



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Committee for American Sovereignty**

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="2017"/>	<input type="text" value="804.08"/>	<input type="text" value="804.08"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="523.89"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1471.00"/>	<input type="text" value="1581.00"/>
(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="1994.89"/>	<input type="text" value="2385.08"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1994.89"/>	<input type="text" value="2385.08"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="13962.36"/>	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

**Committee for American Sovereignty**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

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).....	1056.00	1056.00
(ii) Unitemized .....	415.00	525.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1471.00	1581.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	1471.00	1581.00
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)).....▶	1471.00	1581.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1471.00	1581.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1072.92	1463.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1072.92	1463.11
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 (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	921.97	921.97
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	1994.89	2385.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1994.89	2385.08

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1471.00	1581.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1471.00	1581.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1072.92	1463.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1072.92	1463.11

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 14
	(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"/> 15
	<input type="checkbox"/> 12	<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)  
**Committee for American Sovereignty**

**A. Jensen, Pamela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P. O. Box 1621  
 City Newport Beach State CA Zip Code 92663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2017  
**Transaction ID : SA11AI.8111**  
 Amount of Each Receipt this Period  
 56.00  
 Memo Item Contribution

**B. Leonard, Mike, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 817 Cahaba Rd  
 City Lexcington State KY Zip Code 40502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2017  
**Transaction ID : SA11AI.8130**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 Was refunded but now reinstated contribution

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 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  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1056.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1056.00

**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"/> 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)  
**Committee for American Sovereignty**

Full Name (Last, First, Middle Initial)

**A. Intuit Payroll Services**

Mailing Address 2700 Coast Avenue

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Accounting Program fees

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2017

FEC Identification Number

C  
Transaction ID : **SB21B.8114**  
Amount of Each Disbursement this Period  
25.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. JP Morgan Chase Bank**

Mailing Address P. O. Box 659754

City San Antonio State TX Zip Code 78265

Purpose of Disbursement  
Monthly Bank Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2017

FEC Identification Number

C  
Transaction ID : **SB21B.8104**  
Amount of Each Disbursement this Period  
124.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. JP Morgan Chase Bank**

Mailing Address P. O. Box 659754

City San Antonio State TX Zip Code 78265

Purpose of Disbursement  
Monthly Bank Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2017

FEC Identification Number

C  
Transaction ID : **SB21B.8105**  
Amount of Each Disbursement this Period  
64.00

Memo Item

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

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

213.00

**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"/> 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)  
**Committee for American Sovereignty**

Full Name (Last, First, Middle Initial) <b>A. JP Morgan Chase Bank</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2017	
Mailing Address P. O. Box 659754		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8106</b> Amount of Each Disbursement this Period 64.00	
City San Antonio	State TX	Zip Code 78265	Category/Type 001
Purpose of Disbursement Monthly Bank Fee		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. JP Morgan Chase Bank</b>		Date of Disbursement MM / DD / YYYY 12 / 31 / 2017	
Mailing Address P. O. Box 659754		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8109</b> Amount of Each Disbursement this Period 64.00	
City San Antonio	State TX	Zip Code 78265	Category/Type [REDACTED]
Purpose of Disbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2017	
Mailing Address 185 Berry Street Suite 550		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8144</b> Amount of Each Disbursement this Period 11.80	
City San Francisco	State CA	Zip Code 94107	Category/Type 001
Purpose of Disbursement Processing Fees for contributions		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	139.80
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]



**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"/> 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)  
**Committee for American Sovereignty**

Full Name (Last, First, Middle Initial)

**A. Stripe**

Mailing Address 185 Berry Street  
Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Contribution processing fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2017

FEC Identification Number

C [ ]

**Transaction ID : SB21B.8148**

Amount of Each Disbursement this Period

[ ] 10.84

Memo Item

Full Name (Last, First, Middle Initial)

**B. The UPS Store**

Mailing Address 2312 Park Avenue

City Tustin State CA Zip Code 92782

Purpose of Disbursement  
Suite Box Rental

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2017

FEC Identification Number

C [ ]

**Transaction ID : SB21B.8115**

Amount of Each Disbursement this Period

[ ] 168.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

[ ] 178.84

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

[ ] 531.64

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Committee for American Sovereignty**

Full Name (Last, First, Middle Initial)

