

# 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.

America Votes Action Fund

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  04 / 01 / 2014 through  06 / 30 / 2014

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 Susan Finkle Sourlis

Signature of Treasurer Susan Finkle Sourlis [Electronically Filed] Date  07 / 15 / 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**America Votes Action Fund**

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="2014"/>	<input type="text" value="141269.05"/>	<input type="text" value="141269.05"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="43914.15"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="931811.13"/>	<input type="text" value="931911.13"/>
(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="975725.28"/>	<input type="text" value="1073180.18"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="77949.45"/>	<input type="text" value="175404.35"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="897775.83"/>	<input type="text" value="897775.83"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**America Votes Action Fund**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

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).....	356800.00	356800.00
(ii) Unitemized .....	11.13	111.13
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	356811.13	356911.13
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	575000.00	575000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	931811.13	931911.13
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	931811.13	931911.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	931811.13	931911.13

**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 .....	48949.45	126229.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	48949.45	126229.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	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	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	29000.00	49175.00
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)) ..	77949.45	175404.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	77949.45	175404.35

**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) .....	931811.13	931911.13
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	931811.13	931911.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	48949.45	126229.35
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	48949.45	126229.35

**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 16  
(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)  
**America Votes Action Fund**

**A. Sandor Straus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 318 Maverick Ct  
 City Lafayette State CA Zip Code 94549-1811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Merfin, LLC Occupation Investment Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 20000.00  
 Date of Receipt 05 / 28 / 2014  
**Transaction ID : VN8AXCP09J0**  
 Amount of Each Receipt this Period 20000.00

**B. Nevada Service Employees Union**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3785 E Sunset Rd  
 3785 East Sunset Road  
 City Las Vegas State NV Zip Code 89120-6259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 30000.00  
 Date of Receipt 05 / 14 / 2014  
**Transaction ID : VN8AXCMXPW0**  
 Amount of Each Receipt this Period 30000.00

**C. AFSCME**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1625 L St NW  
 City Washington State DC Zip Code 20036-5687  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262000.00  
 Date of Receipt 06 / 02 / 2014  
**Transaction ID : VN8AXCPHKY0**  
 Amount of Each Receipt this Period 250000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300000.00  
**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 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**America Votes Action Fund**

**A. Nilah M. MacDonald**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25 Whortleberry Ln  
City Scituate State MA Zip Code 02066-1707  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 06 / 2014  
**Transaction ID : VN8AXCPS211**  
Amount of Each Receipt this Period  
100.00

**B. Nilah M. MacDonald**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25 Whortleberry Ln  
City Scituate State MA Zip Code 02066-1707  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 05 / 2014  
**Transaction ID : VN8AXCJJ222**  
Amount of Each Receipt this Period  
100.00

**C. Lee Fikes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 500 N Akard St Ste 1900  
City Dallas State TX Zip Code 75201-6629  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Bonanza Oil Company Occupation Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 25000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 27 / 2014  
**Transaction ID : VN8AXCNXN25**  
Amount of Each Receipt this Period  
25000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 25200.00  
**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 8 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**America Votes Action Fund**

Full Name (Last, First, Middle Initial) <b>A. Karen White</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014 <b>Transaction ID : VN8AXCQ9WH5</b>
Mailing Address 12016th Street, N.W.		Amount of Each Receipt this Period 500.00
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C	Name of Employer NEA	Occupation Director of Campaigns and Elections
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Nilah M. MacDonald</b>		Date of Receipt MM / DD / YYYY 05 / 06 / 2014 <b>Transaction ID : VN8AXCMEGM6</b>
Mailing Address 25 Whortleberry Ln		Amount of Each Receipt this Period 100.00
City Scituate	State MA	Zip Code 02066-1707
FEC ID number of contributing federal political committee. C	Name of Employer None	Occupation Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>c. Ohioans United Action Fund</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014 <b>Transaction ID : VN8AXCQGQW6</b>
Mailing Address 605 N High St # 186		Amount of Each Receipt this Period 14000.00
City Columbus	State OH	Zip Code 43215-2024
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 14000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	14600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 9 OF 16  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**America Votes Action Fund**

Full Name (Last, First, Middle Initial)  
**A. AFSCME**

Mailing Address 1625 L St NW

City Washington State DC Zip Code 20036-5687

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
262000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : VN8AXCPHM47**

Amount of Each Receipt this Period  
12000.00

Full Name (Last, First, Middle Initial)  
**B. IBEW**

Mailing Address 900 7th St NW  
Bsmt 1

City Washington State DC Zip Code 20001-4089

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 23 / 2014  
**Transaction ID : VN8AXCNRRW8**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	17000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	356800.00

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

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

FOR LINE NUMBER: PAGE 10 OF 16  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**America Votes Action Fund**

**A. NEA ADVOCACY FUND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1201 16th St NW  
 Ste 420  
 City Washington State DC Zip Code 20036-3201  
 FEC ID number of contributing federal political committee. **C** C00489815  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2014  
**Transaction ID : VN8AXCT7QS8**  
 Amount of Each Receipt this Period  
 550000.00

