

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 AMERICARISINGPAC.ORG

ADDRESS (number and street) PO BOX 100088 ARLINGTON VA 22210

2. FEC IDENTIFICATION NUMBER C C00542902 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

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 MATTHEW RHOADES

Signature of Treasurer MATTHEW RHOADES [Electronically Filed] Date 12 11 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.

Office Use Only table with 10 columns and 1 row. FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICARISINGPAC.ORG

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="232812.94"/>	<input type="text" value="232812.94"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="413897.52"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="216898.54"/>	<input type="text" value="559347.99"/>
(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="630796.06"/>	<input type="text" value="792160.93"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="301616.86"/>	<input type="text" value="462981.73"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="329179.20"/>	<input type="text" value="329179.20"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICARISINGPAC.ORG

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).....	52500.00	394525.49
(ii) Unitemized	3162.16	3586.12
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	55662.16	398111.61
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	161236.38	161236.38
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	216898.54	559347.99
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))..... ▶	216898.54	559347.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	216898.54	559347.99

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	201616.86	362981.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	201616.86	362981.73
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).....	100000.00	100000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	100000.00	100000.00
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)) ..	301616.86	462981.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	301616.86	462981.73

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)	216898.54	559347.99
34. Total Contribution Refunds (from Line 28(d))	100000.00	100000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	116898.54	459347.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	201616.86	362981.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	201616.86	362981.73

**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 6 OF 58
<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

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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial) A. DOMINICK AGRON		Date of Receipt MM / DD / YYYY 06 / 17 / 2014 Transaction ID : SA11AI.7765
Mailing Address 30 HUNTING RIDGE ROAD		Amount of Each Receipt this Period 250.00
City EASTON	State CT	Zip Code 06612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer REGENERON	Occupation FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. MR JOHN T BURR		Date of Receipt MM / DD / YYYY 04 / 11 / 2014 Transaction ID : SA11AI.7657
Mailing Address 6982 PINE FOREST ROAD Apt 332		Amount of Each Receipt this Period 250.00
City PENSACOLA	State FL	Zip Code 32526
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) C. TRENT FELTON		Date of Receipt MM / DD / YYYY 04 / 07 / 2014 Transaction ID : SA11AI.7653
Mailing Address 2331 HWY 1 N		Amount of Each Receipt this Period 500.00
City MARIANNA	State AR	Zip Code 72360
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation AGRICULTURAL INVESTMENTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 7 OF 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICARISINGPAC.ORG

A. MR WALTER KLEINER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1725 89TH PL. NE
 City BELLEVUE State WA Zip Code 98004
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2014
Transaction ID : SA11AI.7656
 Amount of Each Receipt this Period
 250.00

B. MR CARL LINDSEY JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 64 COUNTRY CLUB CIRCLE
 City SEARCY State AR Zip Code 72143
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2014
Transaction ID : SA11AI.7652
 Amount of Each Receipt this Period
 250.00

C. WILLIAM C POWERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 11766 WILSHIRE BLVD #1470
 City LOS ANGELES State CA Zip Code 90025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2014
Transaction ID : SA11AI.7649
 Amount of Each Receipt this Period
 50000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 50500.00
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 58
	(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)
AMERICARISINGPAC.ORG

A. MR WILLIAM T READ
Full Name (Last, First, Middle Initial)

Mailing Address 839 COLONIAL DRIVE

City TYLER State TX Zip Code 75701

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 ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2014

Transaction ID : SA11AI.7660

Amount of Each Receipt this Period
500.00

B. MR DAVID SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 2512 FAIRMONT AVE.

City DAYTON State OH Zip Code 45419

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2014

Transaction ID : SA11AI.7642

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	52500.00

**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 9 OF 58
<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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial) A. AMERICA RISING, LLC		Date of Receipt
Mailing Address PO BOX 100088		<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Zip Code
ARLINGTON	VA	22210
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11C.7801
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="3210.94"/>
Receipt For:	Aggregate Year-to-Date ▼	IN-KIND - LEGAL FEES
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3210.94"/>	

Full Name (Last, First, Middle Initial) B. AMERICA RISING, LLC		Date of Receipt
Mailing Address PO BOX 100088		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
ARLINGTON	VA	22210
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11C.7795
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="10000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	IN-KIND - COMMUNICATIONS CONSULTING
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="13210.94"/>	

Full Name (Last, First, Middle Initial) C. AMERICA RISING, LLC		Date of Receipt
Mailing Address PO BOX 100088		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
ARLINGTON	VA	22210
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11C.7803
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="5025.44"/>
Receipt For:	Aggregate Year-to-Date ▼	IN-KIND - LEGAL FEES
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="18236.38"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="18236.38"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

**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 58
<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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial) A. AMERICA RISING, LLC		Date of Receipt MM / DD / YYYY 05 / 27 / 2014 Transaction ID : SA11C.7797
Mailing Address PO BOX 100088		Amount of Each Receipt this Period 7500.00
City ARLINGTON	State VA	Zip Code 22210
FEC ID number of contributing federal political committee. C	IN-KIND - COMMUNICATIONS CONSULTING	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25736.38	

