

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.
Reclaim America PAC

ADDRESS (number and street)
Check if different than previously reported. (ACC) Alexandria VA 22314

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 / 16 / 2014 through 11 / 24 / 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 Lisa Lisker

Signature of Treasurer Lisa Lisker [Electronically Filed] Date 12 / 04 / 2014

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Reclaim America PAC

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="YYYY"/> <input type="text" value="2014"/>	<input type="text" value=""/>	<input type="text" value="307637.22"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="150514.14"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="131095.57"/>	<input type="text" value="1558622.71"/>
(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="281609.71"/>	<input type="text" value="1866259.93"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="266082.67"/>	<input type="text" value="1850732.89"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="15527.04"/>	<input type="text" value="15527.04"/>
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="18365.00"/>	

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

Write or Type Committee Name
Reclaim America PAC

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).....	28273.00	255457.21
(ii) Unitemized	12264.00	70007.42
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	40537.00	325464.63
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	7500.00	302250.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	48037.00	627714.63
12. Transfers From Affiliated/Other Party Committees.....	82321.37	930170.88
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).....	737.20	737.20
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))..... ▶	131095.57	1558622.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	131095.57	1558622.71

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	134119.42	1410491.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	134119.42	1410491.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2915.00	76392.21
24. Independent Expenditures (use Schedule E)	128948.25	362749.14
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	100.00	1100.00
(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)).....	100.00	1100.00
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)) ..	266082.67	1850732.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	266082.67	1850732.89

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)	48037.00	627714.63
34. Total Contribution Refunds (from Line 28(d))	100.00	1100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47937.00	626614.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	134119.42	1410491.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	737.20	737.20
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	133382.22	1409754.34

**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 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)
Reclaim America PAC

A. DAVID ADAMS
Full Name (Last, First, Middle Initial)
Mailing Address 11075 LAKEWOOD DR

City GUTHRIE	State OK	Zip Code 73044-8000
-----------------	-------------	------------------------

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 ▼
10.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : SA11.718601

Amount of Each Receipt this Period

10.00

CONTRIBUTION

EARMARK: SCOTT BROWN

B. DANA ANDERSON
Full Name (Last, First, Middle Initial)
Mailing Address 100 FALL CREEK ROAD

City LAWRENCE	State KS	Zip Code 66049-9067
------------------	-------------	------------------------

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

Name of Employer MACERICH	Occupation REAL ESTATE INVESTMENT TRUST
------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2014

Transaction ID : SA11.716969

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C. DANA ANDERSON
Full Name (Last, First, Middle Initial)
Mailing Address 100 FALL CREEK ROAD

City LAWRENCE	State KS	Zip Code 66049-9067
------------------	-------------	------------------------

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

Name of Employer MACERICH	Occupation REAL ESTATE INVESTMENT TRUST
------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2014

Transaction ID : SA11.719581

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	760.00
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 143
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name (Last, First, Middle Initial)
A. MS. CAROL A. ARSCOTT

Mailing Address 1111 N GULFSTREAM AVE
APT 10B

City SARASOTA State FL Zip Code 34236-5534

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 ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11.718167

Amount of Each Receipt this Period
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MS. CAROL A. ARSCOTT

Mailing Address 1111 N GULFSTREAM AVE
APT 10B

City SARASOTA State FL Zip Code 34236-5534

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 ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11.718168

Amount of Each Receipt this Period
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. WALTER BAHLER

Mailing Address 5927 S. CREEKSIDE COURT

City REMINGTON State IN Zip Code 47977-8867

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 ▼
315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2014

Transaction ID : SA11.721788

Amount of Each Receipt this Period
50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name (Last, First, Middle Initial) A. MR. DAVID L. BAIRD		Date of Receipt 10 / 22 / 2014 Transaction ID : SA11.718185
Mailing Address 4281 EXPRESS LN # L3147		Amount of Each Receipt this Period 250.00
City SARASOTA	State FL	Zip Code 34238-2602
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer CESAR RITS COLLEGES	Occupation ADMISSIONS REGISTRAR	
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. PATRICIA BULLER		Date of Receipt 10 / 19 / 2014 Transaction ID : SA11.717147
Mailing Address 5903 S. TRAVIS ST.		Amount of Each Receipt this Period 10.00
City AMARILLO	State TX	Zip Code 79118-7901
FEC ID number of contributing federal political committee. C		CONTRIBUTION
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 ▼ 20.00	EARMARK: SCOTT BROWN

Full Name (Last, First, Middle Initial) C. MRS. GAY LYNN BULLOCK		Date of Receipt 11 / 12 / 2014 Transaction ID : SA11.721608
Mailing Address 4702 W. 8TH AVENUE		Amount of Each Receipt this Period 50.00
City STILLWATER	State OK	Zip Code 74074-1400
FEC ID number of contributing federal political committee. C		CONTRIBUTION
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 ▼ 556.00	

SUBTOTAL of Receipts This Page (optional).....▶	310.00
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 9 OF 143
	(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)
Reclaim America PAC

Full Name (Last, First, Middle Initial) A. ROBERT BURKE		Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2014
Mailing Address 14935 LAKE FOREST DR.		Transaction ID : SA11.719650
City LUTZ	State FL	Zip Code 33559-3269
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer METLIFE	Occupation ACCOUNTANT	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. CAROL CARLSON		Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2014
Mailing Address 170 PANTANO CAY BLVD UNIT 4301		Transaction ID : SA11.718603
City SAINT AUGUSTINE	State FL	Zip Code 32080-7375
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MAYO CLINIC	Occupation RN	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) C. CAROL CARLSON		Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2014
Mailing Address 170 PANTANO CAY BLVD UNIT 4301		Transaction ID : SA11.718604
City SAINT AUGUSTINE	State FL	Zip Code 32080-7375
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MAYO CLINIC	Occupation RN	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

A. CLARO CHEN
Full Name (Last, First, Middle Initial)

Mailing Address 19348 EMPTY SADDLE RD.

City WALNUT	State CA	Zip Code 91789-4285
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FEC ID number of contributing federal political committee. **C**

Name of Employer D.H.S.	Occupation FEDERAL EMPLOYEE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **10.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2014

Transaction ID : SA11.717143

Amount of Each Receipt this Period

10.00

CONTRIBUTION

EARMARK: SCOTT BROWN

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

Mailing Address 1 MORTON ROAD

City ARLINGTON	State MA	Zip Code 02476-7921
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FEC ID number of contributing federal political committee. **C**

Name of Employer GAP INC	Occupation SALES
-----------------------------	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **25.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2014

Transaction ID : SA11.716656

Amount of Each Receipt this Period

25.00

CONTRIBUTION

EARMARK: SCOTT BROWN

C. MILTON O. DIAZ
Full Name (Last, First, Middle Initial)

Mailing Address 3712 LAKE WINNIPEG DRIVE

City HARVEY	State LA	Zip Code 70058-5171
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FEC ID number of contributing federal political committee. **C**

Name of Employer PROGRESSIVE HOME HEALTH CARE, INC.	Occupation ADMINISTRATOR
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2014

