PAGE 1 / 8

Image# 13964021581

**FEC** 

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

| 1. NAME OF COMMITTEE (in full)  COALITION FOR AMERICAN VALUES PAC  ADDRESS (number and street)  Check if different than proviously reported (ACC)  C C00506113  3. IS THIS NEW (N) OR AMENICATION NUMBER V CITY A STATE A ZIP CODE A ZIP CODE A AMENICATION REPORTED TO THE REPORT (N) OR AMENICATION (ACC)  C C00506113  4. TYPE OF REPORT (D) Monthly Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) Peb 20 (M2) Apr 20 (M3) Jun 20 (M6) Sep 20 (M9) Doc 20 (M11) Peb 20 (M11) Jun 20 (M7) Cot 20 (M11) Jun 20 (M7) Doc 20 (M11) PRE-Election Report (Or Jun 20 (M7) PRE-Election (New decide) (M7) PEE-Election (New Conly) (M7) PRE-Election (New Conly) (M7) PRE- | FURINI 3X                             | For Other Than An Auth           | orized Committee             | Office Use Only                             |                   |
|--|---------------------------------------|----------------------------------|------------------------------|---|-------------------|
| ADDRESS (number and street)  Check if different than previously reported. (ACC)  Check if different than previously reported. (ACC)  2. FEC IDENTIFICATION NUMBER ▼  C C 000506113  3. IS THIS REPORT (N) OR (A)  AMENDED (A)  4. TYPE OF REPORT (Choose One)  (a) Quarterly Report (Choose One)  April 15 (Cuarterly Report (C1) July 15 (C2) (M4) July 15 (M4) July 15 (M4) Special (12G) Report for the: Convention (12C) Special (12S)  Wast-End Report (VE) July 31 Mid-Year Report (N) (M2) (M3) Jun 20 (M6) Report for the: Convention (12C) Special (12S) (M3) January 31 (M4) Fleat (M4) July 15 (M5) July 15 (M5 |                                       | TYPE OR PRINT ▼                  |                              |   |                   |
| C Coose It 3  4. TYPE OF REPORT (Choose One)  (a) Quarterly Report (C1)  Quarterly Report (C2)  October 15  Quarterly Report (C2)  October 16  Quarterly Report (C2)  October 16  C Coose One)  April 15  Quarterly Report (C2)  October 16  C Quarterly Report (C2)  October 16  C Coose One)  Report T (Choose One)  (a) Quarterly Report (C2)  October 15  C Coose One)  April 15  Quarterly Report (C2)  October 16  C Coose One)  (b) Monthly Peb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M1)  April 15  Quarterly Report (C1)  July 15  Quarterly Report (C2)  October 16  C Coose One)  Report T (Choose One)  (c) 12-Day Primary (12P) Qeneral (12G) Runoff (12R)  PRE-Election Report (Ne)  Report (Non-election Ne)  Report (Non-election Report (Ne)  Report (Non-election Ne)  Report (Non-ele | COALITION FOR AM                      | ERICAN VALUES PAC                | <b>;</b>                     |   |                   |
| C Coose It 3  4. TYPE OF REPORT (Choose One)  (a) Quarterly Report (C1)  Quarterly Report (C2)  October 15  Quarterly Report (C2)  October 16  Quarterly Report (C2)  October 16  C Coose One)  April 15  Quarterly Report (C2)  October 16  C Quarterly Report (C2)  October 16  C Coose One)  Report T (Choose One)  (a) Quarterly Report (C2)  October 15  C Coose One)  April 15  Quarterly Report (C2)  October 16  C Coose One)  (b) Monthly Peb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M1)  April 15  Quarterly Report (C1)  July 15  Quarterly Report (C2)  October 16  C Coose One)  Report T (Choose One)  (c) 12-Day Primary (12P) Qeneral (12G) Runoff (12R)  PRE-Election Report (Ne)  Report (Non-election Ne)  Report (Non-election Report (Ne)  Report (Non-election Ne)  Report (Non-ele |                                       |                                  |                              |   |                   |
| than previously reported. (ACC)  2. FEC IDENTIFICATION NUMBER V  C C00506113  3. IS THIS NEW (N) OR AMENDED (A)  4. TYPE OF REPORT (b) Monthly Report (Choose One) (a) Quarterly Report (Choose One) (b) Monthly Report (Choose One) (a) Quarterly Report (Choose One) (b) Quarterly Report (Choose One) (c) Quarterly Report (Choose One) (d) Quarterly Quarterly (d) Quarterly Report (Choose One) (d) Quarterly Report (Choose One) (d) Quarterly Quarterly (d) Quarterly Report (Choose One) (d) Quarterly Quarterly (d) Quarter | ADDRESS (number and street) ▼         | 119 S. EMERSON ST. #231          |                              |   |                   |
| 2. FEC IDENTIFICATION NUMBER V  C C C00506113  3. IS THIS REPORT X (N) OR AMENDED  (A) AMENDED   |                                       | MOUNT PROSPECT                   |                              |   |                   |
| A. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q3) Temination Report (TER)  Temination Report  (d) 30-Day PoST-Election Report for the:  Election on  Electronically Filed]  Date  FEC FORM 3X  Rev. 122004  |                                       | WOUNT PROSPECT                   |                              | 60056                                       |                   |
| 4. TYPE OF REPORT (Choose One) (b) Monthly 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) X July 31 Mid-Year Report (Non-election Year Only) Termination Report (TER)  Election on State of Treasurer  Brent Downs    Coertify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.    Nov 20 (M1)   | 2. FEC IDENTIFICATION N               | IUMBER ▼ CITY                    | <b>^</b>                     | STATE ▲ ZIP CODE ▲                          |                   |
| (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1)  July 15 Quarterly Report (Q2)  October 15 Quarterly Report (YE)  X July 31 Mid-Year Report (YE)  X July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)  Te | C C00506113                           |                                  |                              |   |                   |
