

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.

Reclaim America PAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period / / through / /

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 Lisa Lisker

Signature of Treasurer Lisa Lisker [Electronically Filed] Date / /

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									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Reclaim America PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="31368.05"/>	<input type="text" value="31368.05"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="550846.55"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="13794.62"/>	<input type="text" value="1271821.17"/>
(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="564641.17"/>	<input type="text" value="1303189.22"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="153704.34"/>	<input type="text" value="892252.39"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="410936.83"/>	<input type="text" value="410936.83"/>
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

Write or Type Committee Name
Reclaim America PAC

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).....	1190.00	194730.00
(ii) Unitemized	635.00	26345.16
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1825.00	221075.16
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	8000.00	167500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	9825.00	388575.16
12. Transfers From Affiliated/Other Party Committees.....	3969.62	883246.01
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))..... ▶	13794.62	1271821.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13794.62	1271821.17

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	128704.34	821442.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	128704.34	821442.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	65000.00
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	0.00	5810.00
(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	5810.00
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)) ..	153704.34	892252.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	153704.34	892252.39

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)	9825.00	388575.16
34. Total Contribution Refunds (from Line 28(d))	0.00	5810.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9825.00	382765.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	128704.34	821442.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	128704.34	821442.39

**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 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name (Last, First, Middle Initial)
A. JAMIE LEWIS

Mailing Address 6440 GARDENIA STREET

City PANAMA CITY State FL Zip Code 32404-5161

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

Name of Employer LIMITED BRANDS Occupation RETAIL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2015
Transaction ID : SA11.799498

Amount of Each Receipt this Period
 15.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. JAMIE LEWIS

Mailing Address 6440 GARDENIA STREET

City PANAMA CITY State FL Zip Code 32404-5161

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

Name of Employer LIMITED BRANDS Occupation RETAIL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2015
Transaction ID : SA11.799499

Amount of Each Receipt this Period
 15.00

CONTRIBUTION

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

Mailing Address 6440 GARDENIA STREET

City PANAMA CITY State FL Zip Code 32404-5161

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

Name of Employer LIMITED BRANDS Occupation RETAIL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2015
Transaction ID : SA11.877634

Amount of Each Receipt this Period
 15.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00

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 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name (Last, First, Middle Initial)
A. JAMIE LEWIS

Mailing Address **6440 GARDENIA STREET**

City **PANAMA CITY** State **FL** Zip Code **32404-5161**

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

Name of Employer **LIMITED BRANDS** Occupation **RETAIL**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
11 / 16 / 2015
Transaction ID : SA11.877635

Amount of Each Receipt this Period
15.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. JAMIE LEWIS

Mailing Address **6440 GARDENIA STREET**

City **PANAMA CITY** State **FL** Zip Code **32404-5161**

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

Name of Employer **LIMITED BRANDS** Occupation **RETAIL**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
12 / 16 / 2015
Transaction ID : SA11.899033

Amount of Each Receipt this Period
15.00

CONTRIBUTION

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

Mailing Address **6440 GARDENIA STREET**

City **PANAMA CITY** State **FL** Zip Code **32404-5161**

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

Name of Employer **LIMITED BRANDS** Occupation **RETAIL**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
12 / 16 / 2015
Transaction ID : SA11.899034

Amount of Each Receipt this Period
15.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 51
	(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)
Reclaim America PAC

A. JOHN JUDE MANDLER
Full Name (Last, First, Middle Initial)

Mailing Address 8 UNDERCLIFF TERRACE

City WEST ORANGE State NJ Zip Code 07052-3930

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

Name of Employer MANDEL, KATZ & BROSANAN LLP Occupation ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 17 / 2015
Transaction ID : SA11.959195

Amount of Each Receipt this Period 100.00

CONTRIBUTION

B. JOHN JUDE MANDLER
Full Name (Last, First, Middle Initial)

Mailing Address 8 UNDERCLIFF TERRACE

City WEST ORANGE State NJ Zip Code 07052-3930

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

Name of Employer MANDEL, KATZ & BROSANAN LLP Occupation ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 17 / 2015
Transaction ID : SA11.959199

Amount of Each Receipt this Period 100.00

CONTRIBUTION

C. MR. TODD RAGEL
Full Name (Last, First, Middle Initial)

Mailing Address 4930 AVON LANE

City SARASOTA State FL Zip Code 34238-2727

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

Name of Employer POOLCORP Occupation CREDIT MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 16 / 2015
Transaction ID : SA11.799502

Amount of Each Receipt this Period 25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00

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 9 OF 51
	(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)
Reclaim America PAC

A. MR. TODD RAGEL
Full Name (Last, First, Middle Initial)

Mailing Address 4930 AVON LANE

City SARASOTA	State FL	Zip Code 34238-2727
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FEC ID number of contributing federal political committee. **C**

Name of Employer POOLCORP	Occupation CREDIT MANAGER
------------------------------	------------------------------