Full Name (Last, First, Middle Initial) B. AMERICA RISING, LLC		Date of Receipt MM / DD / YYYY 06 / 28 / 2014 Transaction ID : SA11C.7799
Mailing Address PO BOX 100088		Amount of Each Receipt this Period 7500.00
City ARLINGTON	State VA	Zip Code 22210
FEC ID number of contributing federal political committee. C	IN-KIND - COMMUNICATIONS CONSULTING	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 33236.38	

Full Name (Last, First, Middle Initial) C. AR2, INC.		Date of Receipt MM / DD / YYYY 05 / 17 / 2014 Transaction ID : SA11C.7809
Mailing Address PO BOX 101161		Amount of Each Receipt this Period 4000.00
City ARLINGTON	State VA	Zip Code 22210
FEC ID number of contributing federal political committee. C	IN-KIND: DIGITAL CONSULTING	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 12000.00	

SUBTOTAL of Receipts This Page (optional).....▶	19000.00
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 11 OF 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)
A. AR2, INC.

Mailing Address **PO BOX 101161**

City State Zip Code
ARLINGTON VA 22210

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
16000.00

Date of Receipt
06 / 12 / 2014
Transaction ID : SA11C.7807

Amount of Each Receipt this Period
4000.00

IN-KIND - DIGITAL CONSULTING

Full Name (Last, First, Middle Initial)
B. ENDING SPENDING ACTION FUND

Mailing Address **C/O 610 S. BOULEVARD**

City State Zip Code
TAMPA FL 33606

FEC ID number of contributing federal political committee. **C C00489856**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
04 / 14 / 2014
Transaction ID : SA11C.7661

Amount of Each Receipt this Period
100000.00

Full Name (Last, First, Middle Initial)
C. ENDING SPENDING ACTION FUND

Mailing Address **C/O 610 S. BOULEVARD**

City State Zip Code
TAMPA FL 33606

FEC ID number of contributing federal political committee. **C C00489856**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
110000.00

Date of Receipt
05 / 28 / 2014
Transaction ID : SA11C.7696

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **114000.00**

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 12 OF 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICARISINGPAC.ORG

A. ENDING SPENDING ACTION FUND
 Full Name (Last, First, Middle Initial)
 Mailing Address C/O 610 S. BOULEVARD
 City TAMPA State FL Zip Code 33606
 FEC ID number of contributing federal political committee. **C** C00489856
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 20000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : SA11C.7700
 Amount of Each Receipt this Period
 10000.00

B.
 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 / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

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

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	161236.38

**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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. SARA ABERLE

Mailing Address 22540 DIERDRE SQUARE
APT 201

City ASHBURN State VA Zip Code 20148

Purpose of Disbursement
EMPLOYEE SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7420

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. SARA ABERLE

Mailing Address 22540 DIERDRE SQUARE
APT 201

City ASHBURN State VA Zip Code 20148

Purpose of Disbursement
EMPLOYEE SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7425

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. SARA ABERLE

Mailing Address 22540 DIERDRE SQUARE
APT 201

City ASHBURN State VA Zip Code 20148

Purpose of Disbursement
EMPLOYEE SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7434

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. SARA ABERLE

Mailing Address 22540 DIERDRE SQUARE
APT 201

City ASHBURN State VA Zip Code 20148

Purpose of Disbursement
EMPLOYEE SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : **SB21B.7444**

Amount of Each Disbursement this Period

916.66

Full Name (Last, First, Middle Initial)

B. SARA ABERLE

Mailing Address 22540 DIERDRE SQUARE
APT 201

City ASHBURN State VA Zip Code 20148

Purpose of Disbursement
EMPLOYEE SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		12		2014

Transaction ID : **SB21B.7453**

Amount of Each Disbursement this Period

916.66

Full Name (Last, First, Middle Initial)

C. SARA ABERLE

Mailing Address 22540 DIERDRE SQUARE
APT 201

City ASHBURN State VA Zip Code 20148

Purpose of Disbursement
EMPLOYEE SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		27		2014

Transaction ID : **SB21B.7462**

Amount of Each Disbursement this Period

916.66

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

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

2749.98

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. AIRTRAN INC.

Mailing Address 9955 AIRTRAN BLVD

City ORLANDO State FL Zip Code 32827

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2014

Transaction ID : SB21B.7066

Amount of Each Disbursement this Period

768.00

Full Name (Last, First, Middle Initial)

B. AMERICA RISING, LLC

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2014

Transaction ID : SB21B.6990

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

C. AMERICA RISING, LLC

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement
IN-KIND - LEGAL FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 18 / 2014

Transaction ID : SB21B.7802

Amount of Each Disbursement this Period

3210.94

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

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

11478.94

**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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. AMERICA RISING, LLC

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement
IN-KIND - COMMUNICATIONS 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
04 / 25 / 2014

Transaction ID : **SB21B.7796**

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B. AMERICA RISING, LLC

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement
REIMBURSEMENT: PLEASE SEE MEMO

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2014

Transaction ID : **SB21B.7037**

Amount of Each Disbursement this Period

10892.00

Full Name (Last, First, Middle Initial)