| (a) Quarterly Reports:  April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q3) January 31 Year-End Report (Non-election Year Only) (MY) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)  Termination Report (TER)  5. Covering Period  April 15 Quarterly Report (Q3) Day PRE-Election Report (TER)  Election on  Electi |                                       | Report Due On:                   |                              | (Non-E<br>Year C                            | Election<br>Only) |
| April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE)  X July 31 Mid-Year Report (Non-election Report for the:  Convention (12C)  Special (12S)  Election on  Election on  Election on  Election on  Report (Non-election Report for the:  Convention (12C)  Special (12S)  Election on  Fermination Report (TER)  Special (30G)  Runoff (30R)  Special (30S)  Special (30S)  Runoff (30R)  Special (30S)  Fermination Report (TER)  Corvering Period  O1  O1  ZO13  Through  O6  30  ZO13  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  Brent Downs  Fernt D | (a) Quarterly Reports:                |                                  |                              | (Non-E<br>Year C                            | Electiòn<br>Only) |
| July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE)  X July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)  Election on  Beport for the:  Convention (12C) Special (12S)  Runoff (12H) PRE-Election Report for the:  Convention (12C) Special (12S)  Furnary (12P) Runoff (12H) PRE-Election Report for the:  Convention (12C) Special (12S)  Furnary (12P)  Runoff (12H) Runoff (12H) Runoff (12H)  Runoff (12H) PRE-Election Report for the:  State of  Special (30S) Runoff (30R) Special (30S) Report for the:  Election on  Furnary (12P) Runoff (12H) Runoff (12H)  Furnary (12P)  Furnary (12P)  General (12G) Furnary (12P)  Furnary (12P)  General (12G) Furnary (12P)  Furnary (12P)  Furnary (12P)  Furnary (12P)  Furnary (12P)  Furnary (12P)  Furnary (12P) Furnary (12P |                                       | (Q1)                             |                              |   |                   |
| October 15 Quarterly Report (Q3) January 31 Year-End Report (YE)  X July 31 Mid-Year Report (Non-election Year Only) (MY) POST-Election Report (TER)  General (30G) Runoff (30R) Special (30S) Runoff (30R) Special (30S) Runoff (30R) Special (30S) Report for the:  Election on  H M M / D D / YYYYY  in the State of  Special (30S) Runoff (30R) Special (30S) Runoff (30R) Special (30S) Report for the:  Election on  Fermination Report  In the State of  Total Covering Period  Total Cover | July 15                               | (C) 12-Day                       | Primary (12P)                | General (12G) Runo                          | ff (12R)          |
| January 31 Year-End Report (YE)  X July 31 Mid-Year Report (Non-election Year Only) (MY) POST-Election Report for the:  General (30G) Runoff (30R) Special (30S) Runoff (30R) Special (30S) Report for the:  Election on  M M M / P P P M M M M M M M M M M M M M  | October 15                            | Report for the:                  | Convention (12C)             | Special (12S)                               |                   |
| July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)  Through (M)   | January 31                            |                                  |                              | iii uic                                     |                   |
| Termination Report (TER)  Election on  Election on  Election on  Election on  Through  Throug | X July 31 Mid-Year Report (Non-electi | (d) 30-Day POST-Election         | General (30G)                | Runoff (30R) Speci                          | al (30S)          |
| 5. Covering Period 01 01 2013 through 06 30 2013  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 Brent Downs  Signature of Treasurer Brent Downs  [Electronically Filed] Date 07 10 2013  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 FEC FORM 3X  Rev. 12/2004   |                                       | t                                |                              |   |                   |
| Type or Print Name of Treasurer  Brent Downs  [Electronically Filed]  Date  Office Use  Brent Downs  [Electronically Filed]  Date  FEC FORM 3X  Rev. 12/2004   | 5. Covering Period                    |                                  |                              |   |                   |
| Signature of Treasurer    Brent Downs   [Electronically Filed]   Date   O7   10   2013   | I certify that I have examined t      | this Report and to the best of r | my knowledge and belief it i | s true, correct and complete.               |                   |
| Signature of Treasurer    Brent Downs  | Type or Print Name of Treasur         | er Brent Downs                   |                              |   |                   |
| Office Use FEC FORM 3X Rev. 12/2004  | Signature of Treasurer Brea           | nt Downs                         | [Electronically Filed]       | - 07 40                                     |                   |
| Office Use FEC FORM 3X Rev. 12/2004  | NOTE: Submission of false, erro       | neous, or incomplete information | may subject the person signi | ng this Report to the penalties of 2 U.S.C. | §437g.            |
|  | Office                                |                                  |                              | FEC FORM 3                                  |                   |

#### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

| R   | eport Covering the Period: From: 01  | 01 2013 To              | o: 06 30 2013                     |
|-----|--|-------------------------|-----------------------------------|
|     |  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
| 6.  | (a) Cash on Hand January 1, 2013   |                         | -466.83                           |
|     | (b) Cash on Hand at Beginning of Reporting Period  | -466.83                 |                                   |
|     | (c) Total Receipts (from Line 19)  | 355.00                  | 355.00                            |
|     | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)         | -111.83                 | -111.83                           |
| 7.  | Total Disbursements (from Line 31)   | 5060.00                 | 5060.00                           |
| 8.  | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                       | -5171.83                | -5171.83                          |
| 9.  | Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00                    |                                   |
| 10. | Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)        | 0.00                    |                                   |

### For further information contact:

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

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)

Write or Type Committee Name

#### COALITION FOR AMERICAN VALUES PAC

| Report Covering the Period: From: 01          | 01 2013 To  | o: 06 / 30 / Y = Y = Y = Y |  |  |  |  |  |
|---|---|----------------------------|--|--|--|--|--|
| I. Receipts                                   | I. Receipts COLUMN A COLUMN B Total This Period Calendar Year-to-Date |                            |  |  |  |  |  |
| 1. Contributions (other than loans) From:     |   |                            |  |  |  |  |  |
| (a) Individuals/Persons Other                 |   |                            |  |  |  |  |  |
| Than Political Committees                     | 250.00  | 250.00                     |  |  |  |  |  |
| (i) Itemized (use Schedule A)                 | 230.00  | 250.00                     |  |  |  |  |  |
| (ii) Unitemized                               | , 105.00  | 105.00                     |  |  |  |  |  |
| (iii) TOTAL (add<br>Lines 11(a)(i) and (ii)▶  | 355.00  | 355.00                     |  |  |  |  |  |
| Emos 17(a)(i) and (ii)                        | 3                               |                            |  |  |  |  |  |
| (b) Political Party Committees                | 0.00  | 0.00                       |  |  |  |  |  |
| (c) Other Political Committees (such as PACs) | 0.00  | 0.00                       |  |  |  |  |  |
| (d) Total Contributions (add Lines            | 7   | 7                          |  |  |  |  |  |
| 11(a)(iii), (b), and (c)) (Carry              |   |                            |  |  |  |  |  |
| Totals to Line 33, page 5)                    | 355.00  | 355.00                     |  |  |  |  |  |
| Transfers From Affiliated/Other               |   |                            |  |  |  |  |  |
| Party Committees                              | 0.00  | 0.00                       |  |  |  |  |  |
|   |   |                            |  |  |  |  |  |
| 3. All Loans Received                         | 0.00  | 0.00                       |  |  |  |  |  |
| 4. L B  | 0.00  | 0.00                       |  |  |  |  |  |
| 4. Loan Repayments Received                   | 0.00  | 0.00                       |  |  |  |  |  |
| 5. Offsets To Operating Expenditures          |   |                            |  |  |  |  |  |
| (Refunds, Rebates, etc.)                      | 0.00  | 0.00                       |  |  |  |  |  |
| (Carry Totals to Line 37, page 5)             | 0.00  | 0.00                       |  |  |  |  |  |
| to Federal Candidates and Other               |   |                            |  |  |  |  |  |
| Political Committees                          | 0.00  | 0.00                       |  |  |  |  |  |
| 7. Other Federal Receipts                     | 0.00  | 0.00                       |  |  |  |  |  |
| (Dividends, Interest, etc.)                   | 0.00  | 0.00                       |  |  |  |  |  |
| 8. Transfers from Non-Federal and Levin Funds | 0.00  | 0.00                       |  |  |  |  |  |
| (a) Non-Federal Account                       |   |                            |  |  |  |  |  |
| (from Schedule H3)                            | 0.00  | 0.00                       |  |  |  |  |  |
| (IIOIII COITOGGIO TIO)                        | 3.00  | 0.00                       |  |  |  |  |  |