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
08	/	16	/	2015

Transaction ID : SA11.808486

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B. MR. TODD RAGEL
Full Name (Last, First, Middle Initial)

Mailing Address 4930 AVON LANE

City SARASOTA	State FL	Zip Code 34238-2727
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FEC ID number of contributing federal political committee. **C**

Name of Employer POOLCORP	Occupation CREDIT MANAGER
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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
09	/	16	/	2015

Transaction ID : SA11.817980

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C. MR. TODD RAGEL
Full Name (Last, First, Middle Initial)

Mailing Address 4930 AVON LANE

City SARASOTA	State FL	Zip Code 34238-2727
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FEC ID number of contributing federal political committee. **C**

Name of Employer POOLCORP	Occupation CREDIT MANAGER
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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
10	/	16	/	2015

Transaction ID : SA11.845741

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

A. MR. TODD RAGEL
Full Name (Last, First, Middle Initial)

Mailing Address 4930 AVON LANE

City SARASOTA	State FL	Zip Code 34238-2727
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FEC ID number of contributing federal political committee. **C**

Name of Employer POOLCORP	Occupation CREDIT MANAGER
------------------------------	------------------------------

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
11	/	16	/	2015

Transaction ID : SA11.877637

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B. MR. TODD RAGEL
Full Name (Last, First, Middle Initial)

Mailing Address 4930 AVON LANE

City SARASOTA	State FL	Zip Code 34238-2727
------------------	-------------	------------------------

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

Name of Employer POOLCORP	Occupation CREDIT MANAGER
------------------------------	------------------------------

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
12	/	16	/	2015

Transaction ID : SA11.899036

Amount of Each Receipt this Period

25.00

CONTRIBUTION

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

Mailing Address 3017 W BAY VIEW AVE

City TAMPA	State FL	Zip Code 33611-1619
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FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

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
07	/	16	/	2015

Transaction ID : SA11.799493

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

A. JEFFREY SUAREZ
Full Name (Last, First, Middle Initial)

Mailing Address 3017 W BAY VIEW AVE

City TAMPA State FL Zip Code 33611-1619

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
08 / 16 / 2015
Transaction ID : SA11.808480

Amount of Each Receipt this Period
25.00

CONTRIBUTION

B. JEFFREY SUAREZ
Full Name (Last, First, Middle Initial)

Mailing Address 3017 W BAY VIEW AVE

City TAMPA State FL Zip Code 33611-1619

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
09 / 16 / 2015
Transaction ID : SA11.817974

Amount of Each Receipt this Period
25.00

CONTRIBUTION

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

Mailing Address 3017 W BAY VIEW AVE

City TAMPA State FL Zip Code 33611-1619

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
10 / 16 / 2015
Transaction ID : SA11.845736

Amount of Each Receipt this Period
25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 51
	<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)
Reclaim America PAC

A. JEFFREY SUAREZ
Full Name (Last, First, Middle Initial)
Mailing Address 3017 W BAY VIEW AVE

City TAMPA	State FL	Zip Code 33611-1619
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FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		16		2015

Transaction ID : SA11.877630

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B. JEFFREY SUAREZ
Full Name (Last, First, Middle Initial)
Mailing Address 3017 W BAY VIEW AVE

City TAMPA	State FL	Zip Code 33611-1619
---------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2015

Transaction ID : SA11.899029

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C. JOHN TEAGUE
Full Name (Last, First, Middle Initial)
Mailing Address 1517 N. HIGHWAY 174

City RIO VISTA	State TX	Zip Code 76093-3318
-------------------	-------------	------------------------

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

Name of Employer GULFTEX	Occupation CIVIL ENGINEER
-----------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		16		2015

Transaction ID : SA11.799500

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 13 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

A. JOHN TEAGUE
Full Name (Last, First, Middle Initial)

Mailing Address 1517 N. HIGHWAY 174

City RIO VISTA	State TX	Zip Code 76093-3318
-------------------	-------------	------------------------

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

Name of Employer GULFTEX	Occupation CIVIL ENGINEER
-----------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		16		2015

Transaction ID : SA11.808485

Amount of Each Receipt this Period
25.00

CONTRIBUTION

B. JOHN TEAGUE
Full Name (Last, First, Middle Initial)

Mailing Address 1517 N. HIGHWAY 174

City RIO VISTA	State TX	Zip Code 76093-3318
-------------------	-------------	------------------------

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

Name of Employer GULFTEX	Occupation CIVIL ENGINEER
-----------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		16		2015

Transaction ID : SA11.817979

Amount of Each Receipt this Period
25.00

CONTRIBUTION

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

Mailing Address 1517 N. HIGHWAY 174

City RIO VISTA	State TX	Zip Code 76093-3318
-------------------	-------------	------------------------

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

Name of Employer GULFTEX	Occupation CIVIL ENGINEER
-----------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

Transaction ID : SA11.845740

Amount of Each Receipt this Period
25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 14 OF 51
	<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)
Reclaim America PAC

