

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 Reclaim America PAC

ADDRESS (number and street) 228 S WASHINGTON ST STE 115 Alexandria VA 22314 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00500025 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 03 / 01 / 2018 through 03 / 31 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Lisker, Lisa, , , Type or Print Name of Treasurer

Signature of Treasurer Lisker, Lisa, , , [Electronically Filed] Date 04 / 20 / 2018

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Reclaim America PAC**

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="2018"/>		243468.65
(b) Cash on Hand at Beginning of Reporting Period.....	222851.22	
(c) Total Receipts (from Line 19) .....	49235.86	60735.86
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	272087.08	304204.51
7. Total Disbursements (from Line 31).....	105986.86	138104.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	166100.22	166100.22
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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. 05/2016)

Write or Type Committee Name

**Reclaim America PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y 03 / 01 / 2018 To: M M / D D / Y Y Y Y 03 / 31 / 2018

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	16250.00	16250.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	16250.00	16250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	27000.00	38500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	43250.00	54750.00
12. Transfers From Affiliated/Other Party Committees.....	5985.86	5985.86
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)).....▶	49235.86	60735.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	49235.86	60735.86

**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 .....	67686.86	99804.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	67686.86	99804.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32500.00	32500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	5800.00	5800.00
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)) ..	105986.86	138104.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	105986.86	138104.29

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	43250.00	54750.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	43250.00	54750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	67686.86	99804.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	67686.86	99804.29

**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 23  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Reclaim America PAC**

**A. ANDERSON, PHILMORE, B., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 BLOOMFIELD RD  
 City CHARLOTTEVILLE    State VA    Zip Code 22903-9355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NAVIGATORS GLOBAL    Occupation (for Individual) PRESIDENT, FOUNDING & MANAGIN  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2018  
**Transaction ID : SA11A.1301800**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. BOUCK, EMILY, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 363 ARAGON AVE. APT. 417  
 City CORAL GABLES    State FL    Zip Code 33134-5072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS    Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 12 / 2018  
**Transaction ID : SA11A.1301785**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. CONDA, CESAR, V., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6288 RED FOX ESTATES CT  
 City SPRINGFIELD    State VA    Zip Code 22152-2235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NAVIGATORS GLOBAL    Occupation (for Individual) FOUNDING PRINCIPAL & POLICY ADV  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2018  
**Transaction ID : SA11A.1301798**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00  
**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 7 OF 23
	<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)  
**Reclaim America PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. COX, CHRISTOPHER, C., MR.,**

Mailing Address 2205 WINDSOR RD

City ALEXANDRIA	State VA	Zip Code 22307-1019
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NAVIGATORS GLOBAL	Occupation (for Individual) CONSULTANT
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
03		31		2018

**Transaction ID : SA11A.1301801**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. DISERNIA, BRIAN, , MR.,**

Mailing Address 3605 DELWOOD DRIVE

City PANAMA CITY BEACH	State FL	Zip Code 32408-7404
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EASTERN SHIPBUILDING GROUP, INC.	Occupation (for Individual) PRESIDENT
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
03		19		2018

**Transaction ID : SA11A.1301787**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. FUENTES, JOSE, A., MR.,**

Mailing Address 750 9TH STREET, NW  
SUITE 750

City WASHINGTON	State DC	Zip Code 20001-4589
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EASTPORT STRATEGIES LLC	Occupation (for Individual) ATTORNEY
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
03		19		2018

**Transaction ID : SA11A.1301788**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8500.00
<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 23
	<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)  
**Reclaim America PAC**

