

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 SOCIALLY UNITED

ADDRESS (number and street) 848 N RAINBOW BLVD SUITE 3419 LAS VEGAS NV 89107

2. FEC IDENTIFICATION NUMBER C00572537 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 02 / 11 / 2015 through 06 / 30 / 2015

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

Type or Print Name of Treasurer CARY LEE Peterson

Signature of Treasurer CARY LEE Peterson [Electronically Filed] Date 09 / 16 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only table with 8 columns and 1 row. FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICANS SOCIALLY UNITED

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="2820.00"/>	<input type="text" value="2820.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2820.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="90690.32"/>	<input type="text" value="90690.32"/>
(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="93510.32"/>	<input type="text" value="93510.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="143258.83"/>	<input type="text" value="143258.83"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="-49748.51"/>	<input type="text" value="-49748.51"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICANS SOCIALLY UNITED

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	62800.00	62800.00
(ii) Unitemized	27890.32	27890.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	90690.32	90690.32
(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)	90690.32	90690.32
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))..... ▶	90690.32	90690.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	90690.32	90690.32

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	44950.00	44950.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	44950.00	44950.00
22. Transfers to Affiliated/Other Party Committees.....	43892.83	43892.83
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	54416.00	54416.00
(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)).....	54416.00	54416.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	143258.83	143258.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	143258.83	143258.83

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	90690.32	90690.32
34. Total Contribution Refunds (from Line 28(d))	54416.00	54416.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36274.32	36274.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	44950.00	44950.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	44950.00	44950.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN
Transaction ID :

View complete memo statement from PAC Chief Director Cary Lee Peterson at <http://bit.ly/1grMhhi>
PLEASE NOTE: Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year. PAC has and will strive to put forth its best efforts to provide the most complete and accurate information for current and future filings by the specified filing deadline.

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 52
(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)
AMERICANS SOCIALLY UNITED

Full Name (Last, First, Middle Initial)
A. ray bellamy

Mailing Address

City State Zip Code
tallahassee FL 32303

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 10 / 2015

Transaction ID : SA11AI.4597

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Melena Braker

Mailing Address

City State Zip Code
AIOHA OR 97003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 27 / 2015

Transaction ID : SA11AI.4198

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. MICHAEL CALLAHAN

Mailing Address

City State Zip Code
MONTREAL ZZ

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

Name of Employer Occupation
SELF EMPLOYED MEDIA & COMMUNICATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11AI.5152

Amount of Each Receipt this Period
19450.00

In-kind - MEDIA MARKETING

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.5152

This in-kind donor approved free and/or discounted goods or services, and/or accepted third party billing on behalf of political action committee for goods or services

Form/Schedule:

Transaction ID:

**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 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICANS SOCIALLY UNITED

Full Name (Last, First, Middle Initial)
A. Louis Capozzi

Mailing Address

City State Zip Code
Bend OR 97701

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

Name of Employer Occupation

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
 06 / 01 / 2015
Transaction ID : SA11AI.4811

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. ERIC CASHDAN

Mailing Address

City State Zip Code
PORT WASHINGTON NY 11050

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2015
Transaction ID : SA11AI.4413

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Michael Colucci

Mailing Address

City State Zip Code
Naperville IL 60540

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : SA11AI.4863

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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 52
(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)
AMERICANS SOCIALLY UNITED

Full Name (Last, First, Middle Initial)
A. COMMUNITY WORKS

Mailing Address

City State Zip Code
OTTAWA ZZ

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2015

Transaction ID : **SA11AI.5154**

Amount of Each Receipt this Period
8600.00

In-kind - CAMPAIGN MATERIALS

Full Name (Last, First, Middle Initial)
B. Ellen Cosgrove

Mailing Address

City State Zip Code
Seattle WA 98105

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2015

Transaction ID : **SA11AI.4421**

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. DARYLE DARNELL

Mailing Address

City State Zip Code
Mounds View MN 55112

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

Name of Employer Occupation
SELF EMPLOYED

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
02 / 13 / 2015

Transaction ID : **SA11AI.5166**

Amount of Each Receipt this Period
400.00

In-kind - AWARENESS EVENT

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ▶ 9100.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.5154

This in-kind donor approved free and/or discounted goods or services, and/or accepted third party billing on behalf of political action committee for goods or services

Form/Schedule: SA11AI

Transaction ID: SA11AI.5166

This in-kind donor approved free and/or discounted goods or services, and/or accepted third party billing on behalf of political action committee for goods or services