Transaction ID : SA11.721602

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	135.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

A. JOHN EVANS JR
Full Name (Last, First, Middle Initial)
Mailing Address POBOX629456

City OVIEDO State FL Zip Code 32762-

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
10 / 27 / 2014
Transaction ID : SA11.719537

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. JIM F. FREE
Full Name (Last, First, Middle Initial)
Mailing Address 5004 THOMAS DR UNIT 701
UNIT 701

City PANAMA CITY BEACH State FL Zip Code 32408-6978

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

Name of Employer JIM FREE REALTY Occupation REAL ESTATE BROKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 22 / 2014
Transaction ID : SA11.718593

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. JOSEPH GIORDANO
Full Name (Last, First, Middle Initial)
Mailing Address 101 LEWISVILLE COURT

City PHOENIXVILLE State PA Zip Code 19460-2857

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

Name of Employer ANTHONY CORP Occupation APT MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt
10 / 16 / 2014
Transaction ID : SA11.716133

Amount of Each Receipt this Period
50.00

CONTRIBUTION

EARMARK: SCOTT BROWN

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 143
	<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	

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

A. STEVEN NEIL GIPSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 14203 LORD BARCLAY DRIVE
 City State Zip Code
 ORLANDO FL 32837-5403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED PETROLEUM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 12 / 2014
Transaction ID : SA11.721600
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. WALTER GROTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 12808 SMITH CREEK RD
 City State Zip Code
 VERSAILLES MO 65084-4324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED FARMING
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2014
Transaction ID : SA11.718969
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. RONALD GRYN SR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2125 JASPER WAY
 City State Zip Code
 THE VILLAGES FL 32162-3355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2014
Transaction ID : SA11.718131
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

A. MR. EDWARD E. HADDOCK JR.
Full Name (Last, First, Middle Initial)

Mailing Address 3300 UNIVERSITY BLVD.
STE 218

City WINTER PARK State FL Zip Code 32792-7435

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

Name of Employer FULL SAIL UNIVERSITY Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 27 / 2014
Transaction ID : SA11.719546

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

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

Mailing Address 105 FENNERTON RD

City PAOLI State PA Zip Code 19301-1143

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

Name of Employer DRINKER BIDDLE & REATH LLP Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
10 / 26 / 2014
Transaction ID : SA11.719221

Amount of Each Receipt this Period
400.00

CONTRIBUTION

C. JOHN HANSEN
Full Name (Last, First, Middle Initial)

Mailing Address 105 FENNERTON RD

City PAOLI State PA Zip Code 19301-1143

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

Name of Employer DRINKER BIDDLE & REATH LLP Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
10 / 26 / 2014
Transaction ID : SA11.719222

Amount of Each Receipt this Period
400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 5800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

A. JOHN HANSEN
Full Name (Last, First, Middle Initial)

Mailing Address 105 FENNERTON RD

City PAOLI State PA Zip Code 19301-1143

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

Name of Employer DRINKER BIDDLE & REATH LLP Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 26 / 2014
Transaction ID : SA11.719223

Amount of Each Receipt this Period 400.00

CONTRIBUTION

B. MRS. CAROLYN HARBOURT
Full Name (Last, First, Middle Initial)

Mailing Address 310 AEGEAN VISTA WAY

City SAINT AUGUSTINE State FL Zip Code 32080-3548

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 ▼ 50.00

Date of Receipt 10 / 19 / 2014
Transaction ID : SA11.717148

Amount of Each Receipt this Period 50.00

CONTRIBUTION

EARMARK: SCOTT BROWN

C. TIMOTHY A. HAYES
Full Name (Last, First, Middle Initial)

Mailing Address 1110 WINDING BRANCH CIRCLE

City DUNWOODY State GA Zip Code 30338-3934

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 60.00

Date of Receipt 10 / 16 / 2014
Transaction ID : SA11.716132

Amount of Each Receipt this Period 15.00

CONTRIBUTION

EARMARK: SCOTT BROWN

SUBTOTAL of Receipts This Page (optional).....▶ 465.00

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 15 OF 143
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name (Last, First, Middle Initial)
A. ANTHONY HERNER

Mailing Address 1810 KINGFISH RD

City State Zip Code
NAPLES FL 34102-1533

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

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 / /
Transaction ID : SA11.718796

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 1810 KINGFISH RD

City State Zip Code
NAPLES FL 34102-1533

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

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 / /
Transaction ID : SA11.718797

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. GEOFFREY HULME

Mailing Address 9 MOUNTAIN LAUREL DRIVE

City State Zip Code
GREENWICH CT 06831-2741

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

Name of Employer Occupation
AMICI CAPITAL LLC ANALYST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7500.00

Date of Receipt
 / /
Transaction ID : SA11.718972

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

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

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 16 OF 143
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name (Last, First, Middle Initial)
A. GEOFFREY HULME
 Mailing Address 9 MOUNTAIN LAUREL DRIVE
 City State Zip Code
 GREENWICH CT 06831-2741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AMICI CAPITAL LLC ANALYST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 7500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2014
Transaction ID : SA11.718973
 Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. GEOFFREY HULME
 Mailing Address 9 MOUNTAIN LAUREL DRIVE
 City State Zip Code
 GREENWICH CT 06831-2741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AMICI CAPITAL LLC ANALYST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 7500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2014
Transaction ID : SA11.718974
 Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MS. ELIZABETH A. JACKSON
 Mailing Address 169 KINGFISHER CIR
 City State Zip Code
 POOLER GA 31322-9763
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 415.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2014
Transaction ID : SA11.719543
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 5100.00
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 17 OF 143
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name (Last, First, Middle Initial)
A. JOSEPH LASSITER
 Mailing Address SJO6528 2250 NW 114TH AVE UNIT 1R
 City State Zip Code
 MIAMI FL 33172-3652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE NONE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2014
Transaction ID : SA11.719568
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION
 EARMARK: JONI ERNST

Full Name (Last, First, Middle Initial)
B. MR. RICHARD LEEDY
 Mailing Address 1920 AVENUE O SW
 City State Zip Code
 WINTER HAVEN FL 33880-2710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 POLK STATE COLLEGE PROFESSOR
 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
 10 / 24 / 2014
Transaction ID : SA11.719037
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. CATHERINE C LIGHT
 Mailing Address 19374 GREEN LAKES LOOP
 City State Zip Code
 BEND OR 97702-1187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014
Transaction ID : SA11.718159
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 143
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name (Last, First, Middle Initial)
A. CATHERINE C LIGHT

Mailing Address 19374 GREEN LAKES LOOP

City BEND State OR Zip Code 97702-1187

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 ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2014

Transaction ID : SA11.721793

Amount of Each Receipt this Period
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. ROBERT BRUCE LITTELL

Mailing Address 14503 CLIFTY CT.

