

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

America PAC

Report Covering the Period: From: 04 / 01 / 2024 To: 06 / 30 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 0		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19)	8750000.00	8750000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	8750000.00	8750000.00
7. Total Disbursements (from Line 31).....	7782240.08	7782240.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	967759.92	967759.92
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

America PAC

Report Covering the Period: From: 04 / 01 / 2024 To: 06 / 30 / 2024

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).....	8750000.00	8750000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8750000.00	8750000.00
(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)	8750000.00	8750000.00
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)).....▶	8750000.00	8750000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8750000.00	8750000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

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	33740.08	33740.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	33740.08	33740.08
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)	7748500.00	7748500.00
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).....	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)) ..	7782240.08	7782240.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7782240.08	7782240.08

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	8750000.00	8750000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8750000.00	8750000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	33740.08	33740.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	33740.08	33740.08

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 21
 (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

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)
America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. LIAUTAUD, JAMES, J., ,

Mailing Address **CAY HARBOR 2E**

City KEY LARGO	State FL	Zip Code 33037-
--------------------------	--------------------	---------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2024

Transaction ID : SA11A.6

Amount of Each Receipt this Period
1000000.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. LONSDALE ENTERPRISES INC.

Mailing Address **P.O. BOX 3188**

City LOS ALTOS	State CA	Zip Code 94024-0188
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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 ▼
1000000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 07 / 2024

Transaction ID : SA11A.5

Amount of Each Receipt this Period
1000000.00

Memo Item
CONTRIBUTION

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

Mailing Address **1717 S BOULDER AVE
SUITE 400**

City TULSA	State OK	Zip Code 74119-4833
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ALLIANCE RESOURCE PARTNERS, LP	Occupation (for Individual) EXECUTIVE
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 10 / 2024

Transaction ID : SA11A.1

Amount of Each Receipt this Period
1000000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	3000000.00
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 21
	<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)
America PAC

A. WATERSHED CAPITAL LLC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2700 E. SUNSET ROAD
SUITE 16

City LAS VEGAS State NV Zip Code 89120-3508

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 ▼
500000.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2024

Transaction ID : SA11A.4

Amount of Each Receipt this Period
500000.00

Memo Item
CONTRIBUTION

B. WCM INVESTMENTS LLC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 265 S. FEDERAL HIGHWAY, STE 302

City DEERFIELD BEACH State FL Zip Code 33441-4161

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 ▼
500000.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2024

Transaction ID : SA11A.2

Amount of Each Receipt this Period
500000.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW

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

Mailing Address 265 S. FEDERAL HIGHWAY, STE 302

City DEERFIELD BEACH State FL Zip Code 33441-4161

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

Name of Employer (for Individual) Occupation (for Individual)
WCM INVESTMENTS, LLC OWNER

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500000.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2024

Transaction ID : SA11A.3

Amount of Each Receipt this Period
500000.00

Memo Item
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1000000.00
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: PAGE 8 OF 21
(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)
America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. LEONE, DOUGLAS, , ,

Mailing Address 13385 ROBLEDA ROAD

City LOS ALTOS HILLS	State CA	Zip Code 94022-3490
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
1000000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2024

Transaction ID : SA11A.7

Amount of Each Receipt this Period
1000000.00

Memo Item
CONTRIBUTION

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

Mailing Address 10551 WILSHIRE BLVD PH3

City LOS ANGELES	State CA	Zip Code 90024-4572
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SEQUOIA CAPITAL	Occupation (for Individual) INVESTOR
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2024

Transaction ID : SA11A.8

Amount of Each Receipt this Period
500000.00

Memo Item
CONTRIBUTION

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

Mailing Address 548 MARKET STREET #80703

City SAN FRANCISCO	State CA	Zip Code 94104-5401
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
500000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2024

Transaction ID : SA11A.10

Amount of Each Receipt this Period
500000.00

Memo Item
CONTRIBUTION

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

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

2000000.00

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 9 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
America PAC

A. HOWERY, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 455 N. CITYFRONT PLAZA DRIVE
 SUITE 1730
 City CHICAGO State IL Zip Code 60611-5314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000000.00