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

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

FOR LINE NUMBER: PAGE 12 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICANS SOCIALLY UNITED

Full Name (Last, First, Middle Initial)
A. DIANNE DAVIS

Mailing Address

City State Zip Code
NEW YORK NY 10017

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

Name of Employer Occupation

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 / 17 / 2015
Transaction ID : SA11AI.5118

Amount of Each Receipt this Period
3000.00

Full Name (Last, First, Middle Initial)
B. chris faldt

Mailing Address

City State Zip Code
Denver CO 80222

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2015
Transaction ID : SA11AI.5013

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Carl Haefling

Mailing Address

City State Zip Code
Bainbridge Island WA 98110

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

Name of Employer Occupation

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
 06 / 21 / 2015
Transaction ID : SA11AI.4417

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4500.00

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 13 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICANS SOCIALLY UNITED

Full Name (Last, First, Middle Initial)
A. David Hult

Mailing Address

City State Zip Code
St. Peters MO 63376

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2015
Transaction ID : SA11AI.4668

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. JEWISH-LATINOS FOR BERNIE BUNDLE

Mailing Address

City State Zip Code
IRVINE CA 92612

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2015
Transaction ID : SA11AI.5169

Amount of Each Receipt this Period
2900.00

In-kind -MEDIA RELATIONS (LATINO COMMUNITY)

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. Anthony & Sondra Jolles

Mailing Address

City State Zip Code
Encino CA 91436

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

Name of Employer Occupation

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
 05 / 28 / 2015
Transaction ID : SA11AI.4877

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.5169

This in-kind donor approved free and/or discounted goods or services, and/or accepted third party billing on behalf of political action committee for goods or services

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 52
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICANS SOCIALLY UNITED

Full Name (Last, First, Middle Initial) A. JOAN LAMB		Date of Receipt MM / DD / YYYY 06 / 29 / 2015
Mailing Address		Transaction ID : SA11AI.4186
City	State	Zip Code
INCLINE VILLAGE	NV	89451
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period	
C	1000.00	
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	1000.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ERIC LANDREY		Date of Receipt MM / DD / YYYY 05 / 20 / 2015
Mailing Address		Transaction ID : SA11AI.5156
City	State	Zip Code
NAPLES	FL	34101
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period	
C	36350.00	
Name of Employer	Occupation	In-kind - MEDIA RELATIONS
SELF EMPLOYED		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	36350.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Teriynn Langsev		Date of Receipt MM / DD / YYYY 06 / 02 / 2015
Mailing Address		Transaction ID : SA11AI.4691
City	State	Zip Code
Santa Barbara	CA	93110
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period	
C	1000.00	
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	1000.00	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	38350.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.5156

This in-kind donor approved free and/or discounted goods or services, and/or accepted third party billing on behalf of political action committee for goods or services

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 17 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICANS SOCIALLY UNITED

Full Name (Last, First, Middle Initial)
A. Milton Mankoff

Mailing Address

City State Zip Code
NY NY 10025

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2015
Transaction ID : SA11AI.4314

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. Carol Mejia

Mailing Address

City State Zip Code
Walnut Creek CA 94596

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

Name of Employer Occupation

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
 06 / 03 / 2015
Transaction ID : SA11AI.4666

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Paul Millea

Mailing Address

City State Zip Code
Washington DC 20024

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

Name of Employer Occupation

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
 05 / 25 / 2015
Transaction ID : SA11AI.5046

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2300.00

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 18 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICANS SOCIALLY UNITED

A. Elizabeth Minnich
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Charlotte NC 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2015
Transaction ID : SA11AI.4960
 Amount of Each Receipt this Period
 500.00

B. Donald Morris
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Fort Collins CO 80527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2015
Transaction ID : SA11AI.4196
 Amount of Each Receipt this Period
 250.00

C. Terry Murray
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Aspen CO 81611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : SA11AI.4246
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
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 19 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICANS SOCIALLY UNITED

Full Name (Last, First, Middle Initial)
A. CARY PETERSON

Mailing Address

City State Zip Code
GERMANTOWN MD 20874

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

Name of Employer Occupation

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 / 01 / 2015
Transaction ID : SA11AI.5120

Amount of Each Receipt this Period
2000.00

Full Name (Last, First, Middle Initial)
B. gerald riggs

Mailing Address

City State Zip Code
midlothian VA 23113

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2015
Transaction ID : SA11AI.4697