| (1) 1   | 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                       |  |  |  |  |  |
| (b) Levin Funds (from Schedule H5)            | 0.00  |                            |  |  |  |  |  |
| (subtract Line 18(c) from Line 19)▶           | 355.00  | 355.00                     |  |  |  |  |  |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | I. Disbursements COLUMN A Total This Period |                       |  |  |  |
|--|---|-----------------------|--|--|--|
| Operating Expenditures:  (a) Allocated Federal/Non-Federal                         | Total Tills I Gliou                         | Calendar Year-to-Date |  |  |  |
| Activity (from Schedule H4)  |   |                       |  |  |  |
| (i) Federal Share  | 0.00  | 0.00                  |  |  |  |
|  |   |                       |  |  |  |
| (ii) Non-Federal Share   | 0.00  | 0.00                  |  |  |  |
| (b) Other Federal Operating  | 0.00  | 0.00                  |  |  |  |
| Expenditures   | 0.00  | 0.00                  |  |  |  |
| (add 21(a)(i), (a)(ii), and (b))▶  | 0.00  | 0.00                  |  |  |  |
| Transfers to Affiliated/Other Party  | 7   |                       |  |  |  |
| Committees   | 0.00  | 0.00                  |  |  |  |
| Contributions to Federal Candidates/Committees                                     |   |                       |  |  |  |
| and Other Political Committees   | 0.00  | 0.00                  |  |  |  |
| Independent Expenditures   | 0.00  | 0.00                  |  |  |  |
| (use Schedule E) Coordinated Party Expenditures                                    | 0.00  | 0.00                  |  |  |  |
| (2 U.S.C. §441a(d)) (use Schedule F)   | 0.00  | 0.00                  |  |  |  |
| (400 001104410 1 )   | 7   |                       |  |  |  |
| Loan Repayments Made   | 0.00  | 0.00                  |  |  |  |
| _  |   |                       |  |  |  |
| Loans Made Refunds of Contributions To:  | 0.00  | 0.00                  |  |  |  |
| (a) Individuals/Persons Other  | 0.00  | 0.00                  |  |  |  |
| Than Political Committees  | 0.00  | 0.00                  |  |  |  |
| (b) Political Party Committees   | 0.00  | 0.00                  |  |  |  |
| (c) Other Political Committees   | 7 7   |                       |  |  |  |
| (such as PACs)   | 0.00  | 0.00                  |  |  |  |
|  |   |                       |  |  |  |
| (d) Total Contribution Refunds   | 0.00  | 0.00                  |  |  |  |
| (add Lines 28(a), (b), and (c))▶   | 4   | 7                     |  |  |  |
| Other Disbursements  | 5060.00                                     | 5060.00               |  |  |  |
| Stroit Biobarcontente  | 3   |                       |  |  |  |
| Federal Election Activity (2 U.S.C. §431(20))                                      |   |                       |  |  |  |
| (a) Allocated Federal Election Activity  |   |                       |  |  |  |
| (from Schedule H6)   | 0.00  | 0.00                  |  |  |  |
| (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                  |  |  |  |
| Total Dishuranments (add Lizzz 01/2) 00  |   |                       |  |  |  |
| Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | E000 00                                     | 5000.00               |  |  |  |
| 20, 27, 20, 20, 21, 20(u), 28 dilu 30(c))  | 5060.00                                     | 5060.00               |  |  |  |
| Total Federal Disbursements  |   |                       |  |  |  |
| (subtract Line 21(a)(ii) and Line 30(a)(ii)  |   |                       |  |  |  |
| from Line 31)  | 5060.00                                     | 5060.00               |  |  |  |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                               | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3)         | 355.00                        | 355.00                            |
| 4. Total Contribution Refunds (from Line 28(d))                             | 0.00                          | 0.00                              |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33)     | 355.00                        | 355.00                            |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 0.00                          | 0.00                              |
| 7. Offsets to Operating Expenditures (from Line 15, page 3)                 | 0.00                          | 0.00                              |
| 8. Net Operating Expenditures (subtract Line 37 from Line 36)               | 0.00                          | 0.00                              |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

