

# 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  
Americans United for Values

ADDRESS (number and street) P.O. Box 90891  
 Check if different than previously reported. (ACC) Washington DC 20090

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00604496

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

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

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

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

(d) 30-Day POST-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period 03 / 30 / 2017 through 06 / 30 / 2017

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

Kinnett, Brian, , ,

Type or Print Name of Treasurer

Signature of Treasurer Kinnett, Brian, , , [Electronically Filed] Date 07 / 12 / 2017

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

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**Americans United for Values**

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="2017"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="144980.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="109000.00"/>	<input type="text" value="359000.00"/>
(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="253980.00"/>	<input type="text" value="359000.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="253980.00"/>	<input type="text" value="359000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
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

Write or Type Committee Name

Americans United for Values

Report Covering the Period: From: 03 / 30 / 2017 To: 06 / 30 / 2017

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).....	109000.00	359000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	109000.00	359000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	109000.00	359000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
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)).....▶	109000.00	359000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	109000.00	359000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	15195.40	15215.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	15195.40	15215.40
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) .....	215184.60	320184.60
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	23600.00	23600.00
(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)).....	23600.00	23600.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	253980.00	359000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	253980.00	359000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	109000.00	359000.00
34. Total Contribution Refunds (from Line 28(d)) .....	23600.00	23600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	85400.00	335400.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	15195.40	15215.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	15195.40	15215.40

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Americans United for Values**

**A. American Policy Coalition**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. Box 8294

City Hyattsville	State MD	Zip Code 20787
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
332400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2017

**Transaction ID : SA11AI.4222**

Amount of Each Receipt this Period  
106000.00

Memo Item Contribution

**B. A Public Voice, Inc.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 354 St. Andrews Drive

City Dublin	State OH	Zip Code 43017
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2017

**Transaction ID : SA11AI.4231**

Amount of Each Receipt this Period  
3000.00

Memo Item Contribution

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

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	109000.00
<b>TOTAL</b> This Period (last page this line number only).....	109000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Americans United for Values**

Full Name (Last, First, Middle Initial)

**A. Langdon Law LLC**

Mailing Address 8913 Cincinnati-Dayton Rd.

City West Chester State OH Zip Code 45069

Purpose of Disbursement Legal fees  
Candidate Name  
Category/Type **001**

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

Date of Disbursement  
MM / DD / YYYY  
06 / 19 / 2017

FEC Identification Number  
**C**  
Transaction ID : **SB21B.4237**  
Amount of Each Disbursement this Period  
2735.40

Memo Item

Full Name (Last, First, Middle Initial)

**B. Murphy, Edward, , ,**

Mailing Address 33 W. Ontario, #38G

City Chicago State IL Zip Code 60654

Purpose of Disbursement Research services  
Candidate Name  
Category/Type **001**

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

Date of Disbursement  
MM / DD / YYYY  
04 / 07 / 2017

FEC Identification Number  
**C**  
Transaction ID : **SB21B.4179**  
Amount of Each Disbursement this Period  
6000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. The Jackson-Alvarez Group**

Mailing Address 7777 Leesburg Pike Ste. 407N

City Falls Church State VA Zip Code 22043

Purpose of Disbursement Research expense  
Candidate Name  
Category/Type **001**

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

Date of Disbursement  
MM / DD / YYYY  
05 / 18 / 2017

FEC Identification Number  
**C**  
Transaction ID : **SB21B.4234**  
Amount of Each Disbursement this Period  
3000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 11735.40

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Americans United for Values**

Full Name (Last, First, Middle Initial)

**A. Victory Phones**

Mailing Address 190 Monroe Ave. NW  
Ste. 300

City Grand Rapids State MI Zip Code 49503

Purpose of Disbursement Polling expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
04 / 03 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4177

Amount of Each Disbursement this Period: 3300.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	15035.40



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

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NAME OF COMMITTEE (In Full)  
**Americans United for Values**

Full Name (Last, First, Middle Initial)

**A. American Policy Coalition**

Mailing Address P.O. Box 8294

City  
Hyattsville

State  
MD

Zip Code  
20787

Purpose of Disbursement  
Partial refund of contribution of 3/28/17

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB28A.4191**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Americans United for Values
FEC IDENTIFICATION NUMBER C C00604496

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

Full Name of Payee GRP Buying
Mailing Address 3136 Kingsdale Center #136
City Upper Arlington State OH Zip Code 43221
Purpose of Expenditure Radio advertising (placement) Category/Type 004
Name of Federal Candidate: Norman, Ralph, W., Jr. Support Oppose Office Sought: House District: 05 State: SC
Calendar Year-To-Date Per Election for Office Sought 53320.60
Disbursement For: Other (specify) Runoff

Full Name of Payee GRP Buying
Mailing Address 3136 Kingsdale Center #136
City Upper Arlington State OH Zip Code 43221
Purpose of Expenditure Radio advertising (production) Category/Type 004
Name of Federal Candidate: Norman, Ralph, W., Jr. Support Oppose Office Sought: House District: 05 State: SC
Calendar Year-To-Date Per Election for Office Sought 54820.60
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 39636.00
(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.