City TAMPA State FL Zip Code 33624-2600

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

Name of Employer NONE Occupation NONE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **463.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2014

Transaction ID : SA11.721728

Amount of Each Receipt this Period
33.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. TERESA MADRIGAL

Mailing Address 15707 VOIT RD C-210

City DALLAS State TX Zip Code 75248-4464

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

Name of Employer AVANT-GARDE MARKETING SOLUTIONS Occupation CEO

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
10 / 23 / 2014

Transaction ID : SA11.718938

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1083.00
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 19 OF 143
	(check only one)	
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

A. JOHN JUDE MANDLER
Full Name (Last, First, Middle Initial)

Mailing Address 8 UNDERCLIFF TERRACE

City WEST ORANGE State NJ Zip Code 07052-3930

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

Name of Employer MANDEL, KATZ & BROSANAN LLP Occupation ATTORNEY

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
 10 / 30 / 2014

Transaction ID : SA11.720779

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

B. JOHN JUDE MANDLER
Full Name (Last, First, Middle Initial)

Mailing Address 8 UNDERCLIFF TERRACE

City WEST ORANGE State NJ Zip Code 07052-3930

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

Name of Employer MANDEL, KATZ & BROSANAN LLP Occupation ATTORNEY

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
 10 / 30 / 2014

Transaction ID : SA11.720780

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

C. RONALD MCBRIDE
Full Name (Last, First, Middle Initial)

Mailing Address 15285 WILLIAM DR

City AUBURN State CA Zip Code 95602-9678

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 ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2014

Transaction ID : SA11.717144

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

EARMARK: SCOTT BROWN

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 143
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

A. JOEL MORRIS
Full Name (Last, First, Middle Initial)

Mailing Address 17830 CADENA DRIVE

City BOCA RATON State FL Zip Code 33496-1064

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

Name of Employer DCA Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2014
Transaction ID : SA11.719566

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. MS. MEREDITH MURAD
Full Name (Last, First, Middle Initial)

Mailing Address 10350 WILSHIRE BLVD
APT 1101

City LOS ANGELES State CA Zip Code 90024-4720

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 ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2014
Transaction ID : SA11.716652

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

EARMARK: SCOTT BROWN

C. GONZALO PALENZUELA
Full Name (Last, First, Middle Initial)

Mailing Address 665 LEUCADENDRA DR

City CORAL GABLES State FL Zip Code 33156-2365

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

Name of Employer CARIBBEAN EXPORT INC. Occupation OVERSEAS SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2014
Transaction ID : SA11.721445

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	400.00
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 21 OF 143
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name (Last, First, Middle Initial)
A. GONZALO PALENZUELA

Mailing Address **665 LEUCADENDRA DR**

City State Zip Code
CORAL GABLES FL 33156-2365

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

Name of Employer Occupation
CARIBBEAN EXPORT INC. OVERSEAS SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 12 / 2014

Transaction ID : SA11.721614

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

Mailing Address **3900 RIVERLAKES DR APT 10K**

City State Zip Code
BAKERSFIELD CA 93312-6673

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

Name of Employer Occupation
SELF SELF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5.00

Date of Receipt
10 / 16 / 2014

Transaction ID : SA11.716650

Amount of Each Receipt this Period
5.00

CONTRIBUTION

EARMARK: SCOTT BROWN

Full Name (Last, First, Middle Initial)
C. MR. JONATHAN PHELPS

Mailing Address **605 N. PARK AVE**

City State Zip Code
WINTER PARK FL 32789-3200

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

Name of Employer Occupation
FULL SAIL UNIVERSITY EDUCATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 27 / 2014

Transaction ID : SA11.719545

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **5105.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 143
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

A. MRS. ALBERT WERNER PLEUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1310 MARIETTA COUNTRY CLUB DRIVE
 City KENNESAW State GA Zip Code 30152-4728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC
 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
 11 / 04 / 2014
Transaction ID : SA11.721383
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. DAVID ROSS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3144 W 138TH TER
 City OVERLAND PARK State KS Zip Code 66224-4603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DAVID E ROSS CONSTRUCTION Occupation ENGINEER
 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
 10 / 23 / 2014
Transaction ID : SA11.718956
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. GEORGE SALING
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 581890
 City KISSIMMEE State FL Zip Code 34758-0024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation AVIATION MANAGER
 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
 11 / 03 / 2014
Transaction ID : SA11.721185
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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 23 OF 143
	(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)
Reclaim America PAC

A. LUIS SANABRIA
Full Name (Last, First, Middle Initial)

Mailing Address 2454 SW 24 STREET

City MIAMI State FL Zip Code 33145-3618

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11.718180

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

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

Mailing Address 224 STATE RT. 1023

City DAYTON State PA Zip Code 16222-4824

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

Name of Employer RETIRED Occupation TEACHER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2014

Transaction ID : SA11.719220

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

C. RANSOM SIMMONS
Full Name (Last, First, Middle Initial)

Mailing Address 7222 ODoniel Loop East

City LAKELAND State FL Zip Code 33809-2324

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

Name of Employer EMCARE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2014

Transaction ID : SA11.716392

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

EARMARK: SCOTT BROWN

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

A. MR. RICHARD SIMS
Full Name (Last, First, Middle Initial)

Mailing Address 1792 PINE GLADE CIR

City FORT MYERS State FL Zip Code 33907-5728

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 ▼ 25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2014
Transaction ID : SA11.716134

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

EARMARK: SCOTT BROWN

B. MR. ROGER B. TOMPKINS
Full Name (Last, First, Middle Initial)

Mailing Address 8200 SHADETREE CT

City JACKSONVILLE State FL Zip Code 32256-7153

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

Name of Employer NOT PROVIDED Occupation RETIREE

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
 10 / 26 / 2014
Transaction ID : SA11.719218

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. P J TRACY
Full Name (Last, First, Middle Initial)

Mailing Address 722 DUBLIN DR

City MISHAWAKA State IN Zip Code 46545-3589

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2014
Transaction ID : SA11.716119

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

A. P J TRACY
Full Name (Last, First, Middle Initial)
Mailing Address 722 DUBLIN DR
City MISHAWAKA State IN Zip Code 46545-3589
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **700.00**

Date of Receipt **11 / 16 / 2014**
Transaction ID : SA11.721704
Amount of Each Receipt this Period **100.00**
CONTRIBUTION

B. ORA VANDEVENTER
Full Name (Last, First, Middle Initial)
Mailing Address 4568 E. TULIP RD.
City BLOOMFIELD State IN Zip Code 47424-4741
FEC ID number of contributing federal political committee. **C**
Name of Employer JACK CRAIG Occupation MAINTENANCE
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **0.00**

Date of Receipt **11 / 12 / 2014**
Transaction ID : SA11.721589
Amount of Each Receipt this Period **-10.00**
CONTRIBUTION
CHARGED BACK

C. HANK WEATHERFORD
Full Name (Last, First, Middle Initial)
Mailing Address 1470 LEAFMORE RIDGE
City DECATUR State GA Zip Code 30033-2110
FEC ID number of contributing federal political committee. **C**
Name of Employer SIEMENS Occupation SALES
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 31 / 2014**
Transaction ID : SA11.721089
Amount of Each Receipt this Period **250.00**
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **340.00**
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 26 OF 143
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

A. Full Name (Last, First, Middle Initial)
MRS. CECILIA C. C. YOUNG

Mailing Address 603 RUNAWAY BAY DR.