A. JOHN TEAGUE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1517 N. HIGHWAY 174
 City RIO VISTA State TX Zip Code 76093-3318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GULFTEX Occupation CIVIL ENGINEER
 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
 11 / 16 / 2015
Transaction ID : SA11.877636
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

B. JOHN TEAGUE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1517 N. HIGHWAY 174
 City RIO VISTA State TX Zip Code 76093-3318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GULFTEX Occupation CIVIL ENGINEER
 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
 12 / 16 / 2015
Transaction ID : SA11.899035
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

C. DENISE WALLACE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3758 ELKWOOD SECTION ROAD
 City TONEY State AL Zip Code 35773-9352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 314.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2015
Transaction ID : SA11.799494
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 15 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name (Last, First, Middle Initial)
A. DENISE WALLACE

Mailing Address 3758 ELKWOOD SECTION ROAD

City	State	Zip Code
TONEY	AL	35773-9352

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **314.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2015

Transaction ID : SA11.808481

Amount of Each Receipt this Period

25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. DENISE WALLACE

Mailing Address 3758 ELKWOOD SECTION ROAD

City	State	Zip Code
TONEY	AL	35773-9352

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **314.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2015

Transaction ID : SA11.817975

Amount of Each Receipt this Period

25.00

CONTRIBUTION

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

Mailing Address 3758 ELKWOOD SECTION ROAD

City	State	Zip Code
TONEY	AL	35773-9352

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **314.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11.845737

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 16 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

A. DENISE WALLACE
Full Name (Last, First, Middle Initial)

Mailing Address 3758 ELKWOOD SECTION ROAD

City TONEY State AL Zip Code 35773-9352

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 314.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2015
Transaction ID : SA11.877631

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

B. DENISE WALLACE
Full Name (Last, First, Middle Initial)

Mailing Address 3758 ELKWOOD SECTION ROAD

City TONEY State AL Zip Code 35773-9352

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 314.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : SA11.899030

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

C. MS. ELINOR K. WIEST
Full Name (Last, First, Middle Initial)

Mailing Address 2 KNOLLWOOD RD

City PINEHURST State NC Zip Code 28374-8315

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2015
Transaction ID : SA11.799496

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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 17 OF 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

A. MS. ELINOR K. WIEST
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 KNOLLWOOD RD
 City PINEHURST State NC Zip Code 28374-8315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2015
Transaction ID : SA11.799497
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

B. MS. ELINOR K. WIEST
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 KNOLLWOOD RD
 City PINEHURST State NC Zip Code 28374-8315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2015
Transaction ID : SA11.808483
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

C. MS. ELINOR K. WIEST
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 KNOLLWOOD RD
 City PINEHURST State NC Zip Code 28374-8315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2015
Transaction ID : SA11.808484
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
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 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name (Last, First, Middle Initial)
A. MS. ELINOR K. WIEST

Mailing Address 2 KNOLLWOOD RD

City State Zip Code
PINEHURST NC 28374-8315

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015
Transaction ID : SA11.817977

Amount of Each Receipt this Period
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MS. ELINOR K. WIEST

Mailing Address 2 KNOLLWOOD RD

City State Zip Code
PINEHURST NC 28374-8315

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015
Transaction ID : SA11.817978

Amount of Each Receipt this Period
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MS. ELINOR K. WIEST

Mailing Address 2 KNOLLWOOD RD

City State Zip Code
PINEHURST NC 28374-8315

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2015
Transaction ID : SA11.845738

Amount of Each Receipt this Period
25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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 19 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

A. MS. ELINOR K. WIEST
Full Name (Last, First, Middle Initial)
Mailing Address 2 KNOLLWOOD RD

City PINEHURST	State NC	Zip Code 28374-8315
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Date of Receipt
10 / 16 / 2015
Transaction ID : SA11.845739

Amount of Each Receipt this Period
25.00

CONTRIBUTION

B. MS. ELINOR K. WIEST
Full Name (Last, First, Middle Initial)
Mailing Address 2 KNOLLWOOD RD

City PINEHURST	State NC	Zip Code 28374-8315
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Date of Receipt
11 / 16 / 2015
Transaction ID : SA11.877632

Amount of Each Receipt this Period
25.00

CONTRIBUTION

C. MS. ELINOR K. WIEST
Full Name (Last, First, Middle Initial)
Mailing Address 2 KNOLLWOOD RD

City PINEHURST	State NC	Zip Code 28374-8315
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Date of Receipt
11 / 16 / 2015
Transaction ID : SA11.877633

Amount of Each Receipt this Period
25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 20 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

A. MS. ELINOR K. WIEST
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 KNOLLWOOD RD
 City PINEHURST State NC Zip Code 28374-8315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 16 / 2015
Transaction ID : SA11.899031
 Amount of Each Receipt this Period 25.00
 CONTRIBUTION

B. MS. ELINOR K. WIEST
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 KNOLLWOOD RD
 City PINEHURST State NC Zip Code 28374-8315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 16 / 2015
Transaction ID : SA11.899032
 Amount of Each Receipt this Period 25.00
 CONTRIBUTION