**A. KEISER, ANDREW, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 301 TENNESSEE AVENUE  
 City WASHINGTON State DC Zip Code 20002-6445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NAVIGATORS GLOBAL Occupation (for Individual) PRINCIPAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 19 / 2018  
**Transaction ID : SA11A.1301789**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. MORENO, EMILY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29889 CHAIRMANS ROWE  
 City WESTLAKE State OH Zip Code 44145-6711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STUDENT Occupation (for Individual) STUDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 26 / 2018  
**Transaction ID : SA11A.1301791**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. PITTS, JAMES, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 7TH STREET NW SUITE 200  
 City WASHINGTON State DC Zip Code 20001-3883  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NAVIGATORS GLOBAL Occupation (for Individual) FOUNDING PRINCIPAL  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2018  
**Transaction ID : SA11A.1301799**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<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: PAGE 9 OF 23  
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Reclaim America PAC**

**A. SEMINOLE TRIBE OF FLORIDA**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address ONE SEMINOLE WAY

City HOLLYWOOD	State FL	Zip Code 33314-6407
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2018

**Transaction ID : SA11A.1301793**

Amount of Each Receipt this Period  
2500.00

Memo Item  
**CONTRIBUTION**

**B.**  
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
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Amount of Each Receipt this Period

Memo Item

**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)
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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
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Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	16250.00

**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 10 OF 23
<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)  
**Reclaim America PAC**

**A. AT&T INC. FEDERAL PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 208 S. AKARD STREET STE. 1812

City DALLAS	State TX	Zip Code 75202-4206
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FEC ID number of contributing federal political committee. **C** C00109017

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2018  
**Transaction ID : SA11C.1301797**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**B. BOEHRINGER INGELHEIM PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1120 G. STREET NW SUITE 1050

City WASHINGTON	State DC	Zip Code 20005-3829
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FEC ID number of contributing federal political committee. **C** C00420398

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2018  
**Transaction ID : SA11C.1299970**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

**C. DELTA AIR LINES PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1212 NEW YORK AVE STE 200

City WASHINGTON	State DC	Zip Code 20005-6609
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FEC ID number of contributing federal political committee. **C** C00104802

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 20 / 2018  
**Transaction ID : SA11C.1301795**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6000.00
<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 23
<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)  
**Reclaim America PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. ENPRO INDUSTRIES INC. PAC**

Mailing Address 5605 CARNEGIE BLVD  
STE 500

City CHARLOTTE State NC Zip Code 28209-4674

FEC ID number of contributing federal political committee. **C** C00379784

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2018

**Transaction ID : SA11C.1301796**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. MOTOROLA SOLUTIONS, INC. PAC**

Mailing Address 1455 PENNSYLVANIA AVENUE NW  
SUITE 900

City WASHINGTON State DC Zip Code 20004-1016

FEC ID number of contributing federal political committee. **C** C00075341

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2018

**Transaction ID : SA11C.1301786**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. NATIONAL ROOFING CONTRACTORS PAC**

Mailing Address 10255 W. HIGGINS RD., STE. 600

City ROSEMONT State IL Zip Code 60018-5613

FEC ID number of contributing federal political committee. **C** C00244863

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2018

**Transaction ID : SA11C.1301790**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

**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 12 OF 23
<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)  
**Reclaim America PAC**

**A. POLARIS INDUSTRIES INC. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2100 HIGHWAY 55

City MEDINA	State MN	Zip Code 55340-9770
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FEC ID number of contributing federal political committee. **C** C00279497

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2018

**Transaction ID : SA11C.1301792**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. ROCKWELL COLLINS INC. GOOD GOVERNMENT CMTE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1300 WILSON BLVD  
STE 200

City ARLINGTON	State VA	Zip Code 22209-2307
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00365684

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2018

**Transaction ID : SA11C.1301783**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C. SENIORS HOUSING PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5225 WISCONSIN AVE NW SUITE 502

City WASHINGTON	State DC	Zip Code 20015-2034
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00325332

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2018

**Transaction ID : SA11C.1299968**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<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 13 OF 23
<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)  
**Reclaim America PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. THE TRAVELERS COMPANIES, INC. PAC**

Mailing Address 1 TOWER SQ

City HARTFORD	State CT	Zip Code 06183-0001
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00376376

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2018

**Transaction ID : SA11C.1299969**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. UNION PACIFIC FUND FOR EFFECTIVE GOVERNMENT**

Mailing Address 700 13TH STREET NW SUITE 350

City WASHINGTON	State DC	Zip Code 20005-6621
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00010470

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2018

**Transaction ID : SA11C.1301784**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 55 GLENLAKE PKWY. NE

City ATLANTA	State GA	Zip Code 30328-3474
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00064766

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2018

**Transaction ID : SA11C.1301794**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	27000.00

**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 23
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**Reclaim America PAC**

**A. RUBIO VICTORY COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 228 S WASHINGTON ST  
STE 115

City ALEXANDRIA State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C** C00494617

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5985.86

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2018

**Transaction ID : SA12.1301824**

Amount of Each Receipt this Period  
5985.86

Memo Item  
TRANSFER

DISTRIBUTION OF NET JFC PROCEEDS

**B. BESENT, SCOTT, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1680 MICHIGAN AVE

City MIAMI BEACH State FL Zip Code 33139-2538

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

Name of Employer (for Individual) Occupation (for Individual)  
KEY SQUARE CAPITAL INVESTMENT MANAGEMENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 13 / 2018

**Transaction ID : SA.1298275.1.0318**

Amount of Each Receipt this Period  
5000.00

Memo Item  
TRANSFER

TRANSFER FROM RUBIO VICTORY

**C. DEMETREE, TAMMY, , MRS.,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6671 EPPING FOREST WAY NORTH

City JACKSONVILLE State FL Zip Code 32217-2696

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 22 / 2018

**Transaction ID : SA.1296940.1.0318**

Amount of Each Receipt this Period  
5000.00

Memo Item  
TRANSFER

TRANSFER FROM RUBIO VICTORY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5985.86
<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 15 OF 23
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**Reclaim America PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
SANCHEZ, DOMINGO, , MR.,

Mailing Address 2800 VICKIE CT.

City KISSIMMEE	State FL	Zip Code 34744-5124
-------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) REAL ESTATE
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4600.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	01	/	2018

**Transaction ID : SA.1296950.1.0318**

Amount of Each Receipt this Period  
4600.00

Memo Item  
TRANSFER  
TRANSFER FROM RUBIO VICTORY

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	5985.86

**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)  
**Reclaim America PAC**

Full Name (Last, First, Middle Initial)

**A. BB&T FINANCIAL**

Mailing Address P.O. BOX 580340

City  
CHARLOTTE

State  
NC

Zip Code  
28258

Purpose of Disbursement  
CREDIT CARD PAYMENT-SEE MEMOS

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	Y
0	3			2	0			2	0	1	8		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3066I

Amount of Each Disbursement this Period

[REDACTED] 1641.01

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BOULEVARD

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
TRAVEL

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	Y
0	3			2	0			2	0	1	8		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3068C

Amount of Each Disbursement this Period

[REDACTED] 814.30

Memo Item

Full Name (Last, First, Middle Initial)

**C. AT&T**

Mailing Address 208 SOUTH AKARD ST.

City  
DALLAS

State  
TX

Zip Code  
75202

Purpose of Disbursement  
CELL PHONE

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	Y
0	3			2	0			2	0	1	8		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3068C

Amount of Each Disbursement this Period

[REDACTED] 250.20

Memo Item

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

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

[REDACTED] 1641.01

[REDACTED]



**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)  
**Reclaim America PAC**

**A. TEXAS DE BRAZIL**

Full Name (Last, First, Middle Initial)

Mailing Address 5259 INTERNATIONAL DR.

City ORLANDO State FL Zip Code 32819

Purpose of Disbursement CATERING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 20 / 2018

FEC Identification Number: C

Transaction ID : SB21B.I3067!