City RUNAWAY BAY State TX Zip Code 76426-9436

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 ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11.719579

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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).....▶	100.00
TOTAL This Period (last page this line number only).....▶	28273.00

**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 27 OF 143
<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)
Reclaim America PAC

Full Name (Last, First, Middle Initial) A. INTEL CORPORATION PAC		Date of Receipt
Mailing Address 1155 F. STREET NW SUITE 1025		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City State Zip Code WASHINGTON DC 20004-1342		Transaction ID : SA11.718151
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00125641"/>		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Name of Employer Occupation		CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) B. POWER PAC		Date of Receipt
Mailing Address 702 PENNSYLVANIA AVENUE N.W.		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City State Zip Code WASHINGTON DC 20004-		Transaction ID : SA11.721337
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00095869"/>		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Name of Employer Occupation		CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code		
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text"/>
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="7500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="7500.00"/>

**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 28 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. RUBIO VICTORY COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 228 S WASHINGTON ST
 STE 115
 City ALEXANDRIA State VA Zip Code 22314-5404
 FEC ID number of contributing federal political committee. **C** C00494617
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 930170.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : 102920141031
 Amount of Each Receipt this Period
 82321.37
 CONTRIBUTION
 SEE ATTRIBUTION BELOW

B. MR. JOEL ALTMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 248 W. KEY PALM RD
 City BOCA RATON State FL Zip Code 33432-7924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ALTMAN COMPANIES REAL ESTATE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2014
Transaction ID : SA12.720211.1.1029
 Amount of Each Receipt this Period
 300.00
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

C. MR. ROGER ANDA
 Full Name (Last, First, Middle Initial)
 Mailing Address 16425 COLLINS AVENUE #2011
 City SUNNY ISLES BEACH State FL Zip Code 33160-4542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFF(INFORMATION REQUESTED PER BEST EFF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2014
Transaction ID : SA12.719505.1.1029
 Amount of Each Receipt this Period
 300.00
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional).....	82321.37
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. MS. SUSAN C. ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1083 ISLAND WAY
 City LEESBURG State FL Zip Code 34748-6769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **10 / 21 / 2014**
Transaction ID : SA12.718679.1.1029
 Amount of Each Receipt this Period **150.00**
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

B. MR. JOHN BABB
 Full Name (Last, First, Middle Initial)
 Mailing Address 7836 SE 171ST VICTORIA LANE
 City THE VILLAGES State FL Zip Code 32162-8325
 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 **300.00**

Date of Receipt **10 / 24 / 2014**
Transaction ID : SA12.719136.1.1029
 Amount of Each Receipt this Period **300.00**
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

C. MRS. IMELDA D. BAMBERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 20941 SAILMAKER CIR
 City HUNTINGTON BEACH State CA Zip Code 92648-5272
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt **10 / 27 / 2014**
Transaction ID : SA12.719772.1.1029
 Amount of Each Receipt this Period **60.00**
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. MRS. IMELDA D. BAMBERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 20941 SAILMAKER CIR
 City HUNTINGTON BEACH State CA Zip Code 92648-5272
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt: **10 / 28 / 2014**
Transaction ID : SA12.720116.1.1029
 Amount of Each Receipt this Period: **300.00**
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

B. MR. DONALD S. BARBERIE
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 7725
 City BURBANK State CA Zip Code 91510-7725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **OLYMPIC INSURANCE** Occupation: **INSURANCE AGENT**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt: **10 / 06 / 2014**
Transaction ID : SA12.714116.1.1029
 Amount of Each Receipt this Period: **105.00**
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

C. MR. DONALD S. BARBERIE
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 7725
 City BURBANK State CA Zip Code 91510-7725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **OLYMPIC INSURANCE** Occupation: **INSURANCE AGENT**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt: **10 / 21 / 2014**
Transaction ID : SA12.718252.1.1029
 Amount of Each Receipt this Period: **105.00**
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. MRS. CATHERINE BAUER
Full Name (Last, First, Middle Initial)
Mailing Address 2453 ALAQUA DRIVE
City LONGWOOD State FL Zip Code 32779-3124
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 ▼ 300.00

Date of Receipt 10 / 03 / 2014
Transaction ID : SA12.713427.1.1029
Amount of Each Receipt this Period 300.00
TRANSFER
[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

B. MR. HAROLD BECK
Full Name (Last, First, Middle Initial)
Mailing Address 1484 E. HALLANDALE BEACH BLVD
City HALLANDALE BEACH State FL Zip Code 33009-4617
FEC ID number of contributing federal political committee. **C**
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 13 / 2014
Transaction ID : SA12.715701.1.1029
Amount of Each Receipt this Period 600.00
TRANSFER
[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

C. MR. THILO D. BEST
Full Name (Last, First, Middle Initial)
Mailing Address 1903 S. WYKAGYL STREET SUITE 600
City TAMPA State FL Zip Code 33629-7040
FEC ID number of contributing federal political committee. **C**
Name of Employer HORIZON BAY Occupation C.E.O.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 21 / 2014
Transaction ID : SA12.718607.1.1029
Amount of Each Receipt this Period 300.00
TRANSFER
[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. MR. MATTHEW R. BISSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1264 LAUREL CT
 City MARCO ISLAND State FL Zip Code 34145-2352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer I.C.R.S., INC. Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : SA12.716900.1.1029
 Amount of Each Receipt this Period **300.00**
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

B. MR. JAMES BOLEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 ISLE OF SICILY
 City WINTER PARK State FL Zip Code 32789-1505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2400.00**

Date of Receipt **10 / 13 / 2014**
Transaction ID : SA12.715858.1.1029
 Amount of Each Receipt this Period **2400.00**
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

C. MR. MARK BRYNIARSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 16260 MORNINGSIDE DR.
 City EDMOND State OK Zip Code 73013-3036
 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 **300.00**

Date of Receipt **10 / 29 / 2014**
Transaction ID : SA12.720462.1.1029
 Amount of Each Receipt this Period **300.00**
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional)..... **0.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. MR. HARRY BURN
Full Name (Last, First, Middle Initial)
Mailing Address 11556 TURTLE BEACH ROAD

City NORTH PALM BEACH	State FL	Zip Code 33408-3345
--------------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2014

Transaction ID : SA12.718126.1.1029

Amount of Each Receipt this Period
1560.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

B. MR. PETER ROY CARNEY
Full Name (Last, First, Middle Initial)
Mailing Address 10 S. RIVERSIDE PLAZA SUITE 1470

City CHICAGO	State IL	Zip Code 60606-3838
-----------------	-------------	------------------------

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

Name of Employer SUPERIOR GRAY LITE COMPANY	Occupation BUSINESSMAN
--	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2014

Transaction ID : SA12.715582.1.1029

Amount of Each Receipt this Period
120.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