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

Date of Receipt
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	1190.00

**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 21 OF 51
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name (Last, First, Middle Initial) A. AGSH&F CIVIC ACTION COMMITTEE		Date of Receipt
Mailing Address 1333 NEW HAMPSHIRE AVENUE NW		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code
WASHINGTON	DC	20036-1500
FEC ID number of contributing federal political committee.	<input type="text" value="C00104901"/>	Transaction ID : SA11.802897
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="3000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3000.00"/>	

Full Name (Last, First, Middle Initial) B. NATIONAL ASSOCIATION OF WHOLESALER-DISTRIBUTORS PAC		Date of Receipt
Mailing Address 1325 G. STREET N.W. SUITE 100		<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City	State	Zip Code
WASHINGTON	DC	20005-3104
FEC ID number of contributing federal political committee.	<input type="text" value="C00109306"/>	Transaction ID : SA11.811135
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="8000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="8000.00"/>

**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 22 OF 51
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

A. RUBIO VICTORY COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 228 S WASHINGTON ST
 STE 115
 City ALEXANDRIA State VA Zip Code 22314-5404
 FEC ID number of contributing federal political committee. **C** C00494617
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 883246.01

Date of Receipt 12 / 31 / 2015
Transaction ID : SA12.945077
 Amount of Each Receipt this Period 3969.62
 TRANSFER-ALL OTHER DONORS PREVIOUSLY ITEMIZED
 TRANSFER OF JOINT FUNDRAISING PROCEEDS

B. MR. DAVID S. BLATT
 Full Name (Last, First, Middle Initial)
 Mailing Address DSB PROPERTIES, INC.
 101 N. WESTLAKE BOULEVARD SUITE 2
 City WESTLAKE VILLAGE State CA Zip Code 91362-3753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DSB PROPERTIES, INC. PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 18 / 2015
Transaction ID : SA12.816345.1.1215
 Amount of Each Receipt this Period -3000.00
 TRANSFER
[MEMO ITEM]
 TRANSFER CORRECTION FROM RUBIO VICTORY

C. MR. MATTHEW KEITH SIDMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 297 COMMONWEATH AVENUE
 UNIT 6
 City BOSTON State MA Zip Code 02115-2019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 THREE BAYS CAPITAL, L.P. CHIEF INVESTMENT OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 02 / 27 / 2015
Transaction ID : SA12.725815.1.1215
 Amount of Each Receipt this Period -1620.00
 TRANSFER
[MEMO ITEM]
 TRANSFER CORRECTION FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional).....	3969.62
TOTAL This Period (last page this line number only).....	3969.62

**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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. ALBERTO MARTINEZ

Mailing Address 1325 CHETWORTH CT.

City ALEXANDRIA State VA Zip Code 22314-1311

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : **SB21B.I18436**

Amount of Each Disbursement this Period

2246.00

Full Name (Last, First, Middle Initial)

B. ALBERTO MARTINEZ

Mailing Address 1325 CHETWORTH CT.

City ALEXANDRIA State VA Zip Code 22314-1311

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : **SB21B.I18437**

Amount of Each Disbursement this Period

2246.00

Full Name (Last, First, Middle Initial)

C. ALBERTO MARTINEZ

Mailing Address 1325 CHETWORTH CT.

City ALEXANDRIA State VA Zip Code 22314-1311

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2015

Transaction ID : **SB21B.I18438**

Amount of Each Disbursement this Period

2246.00

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

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

6738.00

**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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. ALBERTO MARTINEZ

Mailing Address 1325 CHETWORTH CT.

City ALEXANDRIA State VA Zip Code 22314-1311

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : **SB21B.I18439**

Amount of Each Disbursement this Period

2246.00

Full Name (Last, First, Middle Initial)

B. ALBERTO MARTINEZ

Mailing Address 1325 CHETWORTH CT.

City ALEXANDRIA State VA Zip Code 22314-1311

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2015

Transaction ID : **SB21B.I18440**

Amount of Each Disbursement this Period

2246.00

Full Name (Last, First, Middle Initial)

C. ALBERTO MARTINEZ

Mailing Address 1325 CHETWORTH CT.

City ALEXANDRIA State VA Zip Code 22314-1311

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2015

Transaction ID : **SB21B.I18441**

Amount of Each Disbursement this Period

2246.00

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

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

6738.00

**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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)
A. TODD REID

Mailing Address 503 C ST. NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement SEE MEMOS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 18 / 2015

Transaction ID : **SB21B.I18449**

Amount of Each Disbursement this Period: 328.97

Category/Type

Full Name (Last, First, Middle Initial)
B. BARNES & NOBLE

Mailing Address PO BOX 111

City LYNDHURST State NJ Zip Code 07071-0111

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 18 / 2015

Transaction ID : **SB21B.I18516**

Amount of Each Disbursement this Period: 328.97

Category/Type

[MEMO ITEM]