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Melvin Scovell

Mailing Address

City State Zip Code
Cambridge MA 02138

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2015
Transaction ID : SA11AI.5092

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2750.00

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 20 OF 52
(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)
AMERICANS SOCIALLY UNITED

Full Name (Last, First, Middle Initial)
A. Rod Snyder

Mailing Address

City State Zip Code
Camp Hill PA 17011

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 25 / 2015

Transaction ID : SA11AI.4256

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Josef Watts

Mailing Address

City State Zip Code
South Burlington VT 05403

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 01 / 2015

Transaction ID : SA11AI.4723

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	62800.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICANS SOCIALLY UNITED

Full Name (Last, First, Middle Initial) A. MICHAEL CALLAHAN		Date of Disbursement MM / DD / YYYY 03 / 31 / 2016
Mailing Address		Transaction ID : SB21B.5160
City MONTREAL	State ZZ	
Purpose of Disbursement In-kind - MEDIA MARKETING	Category/ Type 004	Amount of Each Disbursement this Period 19450.00
Candidate Name AMERICANS SOCIALLY UNITED	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. COMMUNITY WORKS		Date of Disbursement MM / DD / YYYY 04 / 08 / 2015
Mailing Address		Transaction ID : SB21B.5159
City OTTAWA	State ZZ	
Purpose of Disbursement In-kind - CAMPAIGN MATERIALS	Category/ Type 006	Amount of Each Disbursement this Period 8600.00
Candidate Name AMERICANS SOCIALLY UNITED	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. DARYLE DARNELL		Date of Disbursement MM / DD / YYYY 02 / 13 / 2015
Mailing Address		Transaction ID : SB21B.5167
City Mounds View	State MN	
Purpose of Disbursement In-kind - AWARENESS EVENT	Category/ Type 007	Amount of Each Disbursement this Period 400.00
Candidate Name AMERICANS SOCIALLY UNITED	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional).....▶	8600.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: **SB21B**

Transaction ID : **SB21B.5160**

This in-kind donor approved free and/or discounted goods or services, and/or accepted third party billing on behalf of political action committee for goods or services

Form/Schedule: **SB21B**

Transaction ID: **SB21B.5159**

This in-kind donor approved free and/or discounted goods or services, and/or accepted third party billing on behalf of political action committee for goods or services

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.5167

This in-kind donor approved free and/or discounted goods or services, and/or accepted third party billing on behalf of political action committee for goods or services

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICANS SOCIALLY UNITED

Full Name (Last, First, Middle Initial)

A. JEWISH-LATINOS FOR BERNIE BUNDLE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2015

Mailing Address

Transaction ID : SB21B.5171

City State Zip Code
IRVINE CA 92612

Amount of Each Disbursement this Period

2900.00

Purpose of Disbursement
In-kind - MEDIA RELATIONS (LATINO COMMUNITY)

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

[MEMO ITEM]

State: District:

Full Name (Last, First, Middle Initial)

B. ERIC LANDREY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2015

Mailing Address

Transaction ID : SB21B.5158

City State Zip Code
NAPLES FL 34101

Amount of Each Disbursement this Period

36350.00

Purpose of Disbursement
In-kind - MEDIA RELATIONS

004

Candidate Name

Category/
Type

AMERICANS SOCIALLY UNITED

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

36350.00

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

44950.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: **SB21B**

Transaction ID : **SB21B.5171**

This in-kind donor approved free and/or discounted goods or services, and/or accepted third party billing on behalf of political action committee for goods or services

Form/Schedule: **SB21B**

Transaction ID: **SB21B.5158**

This in-kind donor approved free and/or discounted goods or services, and/or accepted third party billing on behalf of political action committee for goods or services

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

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NAME OF COMMITTEE (In Full)
AMERICANS SOCIALLY UNITED

Full Name (Last, First, Middle Initial)

A. ANSWER FORCE

Mailing Address

City Tualatin State OR Zip Code 97062

Purpose of Disbursement
COMMUNICATIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2015

Transaction ID : **SB22.4100**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. ANSWER FORCE

Mailing Address

City Tualatin State OR Zip Code 97062

Purpose of Disbursement
COMMUNICATIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2015

Transaction ID : **SB22.4101**

Amount of Each Disbursement this Period

82.50

Full Name (Last, First, Middle Initial)