C. MRS. JEAN S. CHAMBERS
Full Name (Last, First, Middle Initial)
Mailing Address 28 MANN DRIVE

City KENTFIELD	State CA	Zip Code 94904-1034
-------------------	-------------	------------------------

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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : SA12.716726.1.1029

Amount of Each Receipt this Period
240.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. DR. MICHAEL CHANATRY
Full Name (Last, First, Middle Initial)

Mailing Address 12200 MANDARIN RD

City JACKSONVILLE State FL Zip Code 32223-1813

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

Name of Employer SELF-EMPLOYED Occupation DENTIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2014
Transaction ID : SA12.713926.1.1029

Amount of Each Receipt this Period
 300.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

B. MR. ARTHUR B. CHOATE
Full Name (Last, First, Middle Initial)

Mailing Address 1390 S. DIXIE HIGHWAY #2221

City MIAMI State FL Zip Code 33146-2946

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 ▼ 8750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : SA12.694685.1.1029

Amount of Each Receipt this Period
 -1250.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY; REFUND TO BE ISSUED

C. MR. MOON BAE CHUNG
Full Name (Last, First, Middle Initial)

Mailing Address 23750 VIA TREVI WAY APT 1502

City BONITA SPRINGS State FL Zip Code 34134-7191

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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2014
Transaction ID : SA12.714359.1.1029

Amount of Each Receipt this Period
 300.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. MR. A. JAMES CLARK
Full Name (Last, First, Middle Initial)

Mailing Address 7500 OLD GEORGETOWN RD

City State Zip Code
BETHESDA MD 20814-6133

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

Name of Employer Occupation
CLARK ENTERPRISES, INC PRESIDENT & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2014
Transaction ID : SA12.719559.1.1029

Amount of Each Receipt this Period
3000.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

B. A. J. CLARK
Full Name (Last, First, Middle Initial)

Mailing Address 26919 MILES RIVER ROAD

City State Zip Code
EASTON MD 21601-5017

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2014
Transaction ID : SA12.719563.1.1029

Amount of Each Receipt this Period
3000.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

C. MRS. WILLIAM M. CLARK
Full Name (Last, First, Middle Initial)

Mailing Address 3716 MAPLEWOOD AVENUE

City State Zip Code
DALLAS TX 75205-2827

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2014
Transaction ID : SA12.719532.1.1029

Amount of Each Receipt this Period
2900.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. MS. NANCY COHEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7741 SEABREEZE DR.
 City HUNTINGTON BEACH State CA Zip Code 92648-5448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 21 / 2014**
Transaction ID : SA12.718646.1.1029
 Amount of Each Receipt this Period **300.00**
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

B. MR. RALPH CRUMP
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 TWISTED OAK CIR
 City TRUMBULL State CT Zip Code 06611-1808
 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 **300.00**

Date of Receipt **10 / 20 / 2014**
Transaction ID : SA12.718072.1.1029
 Amount of Each Receipt this Period **300.00**
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

C. MR. GONZALO E. DIAZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 5520 SW 72ND AVENUE
 City MIAMI State FL Zip Code 33155-5517
 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 **300.00**

Date of Receipt **10 / 06 / 2014**
Transaction ID : SA12.713998.1.1029
 Amount of Each Receipt this Period **300.00**
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional)..... **0.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. MR. DOUGLAS E. DICKSON
Full Name (Last, First, Middle Initial)
Mailing Address 223 W. ELIZABETH STREET

City YORKVILLE	State IL	Zip Code 60560-1746
-------------------	-------------	------------------------

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 ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2014

Transaction ID : SA12.717104.1.1029

Amount of Each Receipt this Period

150.00

TRANSFER
[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

B. MRS. JENNIFER DILLEE
Full Name (Last, First, Middle Initial)
Mailing Address 6905 LAUREL VALLEY DR.

City FORT WORTH	State TX	Zip Code 76132-4461
--------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

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

Transaction ID : SA12.714274.1.1029

Amount of Each Receipt this Period

300.00

TRANSFER
[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

C. MRS. SUSAN E. DORSCH
Full Name (Last, First, Middle Initial)
Mailing Address 2517 HOLLY POINT RD E.

City ORANGE PARK	State FL	Zip Code 32073-5632
---------------------	-------------	------------------------

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 ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

Transaction ID : SA12.719438.1.1029

Amount of Each Receipt this Period

600.00

TRANSFER
[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial) A. MR. JOHN EDWARDSON		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2014
Mailing Address 301 SHERIDAN RD		Transaction ID : SA12.715859.1.1029
City WINNETKA	State IL	Zip Code 60093-4227
FEC ID number of contributing federal political committee.	C	
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	Amount of Each Receipt this Period 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	TRANSFER
		[MEMO ITEM] TRANSFER FROM RUBIO VICTORY

Full Name (Last, First, Middle Initial) B. MS. MAYTE FERNANDEZ		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
Mailing Address 810 S. SHORE DR.		Transaction ID : SA12.719794.1.1029
City MIAMI BEACH	State FL	Zip Code 33141-2410
FEC ID number of contributing federal political committee.	C	
Name of Employer MOMENTONE CONSULTING	Occupation BUSINESS OWNER	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	TRANSFER
		[MEMO ITEM] TRANSFER FROM RUBIO VICTORY

Full Name (Last, First, Middle Initial) C. MR. THOMAS FLEMING		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 06 / 2014
Mailing Address 8612 WILLOWS EDGE CT		Transaction ID : SA12.714273.1.1029
City EDWARDS	State IL	Zip Code 61528-9474
FEC ID number of contributing federal political committee.	C	
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	TRANSFER
		[MEMO ITEM] TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. MR. DAVID J. FRENCH
Full Name (Last, First, Middle Initial)

Mailing Address W303N2568 MAPLE AVE

City PEWAUKEE State WI Zip Code 53072-4243

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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2014
Transaction ID : SA12.714569.1.1029

Amount of Each Receipt this Period
 300.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

B. DR. ELOISA S. GARCIA
Full Name (Last, First, Middle Initial)

Mailing Address 214 KEYSTONE AVE

City RIVER FOREST State IL Zip Code 60305-2022

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

Name of Employer SELF-EMPLOYED Occupation SELF-EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 603.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2014
Transaction ID : SA12.719133.1.1029

Amount of Each Receipt this Period
 603.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

C. STEVEN NEIL GIPSON
Full Name (Last, First, Middle Initial)

Mailing Address 14203 LORD BARCLAY DRIVE

City ORLANDO State FL Zip Code 32837-5403

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

Name of Employer SELF EMPLOYED Occupation PETROLEUM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2014
Transaction ID : SA12.713892.1.1029

Amount of Each Receipt this Period
 1500.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. MS. MARILYN GREEN
Full Name (Last, First, Middle Initial)
Mailing Address 44 KEMP RD E.
City GREENSBORO State NC Zip Code 27410-6016
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 06 / 2014
Transaction ID : SA12.714280.1.1029
Amount of Each Receipt this Period
420.00
TRANSFER
[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