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

Mailing Address 503 C ST. NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement STRATEGIC CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 01 / 2015

Transaction ID : **SB21B.I18450**

Amount of Each Disbursement this Period: 2246.00

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2574.97

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"/> 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. TODD REID

Mailing Address 503 C ST. NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.I18451

Amount of Each Disbursement this Period

2246.00

Full Name (Last, First, Middle Initial)

B. TODD REID

Mailing Address 503 C ST. NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2015

Transaction ID : SB21B.I18452

Amount of Each Disbursement this Period

2246.00

Full Name (Last, First, Middle Initial)

C. TODD REID

Mailing Address 503 C ST. NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : SB21B.I18453

Amount of Each Disbursement this Period

2246.00

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

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

6738.00

**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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)
A. TODD REID

Mailing Address 503 C ST. NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement STRATEGIC CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 02 / 2015

Transaction ID : **SB21B.I18454**

Amount of Each Disbursement this Period: 2246.00

Category/Type

Full Name (Last, First, Middle Initial)
B. TODD REID

Mailing Address 503 C ST. NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement STRATEGIC CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 01 / 2015

Transaction ID : **SB21B.I18455**

Amount of Each Disbursement this Period: 2246.00

Category/Type

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

Mailing Address 503 C ST., NE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement STRATEGIC CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 01 / 2015

Transaction ID : **SB21B.I18443**

Amount of Each Disbursement this Period: 4000.00

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8492.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name (Last, First, Middle Initial)
A. TERRY SULLIVAN

Mailing Address 503 C ST., NE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement STRATEGIC CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 03 / 2015

Transaction ID : **SB21B.I18444**

Amount of Each Disbursement this Period: 4000.00

Category/Type

Full Name (Last, First, Middle Initial)
B. TERRY SULLIVAN

Mailing Address 503 C ST., NE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement STRATEGIC CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 01 / 2015

Transaction ID : **SB21B.I18445**

Amount of Each Disbursement this Period: 4000.00

Category/Type

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

Mailing Address 503 C ST., NE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement STRATEGIC CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 01 / 2015

Transaction ID : **SB21B.I18446**

Amount of Each Disbursement this Period: 4000.00

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 12000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. TERRY SULLIVAN

Mailing Address 503 C ST., NE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2015

Transaction ID : **SB21B.I18447**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. TERRY SULLIVAN

Mailing Address 503 C ST., NE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2015

Transaction ID : **SB21B.I18448**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. MATT TERRILL

Mailing Address 503 C ST., NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
SEE MEMOS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : **SB21B.I18442**

Amount of Each Disbursement this Period

1322.21

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

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

9322.21

**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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. DOLLAR RENT A CAR

Mailing Address 5330 E 31ST ST

City State Zip Code
TULSA OK 74135-5076

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : SB21B.118518

Amount of Each Disbursement this Period

300.08

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. HERTZ

Mailing Address 2700 S ASHLAND AVE

City State Zip Code
GREENBAY WI 54304

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : SB21B.118517

Amount of Each Disbursement this Period

467.03

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS-MERCHANT

Mailing Address P.O. BOX 53852

City State Zip Code
PHOENIX AZ 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : SB21B.118457

Amount of Each Disbursement this Period

7.95

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

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

7.95

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS-MERCHANT

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I18458

Amount of Each Disbursement this Period

3.20

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS-MERCHANT

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.I18459

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS-MERCHANT

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2015

Transaction ID : SB21B.I18460

Amount of Each Disbursement this Period

10.00

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

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

21.15

**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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS-MERCHANT

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2015

Transaction ID : SB21B.I18461

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS-MERCHANT

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2015

Transaction ID : SB21B.I18462

Amount of Each Disbursement this Period

2.62

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS-MERCHANT

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : SB21B.I18463

Amount of Each Disbursement this Period

7.95

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

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

18.52

**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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS-MERCHANT

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : SB21B.I18464

Amount of Each Disbursement this Period

2.62

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS-MERCHANT

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2015

Transaction ID : SB21B.I18465

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS-MERCHANT

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB21B.I18466

Amount of Each Disbursement this Period

2.62

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

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

13.19

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS-MERCHANT

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 01 / 2015

Transaction ID : **SB21B.I18467**

Amount of Each Disbursement this Period: 7.95

Category/Type

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS-MERCHANT

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 07 / 2015

Transaction ID : **SB21B.I18468**

Amount of Each Disbursement this Period: 2.62

Category/Type

Full Name (Last, First, Middle Initial)

C. BB&T

Mailing Address 1909 K ST., NW

City WASHINGTON State DC Zip Code 20006-2720

Purpose of Disbursement
SEE MEMOS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 02 / 2015

Transaction ID : **SB21B.I18475**

Amount of Each Disbursement this Period: 5458.38

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5468.95

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. AMTRAK

Mailing Address 60 MASSACHUSETTS AVE. NE

City WASHINGTON State DC Zip Code 20549-4285

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 02 / 2015

Transaction ID : **SB21B.I18525**

Amount of Each Disbursement this Period: 238.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. COMCAST

Mailing Address 1701 JFK BLVD.