C. ANSWER FORCE

Mailing Address

City Tualatin State OR Zip Code 97062

Purpose of Disbursement
COMMUNICATIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2015

Transaction ID : **SB22.4102**

Amount of Each Disbursement this Period

82.50

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

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

415.00

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

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NAME OF COMMITTEE (In Full)
AMERICANS SOCIALLY UNITED

Full Name (Last, First, Middle Initial)

A. ANSWER FORCE

Mailing Address

City Tualatin State OR Zip Code 97062

Purpose of Disbursement
COMMUNICATIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2015

Transaction ID : SB22.4103

Amount of Each Disbursement this Period

82.50

Full Name (Last, First, Middle Initial)

B. ANSWER FORCE

Mailing Address

City Tualatin State OR Zip Code 97062

Purpose of Disbursement
COMMUNICATIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SB22.4104

Amount of Each Disbursement this Period

82.50

Full Name (Last, First, Middle Initial)

C. AVIS RENTAL CAR

Mailing Address

City State NJ Zip Code

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 07 / 2015

Transaction ID : SB22.4162

Amount of Each Disbursement this Period

534.65

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

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

699.65

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICANS SOCIALLY UNITED

Full Name (Last, First, Middle Initial)

A. BLUE PAY

Mailing Address

City State Zip Code
CHICAGO IL

Purpose of Disbursement
MERCHANT SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB22.4160

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. BLUE PAY

Mailing Address

City State Zip Code
CHICAGO IL

Purpose of Disbursement
MERCHANT SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB22.4159

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. EMW SERVICES

Mailing Address

City State Zip Code
ZZ

Purpose of Disbursement
MEDIA SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB22.4157

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICANS SOCIALLY UNITED

Full Name (Last, First, Middle Initial)

A. EMW SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2015

Mailing Address

Transaction ID : SB22.4156

City State Zip Code
ZZ

Amount of Each Disbursement this Period

450.00

Purpose of Disbursement
MEDIA SERVICES

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. EMW SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2015

Mailing Address

Transaction ID : SB22.4155

City State Zip Code
ZZ

Amount of Each Disbursement this Period

1200.00

Purpose of Disbursement
MEDIA SERVICES

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. EMW SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		31		2015

Mailing Address

Transaction ID : SB22.4154

City State Zip Code
ZZ

Amount of Each Disbursement this Period

8425.00

Purpose of Disbursement
MEDIA SERVICES

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

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

10075.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICANS SOCIALLY UNITED

Full Name (Last, First, Middle Initial)

A. EMW SERVICES

Mailing Address

City State Zip Code
ZZ

Purpose of Disbursement
MEDIA SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2015

Transaction ID : SB22.4153

Amount of Each Disbursement this Period

13781.00

Full Name (Last, First, Middle Initial)

B. FACEBOOK, INC.

Mailing Address

City State Zip Code
MENLO PARK CA

Purpose of Disbursement
MEDIA SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		19		2015

Transaction ID : SB22.4118

Amount of Each Disbursement this Period

878.30

Full Name (Last, First, Middle Initial)

C. FEDERAL EXPRESS

Mailing Address

City State Zip Code
MEMPHIS TN

Purpose of Disbursement
SHIPPING AND PRINTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2015

Transaction ID : SB22.4144

Amount of Each Disbursement this Period

435.76

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

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

15095.06

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICANS SOCIALLY UNITED

Full Name (Last, First, Middle Initial)

A. FEDERAL EXPRESS

Mailing Address

City State Zip Code
MEMPHIS TN

Purpose of Disbursement
SHIPPING AND PRINTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
04 / 30 / 2015

Transaction ID : SB22.4143

Amount of Each Disbursement this Period

1393.45

Full Name (Last, First, Middle Initial)

B. FEDERAL EXPRESS

Mailing Address

City State Zip Code
MEMPHIS TN

Purpose of Disbursement
SHIPPING AND PRINTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
05 / 31 / 2015

Transaction ID : SB22.4142

Amount of Each Disbursement this Period

894.80

Full Name (Last, First, Middle Initial)

C. FEDERAL EXPRESS

Mailing Address

City State Zip Code
MEMPHIS TN

Purpose of Disbursement
SHIPPING AND PRINTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
06 / 30 / 2015

Transaction ID : SB22.4141

Amount of Each Disbursement this Period

1080.94

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

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

3369.19

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICANS SOCIALLY UNITED

Full Name (Last, First, Middle Initial)