| _    | R LINE   | _  |     | : | PAGE | : | 6  | OF | 8  |
|------|----------|----|-----|---|------|---|----|----|----|
| (che | eck only | or | ne) |   |      |   |    |    |    |
| ×    | 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.

| OI        | for commercial purposes, other than using the  | name and address of any political committee to                           | solicit contributions from such committee.                                     |
|-----------|--|--|--|
| $\rangle$ | NAME OF COMMITTEE (In Full) COALITION FOR AMERICAN \   | /ALUES PAC   |  |
| A.        | Full Name (Last, First, Middle Initial)  Michael Boylan  Mailing Address 5110 San Felipe St.  Unit 271W  City  Houston  FEC ID number of contributing federal political committee.  Name of Employer  Retired  Receipt For:  Primary  General  Other (specify) | State Zip Code TX 77066  C  Occupation Retired  Aggregate Year-to-Date ▼ | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                 |
| В.        | Full Name (Last, First, Middle Initial)  Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify)  Other (specify)   | State Zip Code  C Occupation  Aggregate Year-to-Date ▼                   | Date of Receipt  M M / D D / Y Y Y Y Y  Amount of Each Receipt this Period     |
| C.        | Full Name (Last, First, Middle Initial)  Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify)  | State Zip Code  C Occupation  Aggregate Year-to-Date ▼                   | Date of Receipt  M M M / D D / Y Y Y Y Y Y  Amount of Each Receipt this Period |
| S         | SUBTOTAL of Receipts This Page (optional)  | • • • • • • • • • • • • • • • • • • •                                    | 250.00   |
| Т         | TOTAL This Period (last page this line number  | only)  | 250.00   |