B. MR. DANIEL M. GUGGENHEIM
Full Name (Last, First, Middle Initial)
Mailing Address 4 BEACON BAY
City NEWPORT BEACH State CA Zip Code 92660-7216
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF
EFFORTS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014
Transaction ID : SA12.716910.1.1029
Amount of Each Receipt this Period
300.00
TRANSFER
[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

C. ARTURO J. GUTIERREZ
Full Name (Last, First, Middle Initial)
Mailing Address 153 NEWTON STREET
City WESTON State MA Zip Code 02493-2338
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2014
Transaction ID : SA12.713257.1.1029
Amount of Each Receipt this Period
300.00
TRANSFER
[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. MR. CARLOS M. GUTIERREZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 3150 SOUTH ST NW APT. 3C
 City WASHINGTON State DC Zip Code 20007-4455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALBRIGHT STONERIDGE Occupation VICE CHAIRMAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **10 / 16 / 2014**
Transaction ID : SA12.717118.1.1029
 Amount of Each Receipt this Period **600.00**
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

B. MRS. JOAN B. HADLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 BAYADERE TERRACE
 City CORONA DEL MAR State CA Zip Code 92625-1808
 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 **300.00**

Date of Receipt **10 / 21 / 2014**
Transaction ID : SA12.718631.1.1029
 Amount of Each Receipt this Period **300.00**
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

C. MR. JAMES W. HEAVENER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3300 UNIVERSITY BLVD. STE. 218
 City WINTER PARK State FL Zip Code 32792-7435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FULL SAIL UNIVERSITY Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **10 / 27 / 2014**
Transaction ID : SA12.719560.1.1029
 Amount of Each Receipt this Period **5000.00**
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional)..... **0.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. MR. TATNALL L. HILLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 504 W. BLEEKER ST
 City ASPEN State CO Zip Code 81611-1228
 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 ▼ 1800.00

Date of Receipt 10 / 24 / 2014
Transaction ID : SA12.719116.1.1029
 Amount of Each Receipt this Period 1800.00
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

B. MR. WAYNE T. HOCKMEYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 COCONUT PALM ROAD
 City VERO BEACH State FL Zip Code 32963-3709
 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 ▼ 600.00

Date of Receipt 10 / 15 / 2014
Transaction ID : SA12.716203.1.1029
 Amount of Each Receipt this Period 600.00
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

C. MR. JAMES E. HUBBARTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1362 ORCHARD CIR
 City WATKINSVILLE State GA Zip Code 30677-7872
 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 ▼ 360.00

Date of Receipt 10 / 15 / 2014
Transaction ID : SA12.716901.1.1029
 Amount of Each Receipt this Period 360.00
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. MR. WILLIAM W. HUGHES JR.
Full Name (Last, First, Middle Initial)
Mailing Address 66 LINDA ISLE

City NEWPORT BEACH	State CA	Zip Code 92660-7207
FEC ID number of contributing federal political committee. C		
Name of Employer HUGHES INVESTMENTS	Occupation SHOPPING CENTERS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
10 / 27 / 2014
Transaction ID : SA12.719698.1.1029

Amount of Each Receipt this Period
300.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

B. MR. CHRISTOPHER L. JACOBS
Full Name (Last, First, Middle Initial)
Mailing Address 42 SAYBROOK PLACE

City BUFFALO	State NY	Zip Code 14209-1107
FEC ID number of contributing federal political committee. C		
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Date of Receipt
10 / 27 / 2014
Transaction ID : SA12.719561.1.1029

Amount of Each Receipt this Period
600.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

C. MRS. MARGARET JENKS
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 440310

City SAINT LOUIS	State MO	Zip Code 63144-4310
FEC ID number of contributing federal political committee. C		
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
10 / 27 / 2014
Transaction ID : SA12.719801.1.1029

Amount of Each Receipt this Period
300.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. MRS. SANDRA K. JOSEPH
 Full Name (Last, First, Middle Initial)
 Mailing Address 5055 DOWN POINT LN
 City WINDERMERE State FL Zip Code 34786-8402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2014
Transaction ID : SA12.714645.1.1029
 Amount of Each Receipt this Period
 300.00
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

B. MRS. BARBA B. KEENE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3704 ANATOLE CT
 City PLANO State TX Zip Code 75075-3532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2014
Transaction ID : SA12.712869.1.1029
 Amount of Each Receipt this Period
 300.00
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

C. MRS. JEAN M. KELLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 510 BAY DRIVE
 City VERO BEACH State FL Zip Code 32963-2107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : SA12.716827.1.1029
 Amount of Each Receipt this Period
 300.00
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. MR. DAVID H. KEYSTON
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 7066
 City State Zip Code
 CARMEL BY THE SEA CA 93921-7066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 13 / 2014
Transaction ID : SA12.715689.1.1029
 Amount of Each Receipt this Period
 60.00
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

B. MR. BERNARD KLEPACH
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 NE 185TH STREET SUITE 201
 City State Zip Code
 MIAMI FL 33179-4505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DFIASS GROUP OF COMPANIES DUTY FREE AIR AND SHIP SUPPLY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2014
Transaction ID : SA12.719557.1.1029
 Amount of Each Receipt this Period
 2900.00
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

C. MR. GENE KOCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3872 QUAIL RIDGE DRIVE N.
 City State Zip Code
 BOYNTON BEACH FL 33436-5344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFF(INFORMATION REQUESTED PER BEST EFF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2014
Transaction ID : SA12.715971.1.1029
 Amount of Each Receipt this Period
 120.00
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. MR. GENE KOCH
Full Name (Last, First, Middle Initial)

Mailing Address 3872 QUAIL RIDGE DRIVE N.

City BOYNTON BEACH	State FL	Zip Code 33436-5344
-----------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

Transaction ID : SA12.719296.1.1029

Amount of Each Receipt this Period

150.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

B. MR. PAUL LANGOS
Full Name (Last, First, Middle Initial)

Mailing Address 7 WINDSOR CT

City SOUTH BARRINGTON	State IL	Zip Code 60010-9594
--------------------------	-------------	------------------------

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

Name of Employer SEGERDAHL GROUP	Occupation SALES
-------------------------------------	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2014

Transaction ID : SA12.718221.1.1029

Amount of Each Receipt this Period

300.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

C. MR. DOUGLAS LEONE
Full Name (Last, First, Middle Initial)

Mailing Address 13385 ROBLEDA ROAD

City LOS ALTOS HILLS	State CA	Zip Code 94022-3490
-------------------------	-------------	------------------------

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

Name of Employer SEQUOIA CAPITAL	Occupation VENTURE CAPITAL
-------------------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : SA12.712269.1.1029

Amount of Each Receipt this Period

-1000.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. MRS. PATRICIA PERKINS LEONE
Full Name (Last, First, Middle Initial)

Mailing Address 13385 ROBLEDA ROAD

City LOS ALTOS HILLS State CA Zip Code 94022-3490

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

Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt: **09 / 30 / 2014**
Transaction ID : **SA12.712271.1.1029**