C. AMERICA RISING LLC

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement
COMMUNICATIONS 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
05 / 09 / 2014

Transaction ID : **SB21B.7037.0**

Amount of Each Disbursement this Period

7500.00

[MEMO ITEM]

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

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

20892.00

**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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. AMERICA RISING LLC

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2014

Transaction ID : **SB21B.7037.1**

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AMERICA RISING LLC

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement
HEALTH CARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2014

Transaction ID : **SB21B.7037.2**

Amount of Each Disbursement this Period

892.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AMERICA RISING, LLC

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement
IN-KIND - LEGAL FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2014

Transaction ID : **SB21B.7804**

Amount of Each Disbursement this Period

5025.44

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

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

5025.44

**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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. AMERICA RISING, LLC

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement
IN-KIND - COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 27 / 2014

Transaction ID : SB21B.7798

Amount of Each Disbursement this Period

7500.00

B. AMERICA RISING, LLC

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement
PLEASE SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2014

Transaction ID : SB21B.7102

Amount of Each Disbursement this Period

10892.00

C. AMERICA RISING LLC

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2014

Transaction ID : SB21B.7102.0

Amount of Each Disbursement this Period

7500.00

[MEMO ITEM]

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

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

18392.00

**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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. AMERICA RISING LLC

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2014

Transaction ID : **SB21B.7102.1**

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AMERICA RISING LLC

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement
HEALTH CARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2014

Transaction ID : **SB21B.7102.2**

Amount of Each Disbursement this Period

892.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AMERICA RISING, LLC

Mailing Address PO BOX 100088

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement
IN-KIND - COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2014

Transaction ID : **SB21B.7800**

Amount of Each Disbursement this Period

7500.00

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

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

7500.00

**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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. AR2, INC.

Mailing Address PO BOX 101161

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement
IN-KIND: DIGITAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2014

Transaction ID : SB21B.7811

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. AR2, INC.

Mailing Address PO BOX 101161

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement
IN-KIND - DIGITAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2014

Transaction ID : SB21B.7808

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. JEFFREY BECHDEL

Mailing Address 2000 S. EADS STREET
#204

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
EMPLOYEE SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2014

Transaction ID : SB21B.7426

Amount of Each Disbursement this Period

1846.14

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

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

9846.14

**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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. JEFFREY BECHDEL

Mailing Address 2000 S. EADS STREET
#204

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
PHONE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2014

Transaction ID : SB21B.7471

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. JEFFREY BECHDEL

Mailing Address 2000 S. EADS STREET
#204

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
TRAVEL: REIMBURSEMENT - PLEASE SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2014

Transaction ID : SB21B.7036

Amount of Each Disbursement this Period

90.00

Full Name (Last, First, Middle Initial)

C. WASHINGTON METROPOLITAN AREA TRANSIT AUTHORITY

Mailing Address 600 5TH STREET, NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
TRAVEL: RAIL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2014

Transaction ID : SB21B.7036.0

Amount of Each Disbursement this Period

90.00

[MEMO ITEM]

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

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

115.00

**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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. JEFFREY BECHDEL

Mailing Address 2000 S. EADS STREET
#204

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
EMPLOYEE SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 14 / 2014

Transaction ID : SB21B.7435

Amount of Each Disbursement this Period

3333.34

Full Name (Last, First, Middle Initial)

B. JEFFREY BECHDEL

Mailing Address 2000 S. EADS STREET
#204

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
PHONE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 14 / 2014

Transaction ID : SB21B.7436

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. JEFFREY BECHDEL

Mailing Address 2000 S. EADS STREET
#204

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
EMPLOYEE SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2014

Transaction ID : SB21B.7445

Amount of Each Disbursement this Period

3333.34

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

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

6691.68

**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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. JEFFREY BECHDEL

Mailing Address 2000 S. EADS STREET
#204

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
PHONE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2014

Transaction ID : SB21B.7446

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. JEFFREY BECHDEL

Mailing Address 2000 S. EADS STREET
#204

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
EMPLOYEE SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 12 / 2014

Transaction ID : SB21B.7454

Amount of Each Disbursement this Period

3333.34

Full Name (Last, First, Middle Initial)

C. JEFFREY BECHDEL

Mailing Address 2000 S. EADS STREET
#204

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
PHONE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 12 / 2014

Transaction ID : SB21B.7455

Amount of Each Disbursement this Period

25.00

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

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

3383.34

**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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. JEFFREY BECHDEL

Mailing Address 2000 S. EADS STREET
#204

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
EMPLOYEE SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2014

Transaction ID : SB21B.7463

Amount of Each Disbursement this Period

3333.34

Category/
Type

Full Name (Last, First, Middle Initial)

B. JEFFREY BECHDEL

Mailing Address 2000 S. EADS STREET
#204

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
PHONE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2014

Transaction ID : SB21B.7464

Amount of Each Disbursement this Period

25.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. EPAY BUSINESS SOLUTIONS, INC.

