINGTON State VA Zip Code 20002

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2015

Transaction ID : **SB21B.8862**

Amount of Each Disbursement this Period

2395.84

Full Name (Last, First, Middle Initial)

**B. COOPER N REEVES**

Mailing Address 1600 MARYLAND AVE NE  
APT 148

City WASHINGTON State VA Zip Code 20002

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2015

Transaction ID : **SB21B.8938**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**C. COOPER N REEVES**

Mailing Address 1600 MARYLAND AVE NE  
APT 148

City WASHINGTON State VA Zip Code 20002

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 27 / 2015

Transaction ID : **SB21B.8861**

Amount of Each Disbursement this Period

2395.84

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

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

4841.68

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. COOPER N REEVES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		27		2015

Mailing Address 1600 MARYLAND AVE NE  
APT 148

**Transaction ID : SB21B.8935**

City WASHINGTON State VA Zip Code 20002

Amount of Each Disbursement this Period

50.00
-------

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. COOPER N REEVES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		14		2015

Mailing Address 1600 MARYLAND AVE NE  
APT 148

**Transaction ID : SB21B.8860**

City WASHINGTON State VA Zip Code 20002

Amount of Each Disbursement this Period

2395.84
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Purpose of Disbursement  
SALARY

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. COOPER N REEVES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		14		2015

Mailing Address 1600 MARYLAND AVE NE  
APT 148

**Transaction ID : SB21B.8932**

City WASHINGTON State VA Zip Code 20002

Amount of Each Disbursement this Period

50.00
-------

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

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

2495.84
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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"/> 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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. COOPER N REEVES**

Mailing Address 1600 MARYLAND AVE NE  
APT 148

City WASHINGTON State VA Zip Code 20002

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2015

Transaction ID : **SB21B.8859**

Amount of Each Disbursement this Period

2395.84

Full Name (Last, First, Middle Initial)

**B. COOPER N REEVES**

Mailing Address 1600 MARYLAND AVE NE  
APT 148

City WASHINGTON State VA Zip Code 20002

Purpose of Disbursement  
EMPLOYEE CELL PHONE REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2015

Transaction ID : **SB21B.8929**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR. LE SIMMONS**

Mailing Address 600 TRAVIS STREET  
SUITE 6600

City HOUSTON State TX Zip Code 77002

Purpose of Disbursement  
IN-KIND: FUNDRAISING EXPENSE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2015