A. GOOGLE, INC

Mailing Address

City MOUNTAIN VIEW State CA Zip Code

Purpose of Disbursement
MEDIA SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB22.4112

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. GOOGLE, INC

Mailing Address

City MOUNTAIN VIEW State CA Zip Code

Purpose of Disbursement
MEDIA SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB22.4113

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. HILTON INTERNATIONAL

Mailing Address

City State VA Zip Code

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB22.4139

Amount of Each Disbursement this Period

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICANS SOCIALLY UNITED

Full Name (Last, First, Middle Initial)
A. J2 GLOBAL, INC.

Date of Disbursement: MM / DD / YYYY
03 / 31 / 2015

Mailing Address

City: Los Angeles State: CA Zip Code

Purpose of Disbursement: COMMUNICATIONS

Candidate Name

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

State: District:

Transaction ID : **SB22.4107**

Amount of Each Disbursement this Period: 128.40

Full Name (Last, First, Middle Initial)
B. J2 GLOBAL, INC.

Date of Disbursement: MM / DD / YYYY
04 / 30 / 2015

Mailing Address

City: Los Angeles State: CA Zip Code

Purpose of Disbursement: COMMUNICATIONS

Candidate Name

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

State: District:

Transaction ID : **SB22.4108**

Amount of Each Disbursement this Period: 128.40

Full Name (Last, First, Middle Initial)
C. J2 GLOBAL, INC.

Date of Disbursement: MM / DD / YYYY
05 / 31 / 2015

Mailing Address

City: Los Angeles State: CA Zip Code

Purpose of Disbursement: COMMUNICATIONS

Candidate Name

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

State: District:

Transaction ID : **SB22.4109**

Amount of Each Disbursement this Period: 128.40

SUBTOTAL of Disbursements This Page (optional)..... ▶ 385.20

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICANS SOCIALLY UNITED

Full Name (Last, First, Middle Initial)

A. J2 GLOBAL, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2015

Mailing Address

City State Zip Code
Los Angeles CA

Transaction ID : SB22.4110

Purpose of Disbursement
COMMUNICATIONS

Amount of Each Disbursement this Period

128.40

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Marriott International, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2015

Mailing Address

City State Zip Code
MD

Transaction ID : SB22.4166

Purpose of Disbursement
TRAVEL EXPENSES

Amount of Each Disbursement this Period

105.42

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Marriott International, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2015

Mailing Address

City State Zip Code
MD

Transaction ID : SB22.4167

Purpose of Disbursement
TRAVEL EXPENSES

Amount of Each Disbursement this Period

160.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

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

393.82

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 52
<input type="checkbox"/> 21b <input checked="" type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)
AMERICANS SOCIALLY UNITED

Full Name (Last, First, Middle Initial) A. Marriott International, Inc.	Date of Disbursement MM / DD / YYYY 05 / 27 / 2015
Mailing Address City State Zip Code MD	Transaction ID : SB22.4168 Amount of Each Disbursement this Period 12.19
Purpose of Disbursement TRAVEL EXPENSES 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:	Category/Type 12.19

Full Name (Last, First, Middle Initial) B. Marriott International, Inc.	Date of Disbursement MM / DD / YYYY 05 / 28 / 2015
Mailing Address City State Zip Code MD	Transaction ID : SB22.4169 Amount of Each Disbursement this Period 50.00
Purpose of Disbursement TRAVEL EXPENSES 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:	Category/Type 50.00

Full Name (Last, First, Middle Initial) C. Marriott International, Inc.	Date of Disbursement MM / DD / YYYY 05 / 31 / 2015
Mailing Address City State Zip Code MD	Transaction ID : SB22.4170 Amount of Each Disbursement this Period 90.00
Purpose of Disbursement TRAVEL EXPENSES 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:	Category/Type 90.00

SUBTOTAL of Disbursements This Page (optional)..... ▶	152.19
TOTAL This Period (last page this line number only)..... ▶	152.19

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICANS SOCIALLY UNITED

Full Name (Last, First, Middle Initial)

A. Marriott International, Inc.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

Mailing Address

City State Zip Code
MD

Transaction ID : SB22.4171

Purpose of Disbursement
TRAVEL EXPENSES

Amount of Each Disbursement this Period

1	3	.	5	4
---	---	---	---	---

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Marriott International, Inc.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	5