Mailing Address 27A MIDSTATE DRIVE
SUITE 218

City AUBURN State MA Zip Code 01501

Purpose of Disbursement
PAYROLL SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2014

Transaction ID : SB21B.6998

Amount of Each Disbursement this Period

25.00

Category/
Type

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

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

3383.34

**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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. EPAY BUSINESS SOLUTIONS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		01		2014

Mailing Address 27A MIDSTATE DRIVE
SUITE 218

Transaction ID : SB21B.7005

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

309.83

Purpose of Disbursement
PAYROLL: TAX

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. EPAY BUSINESS SOLUTIONS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2014

Mailing Address 27A MIDSTATE DRIVE
SUITE 218

Transaction ID : SB21B.6997

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

535.50

Purpose of Disbursement
PAYROLL: TAX

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. EPAY BUSINESS SOLUTIONS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2014

Mailing Address 27A MIDSTATE DRIVE
SUITE 218

Transaction ID : SB21B.7000

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

36.70

Purpose of Disbursement
PAYROLL SERVICES

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

882.03

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. EPAY BUSINESS SOLUTIONS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Mailing Address 27A MIDSTATE DRIVE
SUITE 218

Transaction ID : SB21B.6999

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

33.90

Purpose of Disbursement
PAYROLL SERVICES

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. EPAY BUSINESS SOLUTIONS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Mailing Address 27A MIDSTATE DRIVE
SUITE 218

Transaction ID : SB21B.7002

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

102.39

Purpose of Disbursement
PAYROLL: TAX

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. EPAY BUSINESS SOLUTIONS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Mailing Address 27A MIDSTATE DRIVE
SUITE 218

Transaction ID : SB21B.7001

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

38.10

Purpose of Disbursement
PAYROLL SERVICES

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

174.39

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. EPAY BUSINESS SOLUTIONS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Mailing Address 27A MIDSTATE DRIVE
SUITE 218

Transaction ID : SB21B.7004

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

786.73

Purpose of Disbursement
PAYROLL: TAX

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. EPAY BUSINESS SOLUTIONS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2014

Mailing Address 27A MIDSTATE DRIVE
SUITE 218

Transaction ID : SB21B.7015

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

33.90

Purpose of Disbursement
PAYROLL SERVICES

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. EPAY BUSINESS SOLUTIONS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2014

Mailing Address 27A MIDSTATE DRIVE
SUITE 218

Transaction ID : SB21B.7022

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

114.75

Purpose of Disbursement
PAYROLL: TAX

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

935.38

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. EPAY BUSINESS SOLUTIONS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Mailing Address 27A MIDSTATE DRIVE
SUITE 218

Transaction ID : SB21B.7016

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

33.90

Purpose of Disbursement
PAYROLL SERVICES

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. EPAY BUSINESS SOLUTIONS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Mailing Address 27A MIDSTATE DRIVE
SUITE 218

Transaction ID : SB21B.7432

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

382.50

Purpose of Disbursement
PAYROLL: TAX

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. EPAY BUSINESS SOLUTIONS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

Mailing Address 27A MIDSTATE DRIVE
SUITE 218

Transaction ID : SB21B.7017

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

39.50

Purpose of Disbursement
PAYROLL SERVICES

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

455.90

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. EPAY BUSINESS SOLUTIONS, INC.

Date of Disbursement

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

Mailing Address 27A MIDSTATE DRIVE
SUITE 218

City AUBURN State MA Zip Code 01501

Transaction ID : **SB21B.7027**

Purpose of Disbursement
PAYROLL: TAX

Amount of Each Disbursement this Period

1	0	9	2	.	0	4
---	---	---	---	---	---	---

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. EPAY BUSINESS SOLUTIONS, INC.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	4

Mailing Address 27A MIDSTATE DRIVE
SUITE 218

City AUBURN State MA Zip Code 01501

Transaction ID : **SB21B.7018**

Purpose of Disbursement
PAYROLL SERVICES

Amount of Each Disbursement this Period

3	9	.	5	0
---	---	---	---	---

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. EPAY BUSINESS SOLUTIONS, INC.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	4

Mailing Address 27A MIDSTATE DRIVE
SUITE 218

City AUBURN State MA Zip Code 01501

Transaction ID : **SB21B.7028**

Purpose of Disbursement
PAYROLL: TAX

Amount of Each Disbursement this Period

1	0	9	6	.	3	4
---	---	---	---	---	---	---

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

2	2	2	7	.	8	8
---	---	---	---	---	---	---

2	2	2	7	.	8	8
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input 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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. EPAY BUSINESS SOLUTIONS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		12		2014

Mailing Address 27A MIDSTATE DRIVE
SUITE 218

Transaction ID : SB21B.7019

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

39.50

Purpose of Disbursement
PAYROLL SERVICES

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. EPAY BUSINESS SOLUTIONS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		12		2014

Mailing Address 27A MIDSTATE DRIVE
SUITE 218

Transaction ID : SB21B.7025

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

1003.06

Purpose of Disbursement
PAYROLL: TAX

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. EPAY BUSINESS SOLUTIONS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		27		2014

Mailing Address 27A MIDSTATE DRIVE
SUITE 218

Transaction ID : SB21B.7020

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

39.50

Purpose of Disbursement
PAYROLL SERVICES

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

1082.06

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. EPAY BUSINESS SOLUTIONS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		27		2014