Date of Receipt 06 / 20 / 2024
Transaction ID : SA11A.11
 Amount of Each Receipt this Period 250000.00
 Memo Item
 CONTRIBUTION

B. THOMPSON, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7084 FISHER ISLAND DRIVE
 City MIAMI BEACH State FL Zip Code 33109-0791
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200000.00

Date of Receipt 06 / 20 / 2024
Transaction ID : SA11A.9
 Amount of Each Receipt this Period 200000.00
 Memo Item
 CONTRIBUTION

C. HOWERY, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 455 N. CITYFRONT PLAZA DRIVE
 SUITE 1730
 City CHICAGO State IL Zip Code 60611-5314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000000.00

Date of Receipt 06 / 21 / 2024
Transaction ID : SA11A.12
 Amount of Each Receipt this Period 250000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	700000.00
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: PAGE 10 OF 21
(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)
America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. WINKLEVOSS, CAMERON, , ,

Mailing Address **30 W 24TH STREET, 4TH FLOOR**

City NEW YORK	State NY	Zip Code 10010-3558
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
250000.00

Date of Receipt
06 / 21 / 2024

Transaction ID : SA11A.13

Amount of Each Receipt this Period
250000.00

Memo Item
CONTRIBUTION

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

Mailing Address **30 W 24TH STREET, 4TH FLOOR**

City NEW YORK	State NY	Zip Code 10010-3558
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
250000.00

Date of Receipt
06 / 21 / 2024

Transaction ID : SA11A.14

Amount of Each Receipt this Period
250000.00

Memo Item
CONTRIBUTION

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

Mailing Address **455 N. CITYFRONT PLAZA DRIVE
SUITE 1730**

City CHICAGO	State IL	Zip Code 60611-5314
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) INVESTOR
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000000.00

Date of Receipt
06 / 24 / 2024

Transaction ID : SA11A.15

Amount of Each Receipt this Period
250000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	750000.00
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 11 OF 21
<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
America PAC

A. HOWERY, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 455 N. CITYFRONT PLAZA DRIVE
 SUITE 1730
 City CHICAGO State IL Zip Code 60611-5314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000000.00

Date of Receipt 06 / 25 / 2024
Transaction ID : SA11A.16
 Amount of Each Receipt this Period 250000.00
 Memo Item
 CONTRIBUTION

B. BERDAKIN, DANIEL, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 S. ROSSMORE AVENUE
 City LOS ANGELES State CA Zip Code 90004-3736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 06 / 27 / 2024
Transaction ID : SA11A.17
 Amount of Each Receipt this Period 50000.00
 Memo Item
 CONTRIBUTION

C. GRACIAS, ANTONIO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3737 COLLINS AVE, UNIT PH-3
 City MIAMI BEACH State FL Zip Code 33140-4027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VALOR EQUITY PARTNERS Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000000.00

Date of Receipt 06 / 28 / 2024
Transaction ID : SA11A.19
 Amount of Each Receipt this Period 1000000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1300000.00
TOTAL This Period (last page this line number only).....	8750000.00

**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)
America PAC

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 06 / 12 / 2024
Mailing Address 1390 CHAIN BRIDGE RD STE 515		FEC Identification Number C [] Transaction ID : SB.1
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 25.00
Candidate Name		Category/Type []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 06 / 12 / 2024
Mailing Address 1390 CHAIN BRIDGE RD STE 515		FEC Identification Number C [] Transaction ID : SB.2
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 25.00
Candidate Name		Category/Type []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. INTUIT		Date of Disbursement MM / DD / YYYY 06 / 17 / 2024
Mailing Address 2700 COAST AVE		FEC Identification Number C [] Transaction ID : SB.9
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement SUBSCRIPTION		Amount of Each Disbursement this Period [] 47.97
Candidate Name		Category/Type []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 97.97
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)
America PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT SERVICES

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	2	4

FEC Identification Number

C []