**A. Economic Development Department**

Mailing Address P. O. Box 989071

City Sacramento State CA Zip Code 96798

Purpose of Disbursement  
Debt payment on payroll taxes due

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
09 / 25 / 2017

FEC Identification Number  
  
**Transaction ID : SB29.8118**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
M M / D D / Y Y Y Y Y Y

FEC Identification Number  
  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
M M / D D / Y Y Y Y Y Y

FEC Identification Number  
  
Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 14
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Committee for American Sovereignty**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Economic Development Department</b>			Nature of Debt (Purpose): Payroll Withholdings and Employer Payroll Taxes
Mailing Address P. O. Box 989071			
City Sacramento	State CA	Zip Code 96798	

Outstanding Balance Beginning This Period 1494.93	<b>Transaction ID : SD10.8060</b>	
Amount Incurred This Period 0.00	Payment This Period 837.97	Outstanding Balance at Close of This Period 656.96

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Economic Development Department</b>			Nature of Debt (Purpose): Payroll Withholdings and Employer Payroll Taxes
Mailing Address P. O. Box 989071			
City Sacramento	State CA	Zip Code 96798	

Outstanding Balance Beginning This Period 926.92	<b>Transaction ID : SD10.8061</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 926.92

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Economic Development Department</b>			Nature of Debt (Purpose): Payroll Withholdings and Employer Payroll Taxes
Mailing Address P. O. Box 989071			
City Sacramento	State CA	Zip Code 96798	

Outstanding Balance Beginning This Period 348.84	<b>Transaction ID : SD10.8062</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 348.84

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1932.72
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 14
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Committee for American Sovereignty**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Economic Development Department</b>			Nature of Debt (Purpose): Interest
Mailing Address P. O. Box 989071			
City Sacramento	State CA	Zip Code 96798	

Outstanding Balance Beginning This Period 43.24	Transaction ID : SD10.8087	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 43.24

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Economic Development Department</b>			Nature of Debt (Purpose): Penalties and interest on late payroll taxes
Mailing Address P. O. Box 989071			
City Sacramento	State CA	Zip Code 96798	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.8121	
Amount Incurred This Period 741.61	Payment This Period 0.00	Outstanding Balance at Close of This Period 741.61

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Internal Revenue Service</b>			Nature of Debt (Purpose): Payroll Withholding and Employer Payroll Taxes October 2016
Mailing Address Service Center			
City Ogden	State UT	Zip Code 84201	

Outstanding Balance Beginning This Period 5975.91	Transaction ID : SD10.8056	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5975.91

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	6760.76
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 14
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Committee for American Sovereignty**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Internal Revenue Service</b>			Nature of Debt (Purpose): Payroll Withholdings and Employer Payroll Taxes Nov 2016		
Mailing Address Service Center					
City Ogden	State UT	Zip Code 84201			

Outstanding Balance Beginning This Period		Transaction ID : <b>SD10.8057</b>	
3690.05			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	3690.05	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Internal Revenue Service</b>			Nature of Debt (Purpose): Payroll Withholdings and Employer Payroll taxes Dec 2016		
Mailing Address Service Center					
City Ogden	State UT	Zip Code 84201			

Outstanding Balance Beginning This Period		Transaction ID : <b>SD10.8058</b>	
1427.27			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1427.27	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Internal Revenue Service</b>			Nature of Debt (Purpose): Unemployment Taxes Due for 2016		
Mailing Address Service Center					
City Ogden	State UT	Zip Code 84201			

Outstanding Balance Beginning This Period		Transaction ID : <b>SD10.8059</b>	
84.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	84.00	0.00	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	5117.32
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 14 OF 14
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Committee for American Sovereignty**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Internal Revenue Service</b>			Nature of Debt (Purpose): interest
Mailing Address Service Center			
City Ogden	State UT	Zip Code 84201	

Outstanding Balance Beginning This Period	Transaction ID : SD10.8086	
<input type="text" value="75.78"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="75.78"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Internal Revenue Service</b>			Nature of Debt (Purpose): Interest on balance due
Mailing Address Service Center			
City Ogden	State UT	Zip Code 84201	

Outstanding Balance Beginning This Period	Transaction ID : SD10.8120	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="75.78"/>	<input type="text" value="0.00"/>	<input type="text" value="75.78"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="151.56"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="13962.36"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="13962.36"/>