Mailing Address 27A MIDSTATE DRIVE
SUITE 218

Transaction ID : SB21B.7026

City AUBURN State MA Zip Code 01501

Amount of Each Disbursement this Period

1003.06

Purpose of Disbursement
PAYROLL: TAX

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. FESTIVE KITCHEN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Mailing Address 3404 ROSEDALL AVENUE

Transaction ID : SB21B.7059

City DALLAS State TX Zip Code 75205

Amount of Each Disbursement this Period

458.71

Purpose of Disbursement
MEETING EXPENSE: CATERING

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. GETTY IMAGES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		06		2014

Mailing Address PO BOX 953604

Transaction ID : SB21B.6991

City ST. LOUIS State MO Zip Code 63195

Amount of Each Disbursement this Period

198.90

Purpose of Disbursement
DIGITAL MEDIA

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

1660.67

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. MACKENZIE JORTNER

Mailing Address 2021 KALORAMA ROAD NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
EMPLOYEE COMMISSION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2014

Transaction ID : **SB21B.7006**

Amount of Each Disbursement this Period

4050.00

Full Name (Last, First, Middle Initial)

B. MACKENZIE JORTNER

Mailing Address 2021 KALORAMA ROAD NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
EMPLOYEE SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2014

Transaction ID : **SB21B.7415**

Amount of Each Disbursement this Period

3125.00

Full Name (Last, First, Middle Initial)

C. MACKENZIE JORTNER

Mailing Address 2021 KALORAMA ROAD NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
EMPLOYEE COMMISSION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2014

Transaction ID : **SB21B.7418**

Amount of Each Disbursement this Period

750.00

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

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

7925.00

**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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. MACKENZIE JORTNER

Mailing Address 2021 KALORAMA ROAD NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
PHONE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2014

Transaction ID : **SB21B.7423**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. MACKENZIE JORTNER

Mailing Address 2021 KALORAMA ROAD NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
EMPLOYEE SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2014

Transaction ID : **SB21B.7427**

Amount of Each Disbursement this Period

3125.00

Full Name (Last, First, Middle Initial)

C. MACKENZIE JORTNER

Mailing Address 2021 KALORAMA ROAD NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
EMPLOYEE PHONE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2014

Transaction ID : **SB21B.7428**

Amount of Each Disbursement this Period

50.00

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

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

3225.00

**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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. MACKENZIE JORTNER

Mailing Address 2021 KALORAMA ROAD NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
REIMBURSEMENT: PLEASE SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2014

Transaction ID : **SB21B.7009**

Amount of Each Disbursement this Period

759.00

Category/Type

Full Name (Last, First, Middle Initial)

B. DELTA AIRLINES INC.

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2014

Transaction ID : **SB21B.7009.0**

Amount of Each Disbursement this Period

680.00

Category/Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AABALAT FINE AND RARE WINES

Mailing Address 1360 INDUSTRIAL AVE
SUITE A4

City PETALUMA State CA Zip Code 94952

Purpose of Disbursement
OFFICE SUPPLIES: FOOD

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2014

Transaction ID : **SB21B.7009.1**

Amount of Each Disbursement this Period

79.00

Category/Type

[MEMO ITEM]

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

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

759.00

**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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. MACKENZIE JORTNER

Mailing Address 2021 KALORAMA ROAD NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
EMPLOYEE COMMISSION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2014

Transaction ID : **SB21B.7023**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. MACKENZIE JORTNER

Mailing Address 2021 KALORAMA ROAD NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
EMPLOYEE BONUS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2014

Transaction ID : **SB21B.7024**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. MACKENZIE JORTNER

Mailing Address 2021 KALORAMA ROAD NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
REIMBURSEMENT: PLEASE SEE MEMO

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2014

Transaction ID : **SB21B.7043**

Amount of Each Disbursement this Period

2283.84

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

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

8783.84

**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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. DELTA AIRLINES INC.

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2014

Transaction ID : **SB21B.7043.0**

Amount of Each Disbursement this Period

1936.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ADOLPHUS HOTEL

Mailing Address 1321 COMMERCE STREET

City DALLAS State TX Zip Code 75202

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2014

Transaction ID : **SB21B.7043.1**

Amount of Each Disbursement this Period

269.14

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. THE HERTZ CORPORATION

Mailing Address 225 BRAE BLVD

City PARK RIDGE State NJ Zip Code 07656

Purpose of Disbursement
TRAVEL: CAR RENTAL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2014

Transaction ID : **SB21B.7043.2**

Amount of Each Disbursement this Period

78.70

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. MACKENZIE JORTNER

Mailing Address 2021 KALORAMA ROAD NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
EMPLOYEE SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2014

Transaction ID : **SB21B.7437**

Amount of Each Disbursement this Period

3125.00

Full Name (Last, First, Middle Initial)

B. MACKENZIE JORTNER

Mailing Address 2021 KALORAMA ROAD NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
PHONE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2014

Transaction ID : **SB21B.7438**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. MACKENZIE JORTNER

Mailing Address 2021 KALORAMA ROAD NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
EMPLOYEE SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2014