Mailing Address

City State Zip Code
MD

Transaction ID : SB22.4174

Purpose of Disbursement
TRAVEL EXPENSES

Amount of Each Disbursement this Period

4	4	8	.	8	0
---	---	---	---	---	---

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Marriott International, Inc.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	5

Mailing Address

City State Zip Code
MD

Transaction ID : SB22.4172

Purpose of Disbursement
TRAVEL EXPENSES

Amount of Each Disbursement this Period

1	2	0	.	0	0
---	---	---	---	---	---

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

5	8	2	.	3	4
---	---	---	---	---	---

5	8	2	.	3	4
---	---	---	---	---	---

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

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NAME OF COMMITTEE (In Full)
AMERICANS SOCIALLY UNITED

Full Name (Last, First, Middle Initial)

A. MICROSOFT, INC.

Mailing Address

City State Zip Code
REDMOND WA

Purpose of Disbursement
MEDIA SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB22.4116**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. MICROSOFT, INC.

Mailing Address

City State Zip Code
REDMOND WA

Purpose of Disbursement
MEDIA SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB22.4115**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. ROBERT PETERSON FIELDS ASSOCIATES PC

Mailing Address

City State Zip Code
FM

Purpose of Disbursement
PROFESSIONAL SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB22.4147**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICANS SOCIALLY UNITED

Full Name (Last, First, Middle Initial)
A. ROBERT PETERSON FIELDS ASSOCIATES PC

Mailing Address

City State Zip Code
FM

Purpose of Disbursement
PROFESSIONAL SERVICES

Candidate Name

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

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 08 / 2015

Transaction ID : SB22.4148

Amount of Each Disbursement this Period
750.00

Full Name (Last, First, Middle Initial)
B. ROBERT PETERSON FIELDS ASSOCIATES PC

Mailing Address

City State Zip Code
FM

Purpose of Disbursement
PROFESSIONAL SERVICES

Candidate Name

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

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 15 / 2015

Transaction ID : SB22.4149

Amount of Each Disbursement this Period
750.00

Full Name (Last, First, Middle Initial)
C. ROBERT PETERSON FIELDS ASSOCIATES PC

Mailing Address

City State Zip Code
FM

Purpose of Disbursement
PROFESSIONAL SERVICES

Candidate Name

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

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 22 / 2015

Transaction ID : SB22.4150

Amount of Each Disbursement this Period
1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3000.00

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

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NAME OF COMMITTEE (In Full)
AMERICANS SOCIALLY UNITED

Full Name (Last, First, Middle Initial)

A. ROBERT PETERSON FIELDS ASSOCIATES PC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		29		2015

Mailing Address

City State Zip Code
FM

Transaction ID : SB22.4151

Purpose of Disbursement
PROFESSIONAL SERVICES

--

Amount of Each Disbursement this Period

	1500.00
--	---------

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. SOUTHWEST AIRLINES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2015

Mailing Address

City State Zip Code
PHEONIX AZ

Transaction ID : SB22.4164

Purpose of Disbursement
TRAVEL EXPENSES

--

Amount of Each Disbursement this Period

	265.18
--	--------

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. THRIFTY RENTAL CAR

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2015

Mailing Address

City State Zip Code
CA

Transaction ID : SB22.4120

Purpose of Disbursement
TRAVEL EXPENSES

--

Amount of Each Disbursement this Period

	271.00
--	--------

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

	2036.18
--	---------

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICANS SOCIALLY UNITED

Full Name (Last, First, Middle Initial)

A. UNITED AIRLINES

Mailing Address

City State Zip Code
IL

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 05 / 2015

Transaction ID : SB22.4131

Amount of Each Disbursement this Period

180.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

180.00

43065.73

**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"/> 24	<input type="checkbox"/> 25	<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 SOCIALLY UNITED

Full Name (Last, First, Middle Initial)