## ľ

| S           | CHEDULE B (FEC Form 3X)                            | Her              | avoto oslassicis ( )              | FOR LINE NUMBER: PAGE 7 |           |                           |           |  |
|-------------|--|------------------|-----------------------------------|-------------------------|-----------|---------------------------|-----------|--|
| IT          | EMIZED DISBURSEMENTS                               |                  | arate schedule(s) category of the | (check only             |           |                           |           |  |
|             |  |                  | Summary Page                      | 21b                     | 22<br>28a | 23 24 25<br>28b 28c X 29  | 26<br>30b |  |
| ۸۰          | ny information copied from such Reports and Statem | l<br>nente may : | not he sold or us                 |                         |           |                           |           |  |
|             | for commercial purposes, other than using the nam  |                  |                                   |                         |           |                           |           |  |
| $\setminus$ | NAME OF COMMITTEE (In Full)                        |                  |                                   |                         |           |                           |           |  |
| $ \rangle$  | COALITION FOR AMERICAN VAL                         | UES PA           | 4C                                |                         |           |                           |           |  |
| $\angle$    | Full Name (Last, First, Middle Initial)            |                  |                                   |                         |           |                           |           |  |
| A.          | •  |                  |                                   |                         | Date of I | Disbursement              |           |  |
|             |  | M II M           | / D D / Y Y Y                     | Y                       |           |                           |           |  |
|             | Mailing Address 235 N. Glebe Rd.                   |                  |                                   |                         | 01        | 05 2013                   |           |  |
|             | City   | State            | Zip Code                          |                         |           |                           |           |  |
|             | Arlington  | VA               | 22203                             |                         | Transa    | ction ID : SB29.4115      |           |  |
|             | Purpose of Disbursement BRM Services               |                  |                                   |                         |           | (F. 1 B) 1                | Б         |  |
|             | Candidate Name                                     |                  |                                   |                         | Amount    | of Each Disbursement this | Period    |  |
|             | Canadate Name                                      |                  |                                   | Category/<br>Type       |           | 40                        | 00.00     |  |
|             | Office Sought: House Disbursen                     | nent For:        |                                   | .,,,,                   |           | 7                         |           |  |
|             |  | Primary          | General                           |                         |           |                           |           |  |
|             | President State: District:                         | Other (spec      | cify) 🔻                           |                         |           |                           |           |  |
| _           | Full Name (Last, First, Middle Initial)            |                  |                                   |                         |           |                           |           |  |
| В.          | ,  |                  |                                   |                         | Date of I | Disbursement              |           |  |
|             |  |                  |                                   |                         |           | / D D / Y Y Y             | Y         |  |
|             | Mailing Address 1126 South 70th Street Suite S420  |                  | 03                                | 22 2013                 |           |                           |           |  |
|             | City S<br>Milwaukee                                | State<br>WI      | Zip Code<br>53214                 |                         | Transa    | ction ID : SB29.4117      |           |  |
|             | Purpose of Disbursement                            |                  | JJZ 14                            |                         |           |                           |           |  |
|             | Direct Mail  |                  |                                   |                         | Amount    | of Each Disbursement this | Period    |  |
|             | Candidate Name                                     |                  |                                   | Category/               |           | 396                       | 60.00     |  |
|             | Office Sought: House Disbursen                     | nent For:        |                                   | Туре                    |           |                           |           |  |
|             |  | Primary          | General                           |                         |           |                           |           |  |
|             |  | Other (spec      | cify) 🔻                           |                         |           |                           |           |  |
| _           | State: District:                                   |                  |                                   |                         |           |                           |           |  |
| C           | Full Name (Last, First, Middle Initial)            |                  |                                   |                         | Date of I | Disbursement              |           |  |
| ٥.          | Piryx Inc.   |                  |                                   |                         | M M       | / D D / Y Y Y             | Y         |  |
|             | Mailing Address 144 2nd St 1st Floor               |                  | 02                                | 25 2013                 |           |                           |           |  |
|             | City   | State            | Zip Code                          |                         |           |                           |           |  |
|             |  | CA               | 94105                             |                         | Transa    | ction ID : SB29.4128      |           |  |
|             | Purpose of Disbursement<br>Service Expense         |                  |                                   |                         |           |                           |           |  |
|             | Candidate Name                                     |                  |                                   |                         | Amount    | of Each Disbursement this | Period    |  |
|             |  |                  |                                   | Category/<br>Type       |           | 23                        | 32.00     |  |
|             | Office Sought: House Disbursen                     | nent For:        |                                   |                         |           | 7                         |           |  |
|             |  | Primary          | General                           |                         |           |                           |           |  |
|             | State: District:                                   | Other (spec      | city) 🔻                           |                         |           |                           |           |  |
|             | DISTRICT.  |                  |                                   |                         |           |                           |           |  |
| 5           | SUBTOTAL of Disbursements This Page (optional)     |                  |                                   |                         |           | 459                       | 92.00     |  |
| $\vdash$    | age (optional)                                     |                  |                                   |                         | -         | 7                         |           |  |
| [ т         | OTAL This Period (last page this line number only) |                  |                                   |                         |           | 7 7 7                     |           |  |

## ľ

| SCHEDULE B (FEC Form 3X)  |   | FOR LINE I      | NUMBER:                 | PAGE 8 OF 8             |  |  |  |
|---|---|-----------------|-------------------------|-------------------------|--|--|--|
| TEMIZED DISBURSEMENTS   | Use separate schedule(s) for each category of the | (check only     | ck only one)            |                         |  |  |  |
|   | Detailed Summary Page                             | 21b             | 22 23                   | 24 25 26                |  |  |  |
|   |   | 27              | 28a 28b                 | 28c 🗙 29 30             |  |  |  |
| Any information copied from such Reports and Statem<br>or for commercial purposes, other than using the nam |   |                 |                         |                         |  |  |  |
| NAME OF COMMITTEE (In Full)   | c and address of any pointer                      | ar committee to | 3011011 COTHERDUNOTIS 1 | Tom Such Committee.     |  |  |  |
| COALITION FOR AMERICAN VAL  | HES DAC   |                 |                         |                         |  |  |  |
| COALITION FOR AMERICAN VAL  | OLSTAC  |                 |                         |                         |  |  |  |
| Full Name (Last, First, Middle Initial)   |   |                 |                         |                         |  |  |  |
| · Skyles Law Group  |   |                 | Date of Disburser       | nent                    |  |  |  |
| Mailing Address 200 E Evergreen   |   |                 | 01 21                   | 2013                    |  |  |  |
| Suite 121   |   |                 | 01 21                   | 2013                    |  |  |  |
|   | tate Zip Code                                     |                 |                         |                         |  |  |  |
| Mount Prospect  | IL 60056  |                 | Transaction ID :        | SB29.4119               |  |  |  |
| Purpose of Disbursement   |   |                 |                         |                         |  |  |  |
|   |   |                 | Amount of Each D        | isbursement this Period |  |  |  |
| Candidate Name  |   | Category/       |                         | 368.00                  |  |  |  |
| Office Sought: House Disbursem  | pent For:   | Туре            | 7                       |                         |  |  |  |
|   | Primary General                                   |                 |                         |                         |  |  |  |
|   | Other (specify)                                   |                 |                         |                         |  |  |  |
| State: District:  | , , , , , , , , , , , , , , , , , , ,             |                 |                         |                         |  |  |  |
| Full Name (Last, First, Middle Initial)   |   |                 |                         |                         |  |  |  |
| l.  |   |                 | Date of Disbursen       | nent                    |  |  |  |
|   |   |                 | M M / D D               | / Y Y Y Y Y             |  |  |  |
| Mailing Address   |   |                 |                         |                         |  |  |  |
| City  | tate Zip Code                                     |                 |                         |                         |  |  |  |
| on,   | 2.p 0000  |                 |                         |                         |  |  |  |
| Purpose of Disbursement   |   |                 |                         |                         |  |  |  |
|   |   |                 | Amount of Each D        | isbursement this Period |  |  |  |
| Candidate Name  |   | Category/       |                         |                         |  |  |  |
| Office Sought: House Disbursem  | ant For   | Туре            | 7                       | 7                       |  |  |  |
|   | Primary General                                   |                 |                         |                         |  |  |  |
|   | Other (specify)                                   |                 |                         |                         |  |  |  |
| State: District:  | ( 1 )   |                 |                         |                         |  |  |  |
| Full Name (Last, First, Middle Initial)   |   |                 |                         |                         |  |  |  |
| ) <b>.</b>  |   |                 | Date of Disbursen       | nent                    |  |  |  |
|   |   |                 | M M / D D               | / Y . Y . Y . Y         |  |  |  |
| Mailing Address   |   |                 |                         |                         |  |  |  |
| City  | tate Zip Code                                     |                 |                         |                         |  |  |  |
| Only Control  | 2.p 0000  |                 |                         |                         |  |  |  |
| Purpose of Disbursement   |   |                 |                         |                         |  |  |  |
|   |   |                 | Amount of Each D        | isbursement this Period |  |  |  |
| Candidate Name  |   | Category/       |                         |                         |  |  |  |
| Office Sought: House Disbursem  | pont For:   | Туре            |                         |                         |  |  |  |
|   | ent For: Primary General                          |                 |                         |                         |  |  |  |
|   | Other (specify)                                   |                 |                         |                         |  |  |  |
| State: District:  | (op-o)/ <b>\</b>                                  |                 |                         |                         |  |  |  |
|   |   |                 |                         |                         |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)  |   |                 |                         | 368.00                  |  |  |  |
| 2 ,   |   |                 |                         |                         |  |  |  |
| TOTAL This Period (last page this line number only).  |   |                 |                         | 4960.00                 |  |  |  |