Transaction ID : **SB21B.7447**

Amount of Each Disbursement this Period

3125.00

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

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

6300.00

**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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. MACKENZIE JORTNER

Mailing Address 2021 KALORAMA ROAD NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
EMPLOYEE SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2014

Transaction ID : **SB21B.7448**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. MACKENZIE JORTNER

Mailing Address 2021 KALORAMA ROAD NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
REIMBURSEMENT: PLEASE SEE MEMO

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 10 / 2014

Transaction ID : **SB21B.7085**

Amount of Each Disbursement this Period

18.17

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address 1812 ADAMS MILL RD
NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
SHIPPING AND POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2014

Transaction ID : **SB21B.7085.0**

Amount of Each Disbursement this Period

7.35

[MEMO ITEM]

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

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

68.17

**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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 1812 ADAMS MILL RD
NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
SHIPPING AND POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	04	/	2014

Transaction ID : **SB21B.7085.1**

Amount of Each Disbursement this Period

10.82

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MACKENZIE JORTNER

Mailing Address 2021 KALORAMA ROAD NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
EMPLOYEE SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	12	/	2014

Transaction ID : **SB21B.7456**

Amount of Each Disbursement this Period

3125.00

Full Name (Last, First, Middle Initial)

C. MACKENZIE JORTNER

Mailing Address 2021 KALORAMA ROAD NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
PHONE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	12	/	2014

Transaction ID : **SB21B.7457**

Amount of Each Disbursement this Period

50.00

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

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

3175.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. MACKENZIE JORTNER

Mailing Address 2021 KALORAMA ROAD NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
REIMBURSEMENT: PLEASE SEE MEMO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.7106

Amount of Each Disbursement this Period

6	0	0	.	9	5
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. US AIRWAYS

Mailing Address 4000 E. SKY HARBOR BLVD.

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.7106.0

Amount of Each Disbursement this Period

5	6	6	.	0	0
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. GIFTSIN24.COM

Mailing Address PO BOX 6377
1175 S. FRONTENAC STREET

City AURORA State IL Zip Code 60598

Purpose of Disbursement
OFFICE SUPPLIES: STATIONARY

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.7106.1

Amount of Each Disbursement this Period

3	4	.	9	5
---	---	---	---	---

[MEMO ITEM]

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

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

6	0	0	.	9	5
---	---	---	---	---	---

6	0	0	.	9	5
---	---	---	---	---	---

**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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. MACKENZIE JORTNER

Mailing Address 2021 KALORAMA ROAD NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
PHONE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2014

Transaction ID : **SB21B.7466**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. MACKENZIE JORTNER

Mailing Address 2021 KALORAMA ROAD NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
EMPLOYEE SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2014

Transaction ID : **SB21B.7467**

Amount of Each Disbursement this Period

3125.00

Full Name (Last, First, Middle Initial)

C. MEDIA GROUP OF AMERICA

Mailing Address 603 KING STREET
4TH FLOOR

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2014

Transaction ID : **SB21B.7089**

Amount of Each Disbursement this Period

12462.50

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

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

15637.50

**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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. TIM MILLER

Mailing Address 440 RHODE ISLAND AVENUE NW
402

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
EMPLOYEE SALARY

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
04 / 14 / 2014

Transaction ID : SB21B.7417

Amount of Each Disbursement this Period

3125.00

Full Name (Last, First, Middle Initial)

B. TIM MILLER

Mailing Address 440 RHODE ISLAND AVENUE NW
402

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
PHONE REIMBURSEMENT

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
04 / 14 / 2014

Transaction ID : SB21B.7422

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. TIM MILLER

Mailing Address 440 RHODE ISLAND AVENUE NW
402

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
EMPLOYEE SALARY

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
04 / 29 / 2014

Transaction ID : SB21B.7429

Amount of Each Disbursement this Period

3125.00

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

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

6300.00

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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. TIM MILLER

Mailing Address 440 RHODE ISLAND AVENUE NW
402

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
EMPLOYEE PHONE REIMBURSEMENT

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
04 / 29 / 2014

Transaction ID : SB21B.7430

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. TIM MILLER

Mailing Address 440 RHODE ISLAND AVENUE NW
402

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
EMPLOYEE SALARY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 14 / 2014

Transaction ID : SB21B.7439

Amount of Each Disbursement this Period

3125.00

Full Name (Last, First, Middle Initial)

C. TIM MILLER

Mailing Address 440 RHODE ISLAND AVENUE NW
402

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
PHONE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 14 / 2014

Transaction ID : SB21B.7440

Amount of Each Disbursement this Period

50.00

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

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

3225.00

**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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. TIM MILLER

Mailing Address 440 RHODE ISLAND AVENUE NW
402

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
EMPLOYEE SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : **SB21B.7449**

Amount of Each Disbursement this Period

3125.00

Full Name (Last, First, Middle Initial)

B. TIM MILLER

Mailing Address 440 RHODE ISLAND AVENUE NW
402

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
PHONE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : **SB21B.7450**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. TIM MILLER

Mailing Address 440 RHODE ISLAND AVENUE NW
402

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
EMPLOYEE SALARY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		12		2014