A. RYAN BUTLER

Mailing Address

City State Zip Code
SAN DIEGO CA 92101

Purpose of Disbursement
RETURNED CHECK TO DONOR - INCORRECT PAYEE NAME

Candidate Name
AMERICANS SOCIALLY UNITED

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

Date of Disbursement

/ /
06 / 02 / 2015

Transaction ID : SB28A.5139

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LYDIA DAVIS

Mailing Address

City State Zip Code
DENVER CO 80222

Purpose of Disbursement
RETURNED CHECK TO DONOR - INCORRECT PAYEE NAME

Candidate Name
AMERICANS SOCIALLY UNITED

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

Date of Disbursement

/ /
05 / 29 / 2015

Transaction ID : SB28A.5141

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. ALEJANDRO FERNANDEZ

Mailing Address

City State Zip Code
LA PAZ ZZ

Purpose of Disbursement
RETURNED FUNDS TO DONOR - NON US CITIZEN

Candidate Name
AMERICANS SOCIALLY UNITED

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

Date of Disbursement

/ /
05 / 30 / 2015

Transaction ID : SB28A.5143

Amount of Each Disbursement this Period

50000.00

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

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

52000.00

: 97 `A -G7 9 @ @ B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`G7 <98 I @ `CF `H9 A -N5 H-CB

Form/Schedule: **SB28A**

Transaction ID : **SB28A.5139**

Donor check returned for to item made pay to order of incorrect payee name (e.g.; 'Bernie Sanders for President', 'Bernie 2016', 'Bernie Sanders'). NOTE: Donor was provided details how to make a donation to Bernie 2016, Inc. Campaign Fund

Form/Schedule: **SB28A**

Transaction ID: **SB28A.5141**

Donor check returned for to item made pay to order of incorrect payee name (e.g.; 'Bernie Sanders for President', 'Bernie 2016', 'Bernie Sanders'). NOTE: Donor was provided details how to make a donation to Bernie 2016, Inc. Campaign Fund

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB28A

Transaction ID : SB28A.5143

Donor is a member of a social club, who sent money orders to PAC. Upon 'thank you' and follow up by PAC by phone or email it was discovered that the donor is not eligible to make a cash donation to PAC due to being a non-US citizen living outside of the U.S.

Form/Schedule:

Transaction ID:

**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"/> 24	<input type="checkbox"/> 25	<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 SOCIALLY UNITED

Full Name (Last, First, Middle Initial)

A. BARRY GITTLESON

Mailing Address

City State Zip Code
HOLLYWOOD CA 90068

Purpose of Disbursement
RETURNED CHECK TO DONOR - INCORRECT PAYEE NAME

Candidate Name
AMERICANS SOCIALLY UNITED

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
06		22		2015

Transaction ID : **SB28A.5131**

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. J HALL

Mailing Address

City State Zip Code
ALLENTOWN PA 18103

Purpose of Disbursement
RETURNED CHECK TO DONOR - INCORRECT PAYEE NAME

Candidate Name
AMERICANS SOCIALLY UNITED

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2015

Transaction ID : **SB28A.5125**

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. J HALL

Mailing Address

City State Zip Code
ALLENTOWN PA 18103

Purpose of Disbursement
RETURNED CHECK TO DONOR - INCORRECT PAYEE NAME

Candidate Name
AMERICANS SOCIALLY UNITED

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2015

Transaction ID : **SB28A.5129**

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

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

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

0.00

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: 97 `A -G7 9 @ @ B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`G7 <98 I @ `CF `H9 A -N5 H-CB

Form/Schedule: **SB28A**

Transaction ID : **SB28A.5131**

Donor check returned for to item made pay to order of incorrect payee name (e.g.; 'Bernie Sanders for President', 'Bernie 2016', 'Bernie Sanders'). NOTE: Donor was provided details how to make a donation to Bernie 2016, Inc. Campaign Fund

Form/Schedule: **SB28A**

Transaction ID: **SB28A.5125**

Donor check returned for to item made pay to order of incorrect payee name (e.g.; 'Bernie Sanders for President', 'Bernie 2016', 'Bernie Sanders'). NOTE: Donor was provided details how to make a donation to Bernie 2016, Inc. Campaign Fund

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB28A

Transaction ID : SB28A.5129

Donor check returned for to item made pay to order of incorrect payee name (e.g.; 'Bernie Sanders for President', 'Bernie 2016', 'Bernie Sanders'). NOTE: Donor was provided details how to make a donation to Bernie 2016, Inc. Campaign Fund

Form/Schedule:

Transaction ID:

**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"/> 24	<input type="checkbox"/> 25	<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 SOCIALLY UNITED

Full Name (Last, First, Middle Initial)