Kinnett, Brian, ,

[Electronically Filed]

Date 07 / 12 / 2017

Signature

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

NAME OF COMMITTEE (In Full) <b>Americans United for Values</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00604496                 </div>
---	---

Check if  24-hour report  48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>GRP Buying</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 05 / 11 / 2017
Mailing Address 3136 Kingsdale Center #136			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     35364.00                 </div>
City Upper Arlington	State OH	Zip Code 43221	Transaction ID : <b>SE.4227</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 05 / 11 / 2017
Purpose of Expenditure TV advertising (placement)		Category/Type 004	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Norman, Ralph, W., , Jr.
Name of Federal Candidate: Norman, Ralph, W., , Jr.		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 05 State: SC	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     90184.60                 </div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <input type="checkbox"/> Memo Item <b>GRP Buying</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 05 / 11 / 2017
Mailing Address 3136 Kingsdale Center #136			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     5000.00                 </div>
City Upper Arlington	State OH	Zip Code 43221	Transaction ID : <b>SE.4228</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 05 / 11 / 2017
Purpose of Expenditure TV advertising (production)		Category/Type 004	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Norman, Ralph, W., , Jr.
Name of Federal Candidate: Norman, Ralph, W., , Jr.		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 05 State: SC	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     95184.60                 </div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     40364.00                 </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     0.00                 </div>
<b>(c) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     40364.00                 </div>

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

*Kinnett, Brian, , ,*

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
07 / 12 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Americans United for Values
FEC IDENTIFICATION NUMBER
C C00604496

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

Full Name of Payee: Majority Strategies
Mailing Address: 12854 Kenan Drive, Suite 145
City: Jacksonville, State: FL, Zip Code: 32258
Purpose of Expenditure: Direct mail, Category/Type: 004
Name of Federal Candidate: Norman, Ralph, W., Jr.
Office Sought: House, District: 05, State: SC
Amount: 7724.34
Transaction ID: SE.4204
Date of Disbursement or Obligation: 05/09/2017
Disbursement For: Other (specify) Runoff

Full Name of Payee: Majority Strategies
Mailing Address: 12854 Kenan Drive, Suite 145
City: Jacksonville, State: FL, Zip Code: 32258
Purpose of Expenditure: Direct mail, Category/Type: 004
Name of Federal Candidate: Pope, Tommy, ,
Office Sought: House, District: 05, State: SC
Amount: 7460.26
Transaction ID: SE.4207
Date of Disbursement or Obligation: 05/10/2017
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 15184.60
(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.

Kinnett, Brian, ,

[Electronically Filed]

Date 07/12/2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Americans United for Values
FEC IDENTIFICATION NUMBER
C C00604496

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

Full Name of Payee: Multi Media Services Corporation
Mailing Address: 915 King Street, 2nd Floor, Alexandria, VA 22314
Purpose of Expenditure: TV advertising (placement cost)
Category/Type: 004
Name of Federal Candidate: Gray, Bob, , , Support/Oppose
Office Sought: House, District: 06, State: GA
Amount: 50000.00
Transaction ID: SE.4190
Date of Disbursement or Obligation: 04/04/2017
Disbursement For: Other (specify) Special-General

Full Name of Payee: Multi Media Services Corporation
Mailing Address: 915 King Street, 2nd Floor, Alexandria, VA 22314
Purpose of Expenditure: TV Advertising (placement cost)
Category/Type: 004
Name of Federal Candidate: Gray, Bob, , , Support/Oppose
Office Sought: House, District: 06, State: GA
Amount: 60000.00
Transaction ID: SE.4183
Date of Disbursement or Obligation: 04/11/2017
Disbursement For: Other (specify) Special-General

(a) SUBTOTAL of Itemized Independent Expenditures: 110000.00
(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.

Kinnett, Brian, , ,

[Electronically Filed]

Date 07/12/2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Americans United for Values
FEC IDENTIFICATION NUMBER
C C00604496

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

Full Name of Payee: Push West
Mailing Address: 1401 Sam Rittenberg Blvd, Suite 1
City: Charleston, State: SC, Zip Code: 29407
Purpose of Expenditure: Digital advertising (placement)
Category/Type: 004
Date of Public Distribution/Dissemination: 05/11/2017
Amount: 1500.00
Transaction ID: SE.4229
Date of Disbursement or Obligation: 05/11/2017
Name of Federal Candidate: Norman, Ralph, W., Jr.
Office Sought: House, District: 05, State: SC
Disbursement For: Other (specify) Runoff

Full Name of Payee: Push West
Mailing Address: 1401 Sam Rittenberg Blvd, Suite 1
City: Charleston, State: SC, Zip Code: 29407
Purpose of Expenditure: Digital advertising (production cost)
Category/Type: 004
Date of Public Distribution/Dissemination: 05/11/2017
Amount: 8500.00
Transaction ID: SE.4230
Date of Disbursement or Obligation: 05/11/2017
Name of Federal Candidate: Norman, Ralph, W., Jr.
Office Sought: House, District: 05, State: SC
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures:
(c) TOTAL Independent Expenditures: 215184.60

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.

Kinnett, Brian, ,

[Electronically Filed]

Date 07/12/2017

Signature