Transaction ID : **SB21B.9620**

Amount of Each Disbursement this Period

2101.50

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

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

4547.34

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2015

**Transaction ID : SB21B.8831**

Amount of Each Disbursement this Period

4575.00

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2015

**Transaction ID : SB21B.8852**

Amount of Each Disbursement this Period

2612.50

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2015

**Transaction ID : SB21B.8873**

Amount of Each Disbursement this Period

1065.00

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

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

8252.50

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2015

Transaction ID : **SB21B.8980**

Amount of Each Disbursement this Period

35.50

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2015

Transaction ID : **SB21B.9031**

Amount of Each Disbursement this Period

14.20

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2015

Transaction ID : **SB21B.9069**

Amount of Each Disbursement this Period

2.49

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

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

52.19

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2015

Transaction ID : SB21B.9073

Amount of Each Disbursement this Period

1.07

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2015

Transaction ID : SB21B.9074

Amount of Each Disbursement this Period

1.07

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2015

Transaction ID : SB21B.9076

Amount of Each Disbursement this Period

0.71

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

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

2.85



**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2015

**Transaction ID : SB21B.9084**

Amount of Each Disbursement this Period

0.36

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2015

**Transaction ID : SB21B.8845**

Amount of Each Disbursement this Period

1700.00

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2015

**Transaction ID : SB21B.9041**

Amount of Each Disbursement this Period

10.58

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

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

1710.94

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 11 / 2015

Transaction ID : **SB21B.9052**

Amount of Each Disbursement this Period

7.10

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 11 / 2015

Transaction ID : **SB21B.9071**

Amount of Each Disbursement this Period

1.78

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 11 / 2015

Transaction ID : **SB21B.9075**

Amount of Each Disbursement this Period

1.07

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

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

9.95

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 11 / 2015

Transaction ID : **SB21B.9077**

Amount of Each Disbursement this Period

0.71

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2015

Transaction ID : **SB21B.8782**

Amount of Each Disbursement this Period

1.00

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2015

Transaction ID : **SB21B.9078**

Amount of Each Disbursement this Period

0.71

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

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

2.42

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2015

Transaction ID : **SB21B.9083**

Amount of Each Disbursement this Period

0.66

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

Transaction ID : **SB21B.8833**

Amount of Each Disbursement this Period

4175.00

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2015

Transaction ID : **SB21B.9058**

Amount of Each Disbursement this Period

6.05

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

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

4181.71

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2015

Transaction ID : **SB21B.8844**

Amount of Each Disbursement this Period

2750.00

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2015

Transaction ID : **SB21B.9053**

Amount of Each Disbursement this Period

7.10

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2015

Transaction ID : **SB21B.9054**

Amount of Each Disbursement this Period

7.10

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

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

2764.20

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2015

Transaction ID : **SB21B.9070**

Amount of Each Disbursement this Period

2.14

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2015

Transaction ID : **SB21B.9079**

Amount of Each Disbursement this Period

0.71

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2015

Transaction ID : **SB21B.9080**

Amount of Each Disbursement this Period

0.71

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

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

3.56

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : **SB21B.9086**

Amount of Each Disbursement this Period

0.11

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : **SB21B.8826**

Amount of Each Disbursement this Period

5414.79

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 17 / 2015

Transaction ID : **SB21B.8875**

Amount of Each Disbursement this Period

1025.00

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

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

6439.90

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 17 / 2015

Transaction ID : **SB21B.9060**

Amount of Each Disbursement this Period

5.33

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 17 / 2015

Transaction ID : **SB21B.9081**

Amount of Each Disbursement this Period

0.71

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2015

Transaction ID : **SB21B.9085**

Amount of Each Disbursement this Period

0.36

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

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

6.40



**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

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)  
**AMERICARISINGPAC.ORG**

**A. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement DIGITAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
12 / 14 / 2015

Transaction ID : **SB21B.8808**

Amount of Each Disbursement this Period: 6019.00

Category/Type

**B. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
12 / 23 / 2015

Transaction ID : **SB21B.8892**

Amount of Each Disbursement this Period: 355.00

Category/Type

**C. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
12 / 28 / 2015

Transaction ID : **SB21B.9082**

Amount of Each Disbursement this Period: 0.71

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6374.71

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. THE FAIRMONT**

Mailing Address 138 ST. JAMES AVE

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
TRAVEL: LODGING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.8888**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. THE FAIRMONT**

Mailing Address 138 ST. JAMES AVE

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
TRAVEL: MEALS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.8986**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES**

Mailing Address 111 N CANAL

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.8963**

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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES**

Mailing Address 111 N CANAL

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 13 / 2015

Transaction ID : **SB21B.8977**

Amount of Each Disbursement this Period

36.41

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES**

Mailing Address 111 N CANAL

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 13 / 2015

Transaction ID : **SB21B.9007**

Amount of Each Disbursement this Period

23.17

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES**

Mailing Address 111 N CANAL

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 13 / 2015

Transaction ID : **SB21B.9008**

Amount of Each Disbursement this Period

22.48

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

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

82.06

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES**

Mailing Address 111 N CANAL

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2015

**Transaction ID : SB21B.9010**

Amount of Each Disbursement this Period

21.88

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES**

Mailing Address 111 N CANAL

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2015

**Transaction ID : SB21B.9032**

Amount of Each Disbursement this Period

13.77

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES**

Mailing Address 111 N CANAL

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 10 / 2015

**Transaction ID : SB21B.9020**

Amount of Each Disbursement this Period

17.00

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

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

52.65

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES**

Mailing Address 111 N CANAL

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2015

**Transaction ID : SB21B.8979**

Amount of Each Disbursement this Period

35.84

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES**

Mailing Address 111 N CANAL

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2015

**Transaction ID : SB21B.9019**

Amount of Each Disbursement this Period

17.92

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES**

Mailing Address 111 N CANAL

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2015

**Transaction ID : SB21B.9000**

Amount of Each Disbursement this Period

24.08

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

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

77.84

**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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES**

Mailing Address 111 N CANAL

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.9001**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES**

Mailing Address 111 N CANAL

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.9002**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES**

Mailing Address 111 N CANAL

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.9009**

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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. WASHINGTON METROPOLITAN AREA TRANSIT AUTHORITY**

Mailing Address 600 5TH STREET, NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
TRAVEL: RAIL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2015

Transaction ID : **SB21B.8897**

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**B. WASHINGTON METROPOLITAN AREA TRANSIT AUTHORITY**

Mailing Address 600 5TH STREET, NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
TRAVEL: RAILS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2015

Transaction ID : **SB21B.8896**

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**C. WASHINGTON METROPOLITAN AREA TRANSIT AUTHORITY**

Mailing Address 600 5TH STREET, NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
TRAVEL: RAIL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2015

Transaction ID : **SB21B.8895**

Amount of Each Disbursement this Period

150.00

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

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

450.00

**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"/> 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)  
**AMERICARISINGPAC.ORG**

Full Name (Last, First, Middle Initial)

**A. SHOSHANA C WEISSMANN**

Mailing Address 741 BELLMORE ROAD

City State Zip Code  
BELLMORE NY 11710

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2015

**Transaction ID : SB21B.8893**

Amount of Each Disbursement this Period

272.73

**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) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

**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) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

272.73

454319.64



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

NAME OF COMMITTEE (In Full) <b>AMERICARISINGPAC.ORG</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00542902
--	--

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 <b>POOLHOUSE</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 13 / 2015	
Mailing Address PO BOX 17251		Amount <span style="border: 1px solid black; padding: 2px;">9500.00</span>	
City ARLINGTON	State VA	Zip Code 22216	<b>Transaction ID : SE.8776</b>
Purpose of Expenditure DIGITAL PRODUCITON	Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 13 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">9500.00</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>TARGETED VICTORY</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 15 / 2015	
Mailing Address 1033 NORTH FAIRFAX STREET		Amount <span style="border: 1px solid black; padding: 2px;">2000.00</span>	
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SE.8764</b>
Purpose of Expenditure ONLINE ADVERTISING	Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 14 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">10652.10</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">11500.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*MATTHEW RHOADES*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICARISINGPAC.ORG
FEC IDENTIFICATION NUMBER
C C00542902
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee TARGETED VICTORY
Mailing Address 1033 NORTH FAIRFAX STREET
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure DIGITAL ADVERTISING
Name of Federal Candidate HILLARY RODHAM CLINTON
Calendar Year-To-Date Per Election for Office Sought 10500.00
Date of Public Distribution/Dissemination 10/13/2015
Amount 1000.00
Transaction ID : SE.8779
Date of Disbursement or Obligation 10/13/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee TARGETED VICTORY
Mailing Address 1033 NORTH FAIRFAX STREET
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure PLACED MEDIA
Name of Federal Candidate HILLARY RODHAM CLINTON
Calendar Year-To-Date Per Election for Office Sought 15500.00
Date of Public Distribution/Dissemination 12/15/2015
Amount 2000.00
Transaction ID : SE.8786
Date of Disbursement or Obligation 12/15/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 3000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) 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.
MATTHEW RHOADES
[Electronically Filed]
Date 01/31/2016
Signature

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

NAME OF COMMITTEE (In Full) <b>AMERICARISINGPAC.ORG</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00542902
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Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name of Payee <b>WERPOLITICS</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 825 10TH STREET, NW SUITE 1079		Amount <input type="text"/>
City WASHINGTON	State DC	Zip Code 20001
Purpose of Expenditure DIGITAL ADVERTISING		Transaction ID : <b>SE.8767</b>
Category/Type <input type="text"/>		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
		<input type="text"/> 26902.10

Full Name of Payee <b>WERPOLITICS</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 825 10TH STREET, NW SUITE 1079		Amount <input type="text"/>
City WASHINGTON	State DC	Zip Code 20001
Purpose of Expenditure MEDIA PRODUCTION		Transaction ID : <b>SE.8784</b>
Category/Type <input type="text"/>		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
		<input type="text"/> 13500.00

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<input type="text"/> 29750.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<input type="text"/> 44250.00

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.

MATTHEW RHOADES [Electronically Filed] Date  /  /

Signature  01 / 31 / 2016