Transaction ID : SB.7

Amount of Each Disbursement this Period

[] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1390 CHAIN BRIDGE RD STE 515

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	2	4

FEC Identification Number

C []

Transaction ID : SB.3

Amount of Each Disbursement this Period

[] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1390 CHAIN BRIDGE RD STE 515

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	2	4

FEC Identification Number

C []

Transaction ID : SB.4

Amount of Each Disbursement this Period

[] 25.00

Memo Item

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

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

[] 550.00

[]

**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

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)
America PAC

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 06 / 26 / 2024
Mailing Address 1390 CHAIN BRIDGE RD STE 515		FEC Identification Number C [] Transaction ID : SB.5
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 25.00
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:		

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 06 / 28 / 2024
Mailing Address 1390 CHAIN BRIDGE RD STE 515		FEC Identification Number C [] Transaction ID : SB.6
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 25.00
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:		

Full Name (Last, First, Middle Initial) C. MAVEN ADVOCACY PARTNERS LLC		Date of Disbursement MM / DD / YYYY 06 / 30 / 2024
Mailing Address PO BOX 341016		FEC Identification Number C [] Transaction ID : SB.8
City AUSTIN	State TX	Zip Code 78734
Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL		Amount of Each Disbursement this Period [] 33042.11
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).....▶	33092.11
TOTAL This Period (last page this line number only).....▶	33740.08

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America PAC
FEC IDENTIFICATION NUMBER C C00879510

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

Full Name of Payee IN FIELD STRATEGIES INC
Mailing Address 333 H STREET STE 500
City CHULA VISTA State CA Zip Code 91910
Purpose of Expenditure CANVASSING/FIELD OPERATIONS
Name of Federal Candidate: TRUMP, DONALD, , , Support
Office Sought: President
Disbursement For: General 2024

Full Name of Payee IN FIELD STRATEGIES INC
Mailing Address 333 H STREET STE 500
City CHULA VISTA State CA Zip Code 91910
Purpose of Expenditure CANVASSING/FIELD OPERATIONS
Name of Federal Candidate: BIDEN, JOE, , , Oppose
Office Sought: President
Disbursement For: General 2024

(a) SUBTOTAL of Itemized Independent Expenditures 2975000.00
(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.

Signature GOBER, CHRIS, , ,

Date 06 / 12 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America PAC
FEC IDENTIFICATION NUMBER C C00879510

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

Full Name of Payee IN FIELD STRATEGIES INC
Mailing Address 333 H STREET STE 500
City CHULA VISTA State CA Zip Code 91910
Purpose of Expenditure CANVASSING/FIELD OPERATIONS
Name of Federal Candidate: TRUMP, DONALD, , , Support
Office Sought: President
Disbursement For: General 2024

Full Name of Payee IN FIELD STRATEGIES INC
Mailing Address 333 H STREET STE 500
City CHULA VISTA State CA Zip Code 91910
Purpose of Expenditure CANVASSING/FIELD OPERATIONS
Name of Federal Candidate: BIDEN, JOE, , , Oppose
Office Sought: President
Disbursement For: General 2024

(a) SUBTOTAL of Itemized Independent Expenditures 2975000.00
(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.

Signature GOBER, CHRIS, , ,

Date 06 / 19 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America PAC
FEC IDENTIFICATION NUMBER C C00879510

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

Full Name of Payee IN FIELD STRATEGIES INC
Mailing Address 333 H STREET STE 500
City CHULA VISTA State CA Zip Code 91910
Purpose of Expenditure CANVASSING/FIELD OPERATIONS
Name of Federal Candidate: TRUMP, DONALD, , , Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2024

Full Name of Payee IN FIELD STRATEGIES INC
Mailing Address 333 H STREET STE 500
City CHULA VISTA State CA Zip Code 91910
Purpose of Expenditure CANVASSING/FIELD OPERATIONS
Name of Federal Candidate: BIDEN, JOE, , , Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2024

(a) SUBTOTAL of Itemized Independent Expenditures 1000000.00
(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.