A. MELINDA LOWE

Mailing Address

City State Zip Code
EL SEGUNDO CA 90245

Purpose of Disbursement
RETURNED CHECK TO DONOR - INCORRECT PAYEE NAME

Candidate Name
AMERICANS SOCIALLY UNITED

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
06 / 11 / 2015

Transaction ID : **SB28A.5145**

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. PIZILLA MANDIL

Mailing Address

City State Zip Code
NEW CASTLE DE 19720

Purpose of Disbursement
RETURNED CHECK TO DONOR - INCORRECT PAYEE NAME

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
06 / 22 / 2015

Transaction ID : **SB28A.5132**

Amount of Each Disbursement this Period

0.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FRANK MILLER

Mailing Address

City State Zip Code
SEASTOPOL CA 95473

Purpose of Disbursement
RETURNED CHECK TO DONOR - INCORRECT PAYEE NAME

Candidate Name
AMERICANS SOCIALLY UNITED

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
07 / 17 / 2015

Transaction ID : **SB28A.5123**

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

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

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

300.00

: 97 `A -G7 9 @ @ B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`G7 <98 I @ `CF `H9 A -N5 HCB

Form/Schedule: **SB28A**

Transaction ID : **SB28A.5145**

Donor check returned for to item made pay to order of incorrect payee name (e.g.; 'Bernie Sanders for President', 'Bernie 2016', 'Bernie Sanders'). NOTE: Donor was provided details how to make a donation to Bernie 2016, Inc. Campaign Fund

Form/Schedule: **SB28A**

Transaction ID: **SB28A.5132**

Donor check returned for to item made pay to order of incorrect payee name (e.g.; 'Bernie Sanders for President', 'Bernie 2016', 'Bernie Sanders'). NOTE: Donor was provided details how to make a donation to Bernie 2016, Inc. Campaign Fund

: 97 `A -G7 9 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFH`G7 <98I @ `CF `H9A -N5 HCB

Form/Schedule: SB28A

Transaction ID : SB28A.5123

Donor check returned for to item made pay to order of incorrect payee name (e.g.; 'Bernie Sanders for President', 'Bernie 2016', 'Bernie Sanders'). NOTE: Donor was provided details how to make a donation to Bernie 2016, Inc. Campaign Fund

Form/Schedule:

Transaction ID:

**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"/> 24	<input type="checkbox"/> 25	<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 SOCIALLY UNITED

Full Name (Last, First, Middle Initial)

A. FRANK MILLER

Mailing Address

City State Zip Code
SEASTOPOL CA 95473

Purpose of Disbursement
RETURNED CHECK TO DONOR - INCORRECT PAYEE NAME

Candidate Name
AMERICANS SOCIALLY UNITED

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

Date of Disbursement

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

Transaction ID : **SB28A.5130**

Amount of Each Disbursement this Period

0.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. EDWIN MOSKOWITZ

Mailing Address

City State Zip Code
MONTREAL ZZ

Purpose of Disbursement
MONEY ORDERS RETURNED TO DONOR - NOT US CITIZEN

Candidate Name
AMERICANS SOCIALLY UNITED

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
06		18		2015

Transaction ID : **SB28A.5137**

Amount of Each Disbursement this Period

2016.00

Full Name (Last, First, Middle Initial)

C. ANTHONY RICE

Mailing Address

City State Zip Code
ZZ

Purpose of Disbursement
MONEY ORDERS RETURNED TO DONOR - NOT US CITIZEN

Candidate Name
AMERICANS SOCIALLY UNITED

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
06		11		2015

Transaction ID : **SB28A.5134**

Amount of Each Disbursement this Period

25000.00

[MEMO ITEM]

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

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

2016.00

54316.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: **SB28A**

Transaction ID : **SB28A.5130**

Donor check returned for to item made pay to order of incorrect payee name (e.g.; 'Bernie Sanders for President', 'Bernie 2016', 'Bernie Sanders'). NOTE: Donor was provided details how to make a donation to Bernie 2016, Inc. Campaign Fund

Form/Schedule: **SB28A**

Transaction ID: **SB28A.5137**

Donor is a member of a social club, who sent money orders to PAC. Upon 'thank you' and follow up by PAC by phone or email it was discovered that the donor is not eligible to make a cash donation to PAC due to being a non-US citizen living outside of the U.S.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB28A

Transaction ID : SB28A.5134

Donor is a member of a social club, who sent money orders to PAC. Upon 'thank you' and follow up by PAC by phone or email it was discovered that the donor is not eligible to make a cash donation to PAC due to being a non-US citizen living outside of the U.S.

Form/Schedule:

Transaction ID: