



Barry Gibes <barry.gibes@gmail.com> on 07/06/2016 11:13:16 PM

To: 2022190174@fec.gov,
cc:

Subject: 2016 Q2 report

Dear Mr. McQueen,
Please find attached 2016 Q2 report.



July q2 2016.pdf

20160706 11:13:16 AM

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

The City State of America, For America

ADDRESS (number and street)

6383 Mill St PO Box 525



Check if different than previously reported. (ACC)

Rhinebeck

NY

12572

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

IC00583385

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:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

XX

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

XX

5. Covering Period

MM / DD / YYYY

through

MM / DD / YYYY

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 Ben Pinder

Signature of Treasurer

Ben Pinder

Date

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The Mythic History of America, For America

Report Covering the Period: From: 04 / 01 / 2016 To: 06 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016	345.00	345.00
(b) Cash on Hand at Beginning of Reporting Period	11.40	
(c) Total Receipts (from Line 19)	0.05	0.34
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	11.45	345.34
7. Total Disbursements (from Line 31)	0	333.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11.45	11.45
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

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

The Mythic History of America, For America

Report Covering the Period: From:

04 / 01 / 2016

To:

06 / 30 / 2016

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).....
 - (ii) Unitemized.....
 - (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶

0
0
0
0
0
0

0
0
0
0
0
0

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)..... ▶

0
0
0

0
0
0

12. Transfers From Affiliated/Other Party Committees.....

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0.05

0.34

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....
- (b) Levin Funds (from Schedule H5).....
- (c) Total Transfers (add 18(a) and 18(b))..

0
0
0

0
0
0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶

0.05

0.34

20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶

0.05

0.34

1-800-670-6828

DETAILED SUMMARY PAGE
of Disbursements

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	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)).....	0	0
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0	333.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0	333.89

NON-FEDERAL

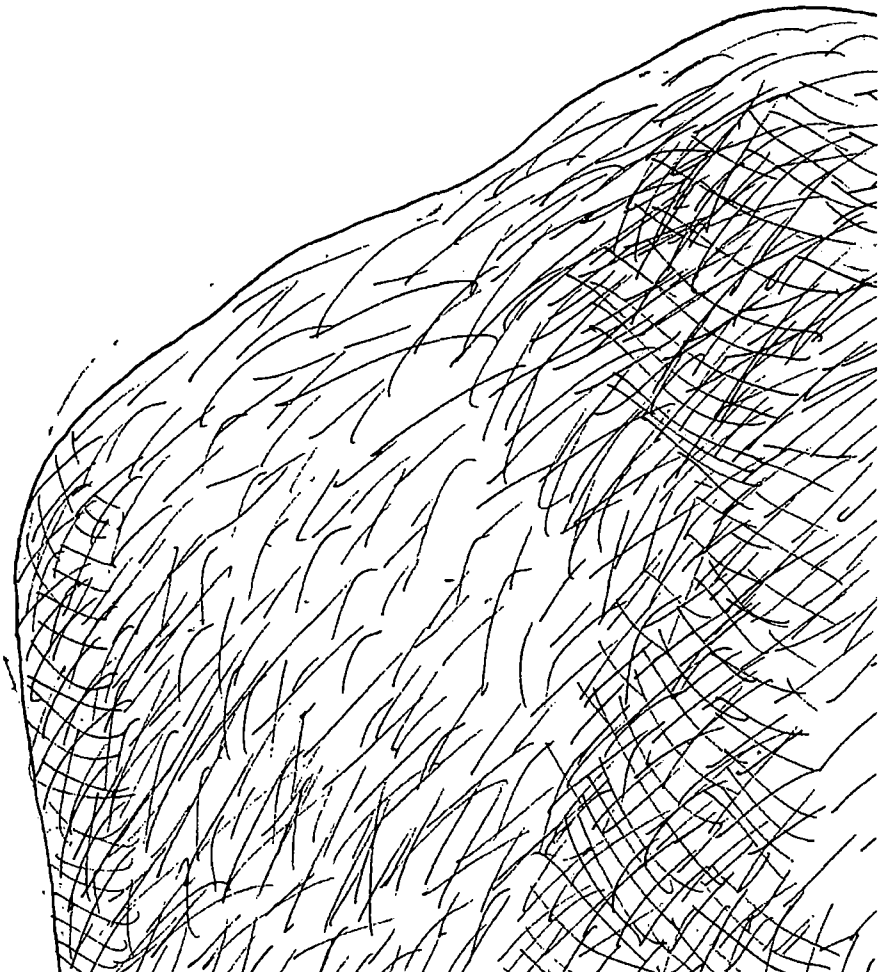
DETAILED SUMMARY PAGE
of Disbursements

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)	0	0
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0	0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0	0

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

Use for
Date

Any information copied from such Reports and Statements may not be used for commercial purposes, other than using the name and address of the committee.

NAME OF COMMITTEE (In Full)
The Mythic History of America, For America

Full Name (Last, First, Middle Initial)

A. *NA*
Mailing Address

City State

FEC ID number of contributing federal political committee.

Name of Employer

Receipt For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Mailing Address

City State

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Mailing Address

City State

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

NOV 01 09 10 00 AM '09

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

<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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

The Mythic History of America, for America

Full Name (Last, First, Middle Initial)

A. *NA*

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

0

Memo Item

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

Mailing Address

City State Zip Code

Purpose of Disbursement

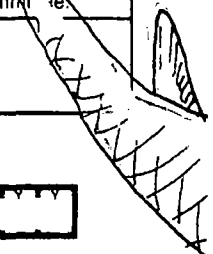
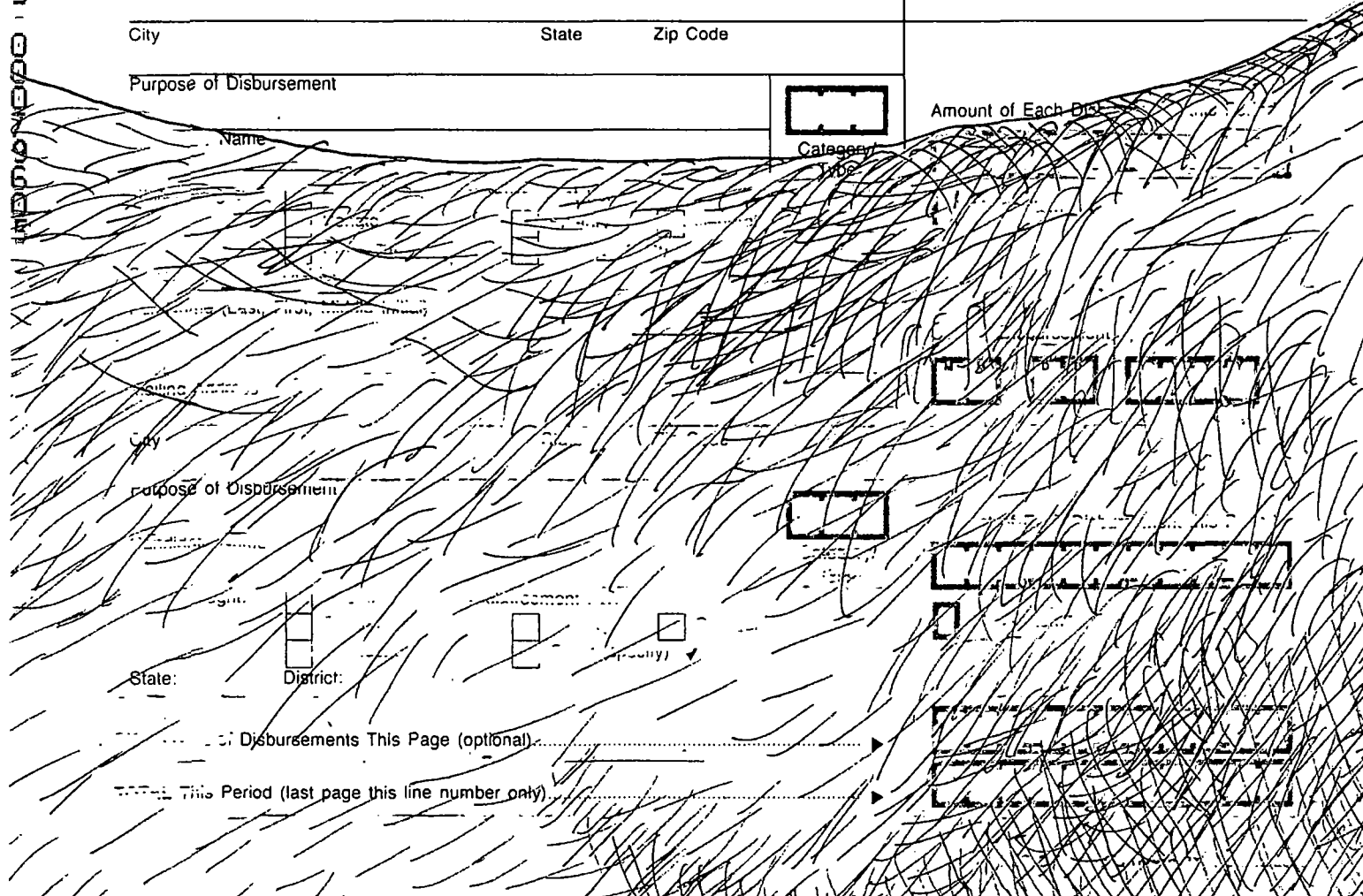
Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement

NOTICE: NO POSTAGE REQUIRED IF MAILED IN THE UNITED STATES



20167070100000000000

(In Full)
The Mythic History of America, for America

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item

NA

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS

Date Incurred Date Due Interest Rate Secured
M M M / B B B / Y Y Y Y Y Y Y Y M M M / B B B / Y Y Y Y Y Y Y Y % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional) ▶ []

TOTALS This Period (last page in this line only) ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary

C Form 3X)

CONTRIBUTIONS

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one)

9 10

NAME OF COMMITTEE (Full) The Mythic History of America, for America

(Last, First, Middle Initial) of Debtor or Creditor

Pinder, Ben

Nature of Debt (Purpose):

1471 Centre Rd

State

Zip Code

Rhinebeck, NY 12572

Outstanding Balance Beginning This Period

0

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

0.00

Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Address

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

TOTALS This Period This Page (optional).....

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

OUTSTANDING LOANS from Schedule C (last page only).....

carry forward to appropriate line of Summary Page (last page only)▶

Via E-Mail

2016-07-07 03:00:07

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

NO:10:0N:0N:0N:0000:010

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-MAIL</i>	Date of Receipt or Postmarked <i>07/06/2016</i>


 PREPARER

07/07/2016
 DATE PREPARED