Transaction ID : **SB21B.7458**

Amount of Each Disbursement this Period

3125.00

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

6300.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. TIM MILLER

Mailing Address 440 RHODE ISLAND AVENUE NW
402

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
PHONE REIMBURSEMENT

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
0	6		1	2		2	0	1	4

Transaction ID : **SB21B.7459**

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. TIM MILLER

Mailing Address 440 RHODE ISLAND AVENUE NW
402

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
EMPLOYEE SALARY

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
0	6		2	7		2	0	1	4

Transaction ID : **SB21B.7468**

Amount of Each Disbursement this Period

3	1	2	5	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. TIM MILLER

Mailing Address 440 RHODE ISLAND AVENUE NW
402

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
PHONE REIMBURSEMENT

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
0	6		2	7		2	0	1	4

Transaction ID : **SB21B.7469**

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

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

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

3	2	2	5	.	0	0
---	---	---	---	---	---	---

3	2	2	5	.	0	0
---	---	---	---	---	---	---

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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. TIMOTHY MILLER

Mailing Address 440 RHODE ISLAND AVE NW
#402

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB21B.7121

Amount of Each Disbursement this Period

119.71

Full Name (Last, First, Middle Initial)

B. TIMOTHY MILLER

Mailing Address 440 RHODE ISLAND AVE NW
#402

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
REIMBURSEMENT: PLEASE SEE MEMO ITEMS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Transaction ID : SB21B.7124

Amount of Each Disbursement this Period

490.17

Full Name (Last, First, Middle Initial)

C. DELTA AIRLINES INC.

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2014

Transaction ID : SB21B.7124.0

Amount of Each Disbursement this Period

19.00

[MEMO ITEM]

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

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

609.88

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. UBER INC.

Mailing Address 706 MISSION STREET

City State Zip Code
SAN FRANCISCO CA 94103

Purpose of Disbursement
TRAVEL: GROUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2014

Transaction ID : SB21B.7124.1

Amount of Each Disbursement this Period

70.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ALEXANDRIA YELLOW CAB

Mailing Address 3014 COLVIN STREET

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
TRAVEL: GROUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2014

Transaction ID : SB21B.7124.2

Amount of Each Disbursement this Period

17.86

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. THRIFTY CAR RENTAL

Mailing Address PO BOX 33167

City State Zip Code
TULSA OK 74153

Purpose of Disbursement
TRAVEL: GROUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2014

Transaction ID : SB21B.7124.3

Amount of Each Disbursement this Period

171.26

[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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. THE INN AT CLAUSSEN'S

Mailing Address 2003 GREENE STREET

City COLUMBIA State SC Zip Code 29205

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : SB21B.7124.4

Amount of Each Disbursement this Period

139.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BLUE TOP CAB

Mailing Address 1115 W BROAD STREET

City FALL CHURCH State VA Zip Code 22046

Purpose of Disbursement
TRAVEL: GROUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : SB21B.7124.5

Amount of Each Disbursement this Period

18.05

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. BLUE TOP CAB

Mailing Address 1115 W BROAD STREET

City FALL CHURCH State VA Zip Code 22046

Purpose of Disbursement
TRAVEL: GROUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : SB21B.7124.6

Amount of Each Disbursement this Period

55.00

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
AMERICARISINGPAC.ORG

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

Date of Disbursement: MM / DD / YYYY
05 / 22 / 2014

Mailing Address: 144 2ND ST.
1ST FL.

City: SAN FRANCISCO State: CA Zip Code: 94105

Purpose of Disbursement: CREDIT CARD PROCESSING FEES

Candidate Name: _____

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

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID : **SB21B.7063**

Amount of Each Disbursement this Period: 4.25

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

Date of Disbursement: MM / DD / YYYY
05 / 27 / 2014

Mailing Address: 144 2ND ST.
1ST FL.

City: SAN FRANCISCO State: CA Zip Code: 94105

Purpose of Disbursement: CREDIT CARD PROCESSING FEES

Candidate Name: _____

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

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID : **SB21B.7060**

Amount of Each Disbursement this Period: 0.82

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

Date of Disbursement: MM / DD / YYYY
06 / 03 / 2014

Mailing Address: 144 2ND ST.
1ST FL.

City: SAN FRANCISCO State: CA Zip Code: 94105

Purpose of Disbursement: CREDIT CARD PROCESSING FEES

Candidate Name: _____

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

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID : **SB21B.7071**

Amount of Each Disbursement this Period: 1.28

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6.35

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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. PIRYX, INC.

Mailing Address 144 2ND ST.
1ST FL.

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING 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
06		04		2014

Transaction ID : SB21B.7079

Amount of Each Disbursement this Period

10.20

Full Name (Last, First, Middle Initial)

B. PIRYX, INC.

Mailing Address 144 2ND ST.
1ST FL.

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING 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
06		06		2014

Transaction ID : SB21B.7072

Amount of Each Disbursement this Period

1.33

Full Name (Last, First, Middle Initial)

C. PIRYX, INC.

Mailing Address 144 2ND ST.
1ST FL.