City PHILADELPHIA State PA Zip Code 19103

Purpose of Disbursement UTILITIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 02 / 2015

Transaction ID : **SB21B.I18523**

Amount of Each Disbursement this Period: 436.90

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. GOOGLE

Mailing Address 1600 AMPITHEATRE PARKWAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement WEB SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 02 / 2015

Transaction ID : **SB21B.I18524**

Amount of Each Disbursement this Period: 722.97

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. RACKSPACE CLOUD

Mailing Address 1 FANATICAL PLACE

City SAN ANTONIO State TX Zip Code 78218

Purpose of Disbursement
WEB SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.I18522

Amount of Each Disbursement this Period

2298.75

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST.

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.I18521

Amount of Each Disbursement this Period

335.91

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. VERIZON

Mailing Address 22001 LOUDOUN COUNTY PKWY

City ASHVURN State VA Zip Code 20147-2141

Purpose of Disbursement
CELL PHONE/INTERNET

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.I18520

Amount of Each Disbursement this Period

1162.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. BB&T

Mailing Address 1909 K ST., NW

City WASHINGTON State DC Zip Code 20006-2720

Purpose of Disbursement
SEE MEMOS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2015

Transaction ID : SB21B.I18476

Amount of Each Disbursement this Period

2305.92

Full Name (Last, First, Middle Initial)

B. GOOGLE

Mailing Address 1600 AMPITHEATRE PARKWAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
WEB SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2015

Transaction ID : SB21B.I18527

Amount of Each Disbursement this Period

393.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. VERIZON

Mailing Address 22001 LOUDOUN COUNTY PKWY

City ASHVURN State VA Zip Code 20147-2141

Purpose of Disbursement
CELL PHONE/INTERNET

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2015

Transaction ID : SB21B.I18526

Amount of Each Disbursement this Period

737.87

[MEMO ITEM]

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

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

2305.92

**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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. WALL STREET JOURNAL

Mailing Address 4300 NORTH ROUTE 1 SOUTH

City BRUNSWCK State NJ Zip Code 08852-8701

Purpose of Disbursement
SUBSCRIPTION

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
09 / 14 / 2015

Transaction ID : SB21B.I18529

Amount of Each Disbursement this Period

103.73

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address 1909 K ST., NW

City WASHINGTON State DC Zip Code 20006-2720

Purpose of Disbursement
SEE MEMOS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2015

Transaction ID : SB21B.I18477

Amount of Each Disbursement this Period

246.14

Full Name (Last, First, Middle Initial)

C. VERIZON

Mailing Address 22001 LOUDOUN COUNTY PKWY

City ASHVURN State VA Zip Code 20147-2141

Purpose of Disbursement
WEB 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 Y
11 / 02 / 2015

Transaction ID : SB21B.I18530

Amount of Each Disbursement this Period

240.00

[MEMO ITEM]

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

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

246.14

**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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. CMDI

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

City TYSONS CORNER State VA Zip Code 22182-2245

Purpose of Disbursement DATA MANAGEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 03 / 2015

Transaction ID : **SB21B.I18478**

Amount of Each Disbursement this Period: 5.25

Full Name (Last, First, Middle Initial)

B. CMDI

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

City TYSONS CORNER State VA Zip Code 22182-2245

Purpose of Disbursement DATA MANAGEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 10 / 2015

Transaction ID : **SB21B.I18479**

Amount of Each Disbursement this Period: 2.70

Full Name (Last, First, Middle Initial)

C. CMDI

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

City TYSONS CORNER State VA Zip Code 22182-2245

Purpose of Disbursement DATA MANAGEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 24 / 2015

Transaction ID : **SB21B.I18480**

Amount of Each Disbursement this Period: 15.29

SUBTOTAL of Disbursements This Page (optional)..... ▶ 23.24

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. CMDI

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

City TYSONS CORNER State VA Zip Code 22182-2245

Purpose of Disbursement
DATA MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2015

Transaction ID : SB21B.I18481

Amount of Each Disbursement this Period

10.85

Full Name (Last, First, Middle Initial)

B. CMDI

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

City TYSONS CORNER State VA Zip Code 22182-2245

Purpose of Disbursement
DATA MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2015

Transaction ID : SB21B.I18482

Amount of Each Disbursement this Period

7.65

Full Name (Last, First, Middle Initial)

C. CMDI

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

City TYSONS CORNER State VA Zip Code 22182-2245

Purpose of Disbursement
DATA MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I18483

Amount of Each Disbursement this Period

9.63

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

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

28.13

**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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. CMDI

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

City TYSONS CORNER State VA Zip Code 22182-2245

Purpose of Disbursement
DATA MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB21B.I18484

Amount of Each Disbursement this Period

2591.09

Full Name (Last, First, Middle Initial)

B. CMDI

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

City TYSONS CORNER State VA Zip Code 22182-2245

Purpose of Disbursement
DATA MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2015

Transaction ID : SB21B.I18485

Amount of Each Disbursement this Period

9.63

Full Name (Last, First, Middle Initial)

C. CMDI

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

City TYSONS CORNER State VA Zip Code 22182-2245

Purpose of Disbursement
MERCHANT FEES

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
08 / 21 / 2015

Transaction ID : SB21B.I18486

Amount of Each Disbursement this Period

12.33

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

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

2613.05

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. CMDI

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

City TYSONS CORNER State VA Zip Code 22182-2245

Purpose of Disbursement
DATA MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : SB21B.I18487

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. D. MOSS AND COMPANY

Mailing Address 3722 MUNSON RD.