Signature GOBER, CHRIS, , ,

Date 06 / 26 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
America PAC
FEC IDENTIFICATION NUMBER
C C00879510

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

Full Name of Payee RACONTEUR MEDIA
Mailing Address PO BOX 26511
City AUSTIN State TX Zip Code 78755
Purpose of Expenditure PRINTING
Name of Federal Candidate: TRUMP, DONALD, , ,
Calendar Year-To-Date Per Election for Office Sought 7748500.00
Date of Public Distribution/Dissemination 06 / 10 / 2024
Amount 200000.00
Transaction ID : SE24.1
Date of Disbursement or Obligation 06 / 12 / 2024
Office Sought: President
Disbursement For: General

Full Name of Payee RACONTEUR MEDIA
Mailing Address PO BOX 26511
City AUSTIN State TX Zip Code 78755
Purpose of Expenditure PRINTING
Name of Federal Candidate: BDEN, JOE, , ,
Calendar Year-To-Date Per Election for Office Sought 7748500.00
Date of Public Distribution/Dissemination 06 / 10 / 2024
Amount 200000.00
Transaction ID : SE24.2
Date of Disbursement or Obligation 06 / 12 / 2024
Office Sought: President
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures 400000.00
(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.

Signature GOBER, CHRIS, , ,

Date 06 / 12 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
America PAC
FEC IDENTIFICATION NUMBER
C C00879510

Check if 24-hour report 48-hour report
New report Amends report filed on 06/10/2024

Full Name of Payee RACONTEUR MEDIA
Mailing Address PO BOX 26511
City AUSTIN State TX Zip Code 78755
Purpose of Expenditure TEXT SERVICE
Name of Federal Candidate: TRUMP, DONALD, , ,
Calendar Year-To-Date Per Election for Office Sought 7748500.00
Disbursement For: 2024 General

Full Name of Payee RACONTEUR MEDIA
Mailing Address PO BOX 26511
City AUSTIN State TX Zip Code 78755
Purpose of Expenditure TEXT SERVICE
Name of Federal Candidate: BIDEN, JOE, , ,
Calendar Year-To-Date Per Election for Office Sought 7748500.00
Disbursement For: 2024 General

(a) SUBTOTAL of Itemized Independent Expenditures 248500.00
(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.

Signature GOBER, CHRIS, , ,

Date 06/12/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
America PAC
FEC IDENTIFICATION NUMBER
C C00879510

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

Full Name of Payee RACONTEUR MEDIA
Mailing Address PO BOX 26511
City AUSTIN State TX Zip Code 78755
Purpose of Expenditure TEXT SERVICE
Name of Federal Candidate: TRUMP, DONALD, , ,
Calendar Year-To-Date Per Election for Office Sought 7748500.00

Full Name of Payee RACONTEUR MEDIA
Mailing Address PO BOX 26511
City AUSTIN State TX Zip Code 78755
Purpose of Expenditure TEXT SERVICE
Name of Federal Candidate: BIDEN, JOE, , ,
Calendar Year-To-Date Per Election for Office Sought 7748500.00

(a) SUBTOTAL of Itemized Independent Expenditures 100000.00
(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.

Signature
GOBER, CHRIS, , ,

Date 06 / 26 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America PAC
FEC IDENTIFICATION NUMBER C C00879510

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

Full Name of Payee RACONTEUR MEDIA
Mailing Address PO BOX 26511
City AUSTIN State TX Zip Code 78755
Purpose of Expenditure TEXT SERVICE
Name of Federal Candidate: TRUMP, DONALD, , ,
Calendar Year-To-Date Per Election for Office Sought 7748500.00

Full Name of Payee RACONTEUR MEDIA
Mailing Address PO BOX 26511
City AUSTIN State TX Zip Code 78755
Purpose of Expenditure TEXT SERVICE
Name of Federal Candidate: BIDEN, JOE, , ,
Calendar Year-To-Date Per Election for Office Sought 7748500.00

(a) SUBTOTAL of Itemized Independent Expenditures 50000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 7748500.00

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.

Signature GOBER, CHRIS, , ,

Date 06 / 28 / 2024