**B. WOMEN VOTE!**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1800 M St NW  
 Ste 375N  
 City Washington State DC Zip Code 20036-5862  
 FEC ID number of contributing federal political committee. **C** C00473918  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2014  
**Transaction ID : VN8AXCMSF79**  
 Amount of Each Receipt this Period  
 25000.00

**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  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	575000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	575000.00

**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)  
**America Votes Action Fund**

Full Name (Last, First, Middle Initial)

**A. Gilbert & Wolfand, P.C.**

Mailing Address 2201 Wisconsin Ave NW

City Washington State DC Zip Code 20007-4105

Purpose of Disbursement  
Accounting Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2014

**Transaction ID : VN7BN9SHDB0**

Amount of Each Disbursement this Period

1273.75

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 1500 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2014

**Transaction ID : VN7BN9SHE71**

Amount of Each Disbursement this Period

68.83

Full Name (Last, First, Middle Initial)

**C. Catalist, LLC**

Mailing Address 1090 Vermont Ave NW  
Ste 300

City Washington State DC Zip Code 20005-4966

Purpose of Disbursement  
Voter File Data

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2014

**Transaction ID : VN7BN9SHE22**

Amount of Each Disbursement this Period

2622.50

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

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

3965.08

**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)  
**America Votes Action Fund**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address 1500 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 15 / 2014

Transaction ID : VN7BN9SHE63

Amount of Each Disbursement this Period

68.84

Full Name (Last, First, Middle Initial)

**B. Battleground Research, Inc.**

Mailing Address 35 E Gay St  
Ste 248

City Columbus State OH Zip Code 43215-8128

Purpose of Disbursement  
Research

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2014

Transaction ID : VN7BN9SHDK3

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 1500 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 02 / 2014

Transaction ID : VN7BN9SHEA5

Amount of Each Disbursement this Period

15.00

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

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

10083.84

**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)  
**America Votes Action Fund**

Full Name (Last, First, Middle Initial)

**A. NGP VAN, Inc.**

Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement  
Voter File Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2014

**Transaction ID : VN7BN9SHE06**

Amount of Each Disbursement this Period

2312.00

Full Name (Last, First, Middle Initial)

**B. Perkins Coie, LLP**

Mailing Address 700 13th St NW  
Ste 550

City Washington State DC Zip Code 20005-3960

Purpose of Disbursement  
Legal Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2014

**Transaction ID : VN7BN9SHD86**

Amount of Each Disbursement this Period

3667.36

Full Name (Last, First, Middle Initial)

**C. Perkins Coie, LLP**

Mailing Address 700 13th St NW  
Ste 550

City Washington State DC Zip Code 20005-3960

Purpose of Disbursement  
Legal Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2014

**Transaction ID : VN7BN9SHDP7**

Amount of Each Disbursement this Period

4626.66

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

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

10606.02

**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)  
**America Votes Action Fund**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address 1500 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : VN7BN9SHE48

Amount of Each Disbursement this Period

6	8	.	8	2
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. The Atlas Project, Inc.**

Mailing Address 888 16th St NW  
Ste 650

City Washington State DC Zip Code 20006-4112

Purpose of Disbursement  
Research

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : VN7BN9SHD78

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. Battleground Research, Inc.**

Mailing Address 35 E Gay St  
Ste 248

City Columbus State OH Zip Code 43215-8128

Purpose of Disbursement  
Research

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

Transaction ID : VN7BN9SHDN9

Amount of Each Disbursement this Period

1	4	0	0	.	0	0
---	---	---	---	---	---	---

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

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

2	4	0	6	8	.	8	2
---	---	---	---	---	---	---	---

4	8	7	2	.	7	6
---	---	---	---	---	---	---

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

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**America Votes Action Fund**

Full Name (Last, First, Middle Initial)

**A. Lincoln Park Strategies**

Mailing Address 611 Pennsylvania Ave SE  
Ste 122

City Washington State DC Zip Code 20003-4303

Purpose of Disbursement  
Research

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
05 / 16 / 2014

**Transaction ID : VN7BN9SHDGO**

Amount of Each Disbursement this Period

10000.00

Non-federal IE research in support of Mike Schneider for NV Clark County Commissioner

Full Name (Last, First, Middle Initial)

**B. Nevada Values PAC**

Mailing Address 708 S 6th St

City Las Vegas State NV Zip Code 89101-6922

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
05 / 16 / 2014

**Transaction ID : VN7BN9SHDA2**

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**C. IMS, Inc.**

Mailing Address 707 8th St SE  
Ste 100

City Washington State DC Zip Code 20003-2862

Purpose of Disbursement  
Research

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
05 / 16 / 2014

**Transaction ID : VN7BN9SHDF2**

Amount of Each Disbursement this Period

5000.00

Non-federal IE research in support of Mike Schneider for NV Clark County Commissioner

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

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

25000.00

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

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

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NAME OF COMMITTEE (In Full)  
**America Votes Action Fund**

Full Name (Last, First, Middle Initial)

**A. Nevada Values PAC**

Mailing Address 708 S 6th St

City Las Vegas State NV Zip Code 89101-6922

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

**Transaction ID : VN7BN9SHDJ5**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

4000.00

29000.00