City FALLS CHURCH State VA Zip Code 22041

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.I18488

Amount of Each Disbursement this Period

4500.00

Full Name (Last, First, Middle Initial)

C. D. MOSS AND COMPANY

Mailing Address 3722 MUNSON RD.

City FALLS CHURCH State VA Zip Code 22041

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 03 / 2015

Transaction ID : SB21B.I18489

Amount of Each Disbursement this Period

4500.00

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

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

9250.00

**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)
Reclaim America PAC

Full Name (Last, First, Middle Initial) A. D. MOSS AND COMPANY		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 3722 MUNSON RD.		Transaction ID : SB21B.I18490
City FALLS CHURCH	State VA	
Purpose of Disbursement FUNDRAISING CONSULTING	Candidate Name	Amount of Each Disbursement this Period 4500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. D. MOSS AND COMPANY		Date of Disbursement MM / DD / YYYY 10 / 01 / 2015
Mailing Address 3722 MUNSON RD.		Transaction ID : SB21B.I18491
City FALLS CHURCH	State VA	
Purpose of Disbursement FUNDRAISING CONSULTING	Candidate Name	Amount of Each Disbursement this Period 4500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. D. MOSS AND COMPANY		Date of Disbursement MM / DD / YYYY 11 / 02 / 2015
Mailing Address 3722 MUNSON RD.		Transaction ID : SB21B.I18492
City FALLS CHURCH	State VA	
Purpose of Disbursement FUNDRAISING CONSULTING	Candidate Name	Amount of Each Disbursement this Period 4500.00
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	13500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name (Last, First, Middle Initial) A. D. MOSS AND COMPANY		Date of Disbursement MM / DD / YYYY 12 / 01 / 2015
Mailing Address 3722 MUNSON RD.		Transaction ID : SB21B.I18493
City FALLS CHURCH	State VA	
Zip Code 22041	Purpose of Disbursement FUNDRAISING CONSULTING	Amount of Each Disbursement this Period 4500.00
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:		

Full Name (Last, First, Middle Initial) B. HOLTZMAN VOGEL JOSEFIK PLLC		Date of Disbursement MM / DD / YYYY 10 / 31 / 2015
Mailing Address 45 NORTH HILL DRIVE, STE. 100		Transaction ID : SB21B.I18494
City WARRENTON	State VA	
Zip Code 20186	Purpose of Disbursement LEGAL FEES	Amount of Each Disbursement this Period 6025.00
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:		

Full Name (Last, First, Middle Initial) C. HUCKABY DAVIS LISKER, INC.		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address 228 S. WASHINGTON ST., STE. 115		Transaction ID : SB21B.I18495
City ALEXANDRIA	State VA	
Zip Code 22314-5408	Purpose of Disbursement COMPLIANCE CONSULTING	Amount of Each Disbursement this Period 4994.10
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	15519.10
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name (Last, First, Middle Initial) A. HUCKABY DAVIS LISKER, INC.		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 228 S. WASHINGTON ST., STE. 115		Transaction ID : SB21B.I18496
City ALEXANDRIA	State VA	
Purpose of Disbursement COMPLIANCE CONSULTING		Amount of Each Disbursement this Period 3345.19
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) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) B. HUCKABY DAVIS LISKER, INC.		Date of Disbursement MM / DD / YYYY 10 / 31 / 2015
Mailing Address 228 S. WASHINGTON ST., STE. 115		Transaction ID : SB21B.I18497
City ALEXANDRIA	State VA	
Purpose of Disbursement COMPLIANCE CONSULTING		Amount of Each Disbursement this Period 2650.56
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) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) C. HUCKABY DAVIS LISKER, INC.		Date of Disbursement MM / DD / YYYY 12 / 31 / 2015
Mailing Address 228 S. WASHINGTON ST., STE. 115		Transaction ID : SB21B.I18498
City ALEXANDRIA	State VA	
Purpose of Disbursement COMPLIANCE CONSULTING		Amount of Each Disbursement this Period 2559.17
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) ▼	Category/ Type
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	8554.92
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name (Last, First, Middle Initial)
A. MILLER SPENCE GROUP LLC