Amount of Each Disbursement this Period: 305.39

Memo Item

**B. C STREET CONSULTANTS LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 306 C ST., SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 01 / 2018

FEC Identification Number: C

Transaction ID : SB21B.I30654

Amount of Each Disbursement this Period: 8000.00

Memo Item

**C. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD., STE. 400 SUITE 400

City TYSONS CORNER State VA Zip Code 22182-2245

Purpose of Disbursement DATA MANAGEMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 07 / 2018

FEC Identification Number: C

Transaction ID : SB21B.I3066

Amount of Each Disbursement this Period: 250.00

Memo Item

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

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

8250.00

**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)  
**Reclaim America PAC**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD., STE. 400  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182-2245

Purpose of Disbursement  
DATA MANAGEMENT

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  
03 / 22 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3066  
Amount of Each Disbursement this Period

[REDACTED] 250.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. ERIC WILSON STRATEGIES**

Mailing Address 4808 LEONARD PKWY

City RICHMOND State VA Zip Code 23226

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

M M / D D / Y Y Y Y Y  
03 / 07 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3065  
Amount of Each Disbursement this Period

[REDACTED] 3750.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FOUNDATIONS STRATEGIES LLC**

Mailing Address 819 D ST., NW UNIT 16

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
STRATEGIC 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 Y  
03 / 01 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3065  
Amount of Each Disbursement this Period

[REDACTED] 2070.00

Memo Item

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

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

[REDACTED] 6070.00

[REDACTED]

**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)  
**Reclaim America PAC**

Full Name (Last, First, Middle Initial) <b>A. GULA GRAHAM</b>		Date of Disbursement MM / DD / YYYY 03 / 07 / 2018
Mailing Address 499 S. CAPITOL ST., SW STE. 420		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I3066'</b> Amount of Each Disbursement this Period 27307.48
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement FUNDRAISING CONSULTING/CATERING/TRAVEL		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. HOLTZMAN VOGEL JOSEFIK TORCHINSKY PLLC</b>		Date of Disbursement MM / DD / YYYY 03 / 07 / 2018
Mailing Address 45 NORTH HILL DR., STE. 100		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I30663</b> Amount of Each Disbursement this Period 2500.00
City WARRENTON	State VA	Zip Code 20186
Purpose of Disbursement LEGAL CONSULTING		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. HOLTZMAN VOGEL JOSEFIK TORCHINSKY PLLC</b>		Date of Disbursement MM / DD / YYYY 03 / 22 / 2018
Mailing Address 45 NORTH HILL DR., STE. 100		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I3067</b> Amount of Each Disbursement this Period 2500.00
City WARRENTON	State VA	Zip Code 20186
Purpose of Disbursement LEGAL CONSULTING		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	32307.48
<b>TOTAL</b> 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)  
**Reclaim America PAC**

Full Name (Last, First, Middle Initial) <b>A. HUCKABY DAVIS LISKER INC.</b>		Date of Disbursement MM / DD / YYYY 03 / 07 / 2018
Mailing Address 228 S. WASHINGTON ST, STE. 115		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I3065I</b> Amount of Each Disbursement this Period 3159.57
City ALEXANDRIA	State VA	Zip Code 22314-5408
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. SOMETHING ELSE STRATEGIES LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 07 / 2018
Mailing Address 212 GOLDEN WILLOW CT.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I3066I</b> Amount of Each Disbursement this Period 8000.00
City EASLEY	State SC	Zip Code 29642
Purpose of Disbursement STRATEGIC CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. SOMETHING ELSE STRATEGIES LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 22 / 2018
Mailing Address 212 GOLDEN WILLOW CT.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I3066I</b> Amount of Each Disbursement this Period 8000.00
City EASLEY	State SC	Zip Code 29642
Purpose of Disbursement STRATEGIC CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	19159.57
<b>TOTAL</b> This Period (last page this line number only).....▶	67428.06