Amount of Each Receipt this Period: **-1000.00**

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

B. MR. JAMES LEVELL
Full Name (Last, First, Middle Initial)

Mailing Address 3949 MARQUETTE STREET

City DALLAS State TX Zip Code 75225-5432

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

Name of Employer: **FIRST SOUTHWEST PROPERTIES** Occupation: **INVESTMENTS**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt: **10 / 07 / 2014**
Transaction ID : **SA12.714356.1.1029**

Amount of Each Receipt this Period: **300.00**

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

C. MR. ROBERT LOFTON
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 509

City CALIPATRIA State CA Zip Code 92233-0509

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

Name of Employer: **INFORMATION REQUESTED PER BEST EFF** Occupation: **INFORMATION REQUESTED PER BEST EFF**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt: **10 / 08 / 2014**
Transaction ID : **SA12.714660.1.1029**

Amount of Each Receipt this Period: **120.00**

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. MRS. KAY ROWLING LONG
 Full Name (Last, First, Middle Initial)
 Mailing Address 47 LAKE SHORE DRIVE
 City State Zip Code
 CORPUS CHRISTI TX 78413-2634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2014
Transaction ID : SA12.714045.1.1029
 Amount of Each Receipt this Period
 60.00
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

B. MR. BRIAN P. MANLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 629 LAFAYETTE AVENUE
 City State Zip Code
 BUFFALO NY 14222-1435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 IMAGINE STAFFING TECHNOLOGY, INC. PRESIDENT/OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014
Transaction ID : SA12.718150.1.1029
 Amount of Each Receipt this Period
 1500.00
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

C. MRS. GIA M. MANLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 629 LAFAYETTE AVENUE
 City State Zip Code
 BUFFALO NY 14222-1435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 IMAGINE STAFFING TECHNOLOGY, INC. OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014
Transaction ID : SA12.718149.1.1029
 Amount of Each Receipt this Period
 1500.00
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. MR. J. N. MARKER
Full Name (Last, First, Middle Initial)
Mailing Address 311 STEWART DR.
City LEWISTON State ID Zip Code 83501-4255
FEC ID number of contributing federal political committee. **C**
Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 06 / 2014
Transaction ID : SA12.714022.1.1029
Amount of Each Receipt this Period 300.00
TRANSFER
[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

B. MR. GARY C. MARTIN
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 91588
City ARLINGTON State TX Zip Code 76015-0088
FEC ID number of contributing federal political committee. **C**
Name of Employer MARTIN SPROCKET & GEAR, INC. Occupation VICE CHAIRMAN
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3900.00

Date of Receipt 10 / 24 / 2014
Transaction ID : SA12.719042.1.1029
Amount of Each Receipt this Period 3900.00
TRANSFER
[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

C. MR. LAEL W. MATHIS
Full Name (Last, First, Middle Initial)
Mailing Address 11620 COURT OF PALMS APT. 502
City FORT MYERS State FL Zip Code 33908-6566
FEC ID number of contributing federal political committee. **C**
Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00

Date of Receipt 10 / 15 / 2014
Transaction ID : SA12.716278.1.1029
Amount of Each Receipt this Period 480.00
TRANSFER
[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. MR. KADE L. MATTHEWS
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 1170

City CLARENDON	State TX	Zip Code 79226-1170
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation RANCHER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3120.00	

Date of Receipt
10 / 27 / 2014
Transaction ID : **SA12.719555.1.1029**

Amount of Each Receipt this Period
3120.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

B. MR. GEORGE MCCOWN
Full Name (Last, First, Middle Initial)
Mailing Address 180 LUCERO WAY

City PORTOLA VALLEY	State CA	Zip Code 94028-7428
FEC ID number of contributing federal political committee. C		
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Date of Receipt
10 / 20 / 2014
Transaction ID : **SA12.718086.1.1029**

Amount of Each Receipt this Period
600.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

C. MS JOYCE L. MCMAHON
Full Name (Last, First, Middle Initial)
Mailing Address 7833 W GOLF DR

City PALOS HEIGHTS	State IL	Zip Code 60463-1963
FEC ID number of contributing federal political committee. C		
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Date of Receipt
10 / 06 / 2014
Transaction ID : **SA12.713901.1.1029**

Amount of Each Receipt this Period
600.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. MR. LAWRENCE A. MIZEL
Full Name (Last, First, Middle Initial)

Mailing Address 4350 S. MONACO STREET

City	State	Zip Code
DENVER	CO	80237-3400

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

Name of Employer	Occupation
MDC HOLDINGS/RICHMOND AMERICAN HOM	C.E.O. AND CHAIRMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA12.718154.1.1029

Amount of Each Receipt this Period
 3000.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

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

Mailing Address 17830 CADENA DRIVE

City	State	Zip Code
BOCA RATON	FL	33496-1064

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

Name of Employer	Occupation
DCA	PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA12.718963.1.1029

Amount of Each Receipt this Period
 60.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

C. MR. MAURICE OLSON
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 17565

City	State	Zip Code
ANAHEIM	CA	92817-7565

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

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFF	INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA12.716763.1.1029

Amount of Each Receipt this Period
 300.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. MRS. VERONICA PEDRO-ALEXANDER
Full Name (Last, First, Middle Initial)

Mailing Address 11727 SUNRISE VIEW LANE

City Wellington State FL Zip Code 33449-8382

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
10 / 27 / 2014
Transaction ID : SA12.719562.1.1029

Amount of Each Receipt this Period
600.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

B. MR. HARRY PETROHILOS
Full Name (Last, First, Middle Initial)

Mailing Address 33 E. HYDE RD

City Yellow Springs State OH Zip Code 45387-9727

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
10 / 10 / 2014
Transaction ID : SA12.715112.1.1029

Amount of Each Receipt this Period
150.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

C. MR. HARRY PETROHILOS
Full Name (Last, First, Middle Initial)

Mailing Address 33 E. HYDE RD

City Yellow Springs State OH Zip Code 45387-9727

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
10 / 20 / 2014
Transaction ID : SA12.718059.1.1029

Amount of Each Receipt this Period
60.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. MR. ROBERT D. POOLE
Full Name (Last, First, Middle Initial)
Mailing Address 406 PLANTATION ROAD
City PERRY State FL Zip Code 32348-6008
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 06 / 2014
Transaction ID : SA12.714224.1.1029
Amount of Each Receipt this Period
240.00
TRANSFER
[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

B. MR. WILLIAM REILING
Full Name (Last, First, Middle Initial)
Mailing Address 4351 GULF SHORE BLVD. N. 6 NORTH
City NAPLES State FL Zip Code 34103-2697
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 06 / 2014
Transaction ID : SA12.714175.1.1029
Amount of Each Receipt this Period
300.00
TRANSFER
[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

C. MS. ROBERTA ROGERS
Full Name (Last, First, Middle Initial)
Mailing Address 14515 W. GRANITE VALLEY DRIVE APARTMENT E567
City SUN CITY WEST State AZ Zip Code 85375-6024
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
HOMEMAKER HOMEMAKER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2014
Transaction ID : SA12.718839.1.1029
Amount of Each Receipt this Period
300.00
TRANSFER
[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. MS DIANE G. ROLAND
Full Name (Last, First, Middle Initial)
Mailing Address 13120 COUNTRY CLUB DRIVE UNIT #302