Mailing Address P.O. BOX 7557

City ARLINGTON State VA Zip Code 22207-0557

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 03 / 2015

Transaction ID : **SB21B.I18499**

Amount of Each Disbursement this Period: 2018.00

Category/Type

Full Name (Last, First, Middle Initial)
B. PUSH DIGITAL

Mailing Address P.O. BOX 7431

City COLUMBIA State SC Zip Code 29202

Purpose of Disbursement WEB SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 03 / 2015

Transaction ID : **SB21B.I18501**

Amount of Each Disbursement this Period: 11000.00

Category/Type

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

Mailing Address 1 FANATICAL PLACE

City SAN ANTONIO State TX Zip Code 78218

Purpose of Disbursement WEB SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 31 / 2015

Transaction ID : **SB21B.I18510**

Amount of Each Disbursement this Period: 917.82

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 13935.82

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. TNT DAILEY INC.

Mailing Address 924 CHERRY RD.

City WEST PALM BEACH State FL Zip Code 33409

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : SB21B.I18502

Amount of Each Disbursement this Period

2090.00

Full Name (Last, First, Middle Initial)

B. TNT DAILEY INC.

Mailing Address 924 CHERRY RD.

City WEST PALM BEACH State FL Zip Code 33409

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.I18503

Amount of Each Disbursement this Period

2090.00

Full Name (Last, First, Middle Initial)

C. TSYS MERCHANT SOLUTIONS

Mailing Address 1601 DODGE ST

City OMAHA State NE Zip Code 68102-1637

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2015

Transaction ID : SB21B.I18504

Amount of Each Disbursement this Period

50.90

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

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

4230.90

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. TSYS MERCHANT SOLUTIONS

Mailing Address 1601 DODGE ST

City OMAHA State NE Zip Code 68102-1637

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 17 / 2015

Transaction ID : SB21B.I18505

Amount of Each Disbursement this Period

50.90

Full Name (Last, First, Middle Initial)

B. TSYS MERCHANT SOLUTIONS

Mailing Address 1601 DODGE ST

City OMAHA State NE Zip Code 68102-1637

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SB21B.I18506

Amount of Each Disbursement this Period

50.90

Full Name (Last, First, Middle Initial)

C. TSYS MERCHANT SOLUTIONS

Mailing Address 1601 DODGE ST

City OMAHA State NE Zip Code 68102-1637

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : SB21B.I18507

Amount of Each Disbursement this Period

50.90

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

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

152.70

**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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. TSYS MERCHANT SOLUTIONS

Mailing Address 1601 DODGE ST

City OMAHA State NE Zip Code 68102-1637

Purpose of Disbursement
MERCHANT FEES

Candidate Name

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
11 / 16 / 2015

Transaction ID : SB21B.I18508

Amount of Each Disbursement this Period

50.90

B. TSYS MERCHANT SOLUTIONS

Full Name (Last, First, Middle Initial)

Mailing Address 1601 DODGE ST

City OMAHA State NE Zip Code 68102-1637

Purpose of Disbursement
MERCHANT FEES

Candidate Name

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
12 / 15 / 2015

Transaction ID : SB21B.I18509

Amount of Each Disbursement this Period

50.90

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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)..... ▶

101.80

128594.66

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

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

FOR LINE NUMBER:
(check only one)

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

Full Name (Last, First, Middle Initial)

A. MARCO RUBIO FOR PRESIDENT

Mailing Address PO BOX 558701

City MIAMI State FL Zip Code 33255

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MARCO RUBIO

Office Sought: House
 Senate
 President
State: US District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : **SB23.I18512**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. MARCO RUBIO FOR PRESIDENT

Mailing Address PO BOX 558701

City MIAMI State FL Zip Code 33255

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MARCO RUBIO

Office Sought: House
 Senate
 President
State: US District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : **SB23.I18513**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. MOOLENAAR FOR CONGRESS

Mailing Address 5915 EASTMAN AVE

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JOHN MOOLENAAR

Office Sought: House
 Senate
 President
State: MI District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : **SB23.I18514**

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b through 30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. REPUBLICAN PARTY OF FLORIDA

Mailing Address PO BOX 311

City TALLAHASSEE State FL Zip Code 32302-0311

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought: House, Senate, President
State: District:

Disbursement For: Primary, General, Other (specify)

Date of Disbursement

Date of Disbursement grid: 10 / 28 / 2015

Transaction ID : SB23.I18511

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period grid: 5000.00

B. THE FUND FOR AMERICAN EXCEPTIONALISM

Mailing Address 1801 N SHUTT HILL ROAD

City HUNTINGTON State IN Zip Code 46750

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought: House, Senate, President
State: District:

Disbursement For: Primary, General, Other (specify)

Date of Disbursement

Date of Disbursement grid: 09 / 30 / 2015

Transaction ID : SB23.I18515

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period grid: 5000.00

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House, Senate, President
State: District:

Disbursement For: Primary, General, Other (specify)

Date of Disbursement

Date of Disbursement grid

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period grid

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SUBTOTAL grid: 10000.00

TOTAL grid: 25000.00