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
**Reclaim America PAC**

Full Name (Last, First, Middle Initial) <b>A. MARSHA FOR SENATE</b>		Date of Disbursement MM / DD / YYYY 03 / 29 / 2018
Mailing Address 6103 MURRAY LANE		FEC Identification Number <b>C</b> C00376939 <b>Transaction ID : SB23.I30672</b> Amount of Each Disbursement this Period 5000.00
City BRENTWOOD	State TN	
Purpose of Disbursement CONTRIBUTION		Category/ Type
Candidate Name <b>BLACKBURN, MARSHA , MRS, ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>
State: TN	District:	

Full Name (Last, First, Middle Initial) <b>B. MARSHA FOR SENATE</b>		Date of Disbursement MM / DD / YYYY 03 / 29 / 2018
Mailing Address 6103 MURRAY LANE		FEC Identification Number <b>C</b> C00376939 <b>Transaction ID : SB23.I30673</b> Amount of Each Disbursement this Period 5000.00
City BRENTWOOD	State TN	
Purpose of Disbursement CONTRIBUTION		Category/ Type
Candidate Name <b>BLACKBURN, MARSHA , MRS, ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>
State: TN	District:	

Full Name (Last, First, Middle Initial) <b>C. MCSALLY FOR SENATE INC</b>		Date of Disbursement MM / DD / YYYY 03 / 29 / 2018
Mailing Address PO BOX 19128		FEC Identification Number <b>C</b> C00666040 <b>Transaction ID : SB23.I30674</b> Amount of Each Disbursement this Period 5000.00
City TUCSON	State AZ	
Purpose of Disbursement CONTRIBUTION		Category/ Type
Candidate Name <b>MCSALLY, MARTHA, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>
State: AZ	District: 00	

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

15000.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
**Reclaim America PAC**

Full Name (Last, First, Middle Initial) <b>A. MCSALLY FOR SENATE INC</b>		Date of Disbursement MM / DD / YYYY 03 / 29 / 2018
Mailing Address PO BOX 19128		FEC Identification Number C00666040 <b>Transaction ID : SB23.I30675</b>
City TUCSON	State AZ	Zip Code 85731
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name <b>MCSALLY, MARTHA, , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: AZ	District: 00	

Full Name (Last, First, Middle Initial) <b>B. MIKE MILLER FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 03 / 29 / 2018
Mailing Address 127 WEST FAIRBANKS AVE #380		FEC Identification Number C00648816 <b>Transaction ID : SB23.I30676</b>
City WINTER PAR	State FL	Zip Code 32789
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>MILLER, MIKE, , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL	District: 07	

Full Name (Last, First, Middle Initial) <b>C. PROTECT THE SENATE 2018</b>		Date of Disbursement MM / DD / YYYY 03 / 29 / 2018
Mailing Address PO BOX 661537		FEC Identification Number C00671925 <b>Transaction ID : SB23.I30677</b>
City MIAMI	State FL	Zip Code 33266
Purpose of Disbursement JOINT CMTE CONTRIBUTION		Amount of Each Disbursement this Period 10000.00
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

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

17500.00

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

32500.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Reclaim America PAC**

Full Name (Last, First, Middle Initial) <b>A. KRISTI FOR GOVERNOR</b>		Date of Disbursement MM / DD / YYYY 03 / 29 / 2018	
Mailing Address PO BOX 527		FEC Identification Number C [ ] <b>Transaction ID : SB29.I30671</b>	
City SIOUX FALLS	State SD	Zip Code 57101	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement NONFEDERAL CONTRIBUTION		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. SLC REC</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018	
Mailing Address 555 SW SANCTUARY DR.		FEC Identification Number C [ ] <b>Transaction ID : SB29.I30664</b>	
City PORT ST. LUCIE	State FL	Zip Code 34986	Amount of Each Disbursement this Period 800.00
Purpose of Disbursement NON FEDERAL CONTRIBUTION		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ]	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5800.00