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING 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
06		09		2014

Transaction ID : SB21B.7070

Amount of Each Disbursement this Period

1.28

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

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

12.81

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. PIRYX, INC.

Mailing Address 144 2ND ST.
1ST FL.

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING 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
06 / 10 / 2014

Transaction ID : **SB21B.7073**

Amount of Each Disbursement this Period

1.70

Full Name (Last, First, Middle Initial)

B. PIRYX, INC.

Mailing Address 144 2ND ST.
1ST FL.

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING 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
06 / 11 / 2014

Transaction ID : **SB21B.7074**

Amount of Each Disbursement this Period

3.29

Full Name (Last, First, Middle Initial)

C. PIRYX, INC.

Mailing Address 144 2ND ST.
1ST FL.

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING 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
06 / 12 / 2014

Transaction ID : **SB21B.7080**

Amount of Each Disbursement this Period

14.88

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

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

19.87

**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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. PIRYX, INC.

Mailing Address 144 2ND ST.
1ST FL.

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2014

Transaction ID : **SB21B.7078**

Amount of Each Disbursement this Period

5.48

Full Name (Last, First, Middle Initial)

B. PIRYX, INC.

Mailing Address 144 2ND ST.
1ST FL.

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2014

Transaction ID : **SB21B.7077**

Amount of Each Disbursement this Period

3.98

Full Name (Last, First, Middle Initial)

C. PIRYX, INC.

Mailing Address 144 2ND ST.
1ST FL.

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2014

Transaction ID : **SB21B.7076**

Amount of Each Disbursement this Period

3.72

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

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

13.18

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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. PIRYX, INC.

Mailing Address 144 2ND ST.
1ST FL.

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2014

Transaction ID : SB21B.7075

Amount of Each Disbursement this Period

3.38

Full Name (Last, First, Middle Initial)

B. PIRYX, INC.

Mailing Address 144 2ND ST.
1ST FL.

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2014

Transaction ID : SB21B.7113

Amount of Each Disbursement this Period

8.98

Full Name (Last, First, Middle Initial)

C. PIRYX, INC.

Mailing Address 144 2ND ST.
1ST FL.

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2014

Transaction ID : SB21B.7110

Amount of Each Disbursement this Period

3.40

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

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

15.76

**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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. PIRYX, INC.

Mailing Address 144 2ND ST.
1ST FL.

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING 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
06	/	23	/	2014

Transaction ID : SB21B.7111

Amount of Each Disbursement this Period

4.25

Full Name (Last, First, Middle Initial)

B. PIRYX, INC.

Mailing Address 144 2ND ST.
1ST FL.

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING 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
06	/	23	/	2014

Transaction ID : SB21B.7112

Amount of Each Disbursement this Period

4.73

Full Name (Last, First, Middle Initial)

C. PIRYX, INC.

Mailing Address 144 2ND ST.
1ST FL.

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING 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
06	/	27	/	2014

Transaction ID : SB21B.7114

Amount of Each Disbursement this Period

33.97

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

42.95

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. RED CURVE SOLUTIONS INC.

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7120

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. RED CURVE SOLUTIONS INC.

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7123

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7014

Amount of Each Disbursement this Period

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : **SB21B.7090**

Amount of Each Disbursement this Period

1	2	0	6	4	.	0	0
---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. SHOSHANA C WEISSMANN

Mailing Address 741 BELLMORE ROAD

City BELLMORE State NY Zip Code 11710

Purpose of Disbursement
EMPLOYEE SALARY

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : **SB21B.7441**

Amount of Each Disbursement this Period

1	2	4	6	.	1	5
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. SHOSHANA C WEISSMANN

Mailing Address 741 BELLMORE ROAD

City BELLMORE State NY Zip Code 11710

Purpose of Disbursement
EMPLOYEE SALARY

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	4

Transaction ID : **SB21B.7451**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

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

1	4	8	1	0	.	1	5
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TOTAL This Period (last page this line number only)..... ▶

1	4	8	1	0	.	1	5
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input 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)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. SHOSHANA C WEISSMANN

Mailing Address 741 BELLMORE ROAD

City State Zip Code
BELLMORE NY 11710

Purpose of Disbursement
EMPLOYEE SALARY

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
0	6		1	2		2	0	1	4

Transaction ID : SB21B.7460

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. SHOSHANA C WEISSMANN

Mailing Address 741 BELLMORE ROAD

City State Zip Code
BELLMORE NY 11710

Purpose of Disbursement
EMPLOYEE SALARY

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
0	6		2	7		2	0	1	4

Transaction ID : SB21B.7470

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

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

Amount of Each Disbursement this Period

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

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

3	0	0	0	.	0	0
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2	0	1	2	4	9	.	5	9
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input 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 checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICARISINGPAC.ORG

Full Name (Last, First, Middle Initial)

A. ENDING SPENDING ACTION FUND

Mailing Address C/O 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2014

Transaction ID : SB28C.7791

Amount of Each Disbursement this Period

100000.00

B.

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) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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) ▼

Category/
Type

Date of Disbursement

M M M / D 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)..... ▶

100000.00

100000.00