City LAKEWOOD	State WA	Zip Code 98498-5327
------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2014

Transaction ID : SA12.714576.1.1029

Amount of Each Receipt this Period

300.00

TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

B. MR. RICHARD SAMBOL
Full Name (Last, First, Middle Initial)
Mailing Address 3181 MONET DRIVE WEST

City PALM BEACH GARDENS	State FL	Zip Code 33410-1471
----------------------------	-------------	------------------------

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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2014

Transaction ID : SA12.718155.1.1029

Amount of Each Receipt this Period

600.00

TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

C. MR. JAMES G. SARGENT
Full Name (Last, First, Middle Initial)
Mailing Address 4300 S US HIGHWAY 1
STE 203-304

City JUPITER	State FL	Zip Code 33477-1196
-----------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

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

Transaction ID : SA12.715104.1.1029

Amount of Each Receipt this Period

300.00

TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. MR. GEORGE SCHAEFER
Full Name (Last, First, Middle Initial)
Mailing Address 851 DELAWARE RIDGE LN
City CINCINNATI State OH Zip Code 45226-1758
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 600.00

Date of Receipt 10 / 02 / 2014
Transaction ID : SA12.712711.1.1029
Amount of Each Receipt this Period 600.00
TRANSFER
[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

B. MR. GEORGE H. SHATTUCK
Full Name (Last, First, Middle Initial)
Mailing Address 7897 SE LOBLOLLY BAY DR.
City HOBE SOUND State FL Zip Code 33455-3832
FEC ID number of contributing federal political committee. **C**
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

Date of Receipt 10 / 10 / 2014
Transaction ID : SA12.714951.1.1029
Amount of Each Receipt this Period 120.00
TRANSFER
[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

C. MS. JEAN OUTLAW SHERMAN
Full Name (Last, First, Middle Initial)
Mailing Address 254 COLLEGE LANE
City MOBILE State AL Zip Code 36608-1421
FEC ID number of contributing federal political committee. **C**
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 600.00

Date of Receipt 10 / 03 / 2014
Transaction ID : SA12.713193.1.1029
Amount of Each Receipt this Period 600.00
TRANSFER
[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial) A. MR. HOWARD M. SIMPSON		Date of Receipt 10 / 07 / 2014 Transaction ID : SA12.714318.1.1029
Mailing Address 4203 N. CHELSEA PLACE		Amount of Each Receipt this Period 360.00
City PEORIA	State IL	Zip Code 61614-7205
FEC ID number of contributing federal political committee. C		TRANSFER
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	[MEMO ITEM] TRANSFER FROM RUBIO VICTORY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. MR. HOWARD M. SIMPSON		Date of Receipt 10 / 15 / 2014 Transaction ID : SA12.716811.1.1029
Mailing Address 4203 N. CHELSEA PLACE		Amount of Each Receipt this Period 60.00
City PEORIA	State IL	Zip Code 61614-7205
FEC ID number of contributing federal political committee. C		TRANSFER
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	[MEMO ITEM] TRANSFER FROM RUBIO VICTORY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) C. MR. HAROLD H. SIMS JR.		Date of Receipt 10 / 20 / 2014 Transaction ID : SA12.717467.1.1029
Mailing Address 536 BUFFLEHEAD DRIVE		Amount of Each Receipt this Period 300.00
City JOHNS ISLAND	State SC	Zip Code 29455-5791
FEC ID number of contributing federal political committee. C		TRANSFER
Name of Employer RETIRED	Occupation RETIRED	[MEMO ITEM] TRANSFER FROM RUBIO VICTORY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. MR. BOBBY L. SMITH
Full Name (Last, First, Middle Initial)
Mailing Address 2509 AMBERWOOD DR.
City Lodi State CA Zip Code 95242-4657
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 07 / 2014
Transaction ID : SA12.714373.1.1029
Amount of Each Receipt this Period 300.00
TRANSFER
[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

B. MR. MERRILL G. SMITH
Full Name (Last, First, Middle Initial)
Mailing Address 16175 CRYSTAL HILLS DR.
City Lakeville State MN Zip Code 55044-5808
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 06 / 2014
Transaction ID : SA12.714092.1.1029
Amount of Each Receipt this Period 600.00
TRANSFER
[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

C. MR. SCOTT SPERLING
Full Name (Last, First, Middle Initial)
Mailing Address 100 FEDERAL STREET STE 3500
City Boston State MA Zip Code 02110-1802
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
THOMAS H. LEE PARTNERS. L.P. PRESIDENT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 27 / 2014
Transaction ID : SA12.719556.1.1029
Amount of Each Receipt this Period 5000.00
TRANSFER
[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. MR. CHARLES E. SPORCK
Full Name (Last, First, Middle Initial)
Mailing Address 22 KAUMANA PLACE APT. A.
City KAILUA State HI Zip Code 96734-5833
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 ▼ 600.00

Date of Receipt 10 / 22 / 2014
Transaction ID : SA12.718888.1.1029
Amount of Each Receipt this Period 600.00
TRANSFER
[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

B. ELIZABETH SWANSON
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 148
City OAKVILLE State CA Zip Code 94562-0148
FEC ID number of contributing federal political committee. **C**
Name of Employer SWANSON VINEYARDS Occupation PROPIETOR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4105.80

Date of Receipt 09 / 30 / 2014
Transaction ID : SA12.713938.1.1029
Amount of Each Receipt this Period 4105.80
TRANSFER
[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

C. W. CLARKE SWANSON
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 148
City OAKVILLE State CA Zip Code 94562-0148
FEC ID number of contributing federal political committee. **C**
Name of Employer PROPIETOR Occupation OWNER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 30 / 2014
Transaction ID : SA12.713937.1.1029
Amount of Each Receipt this Period 5000.00
TRANSFER
[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. MR. JOHN P. TATUM III
Full Name (Last, First, Middle Initial)

Mailing Address 3800 BRYN MAWR DRIVE

City DALLAS State TX Zip Code 75225-7122

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

Name of Employer GENESCO SPORTS ENTERPRISES Occupation C.E.O.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 30 / 2014
Transaction ID : SA12.711981.1.1029

Amount of Each Receipt this Period 440.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

B. MR. DEAN TENPAS
Full Name (Last, First, Middle Initial)

Mailing Address 812 CRYSTAL PARK RD

City MANITOU SPRINGS State CO Zip Code 80829-2879

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

Name of Employer LEAMOY RX Occupation BUSINESS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 08 / 2014
Transaction ID : SA12.714705.1.1029

Amount of Each Receipt this Period 120.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

C. MR. GREGORY THOMPSON
Full Name (Last, First, Middle Initial)

Mailing Address 2662 ORCHARD RUN SE

City ATLANTA State GA Zip Code 30339-4651

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

Name of Employer INFORMATION REQUESTED PER BEST EFF(Occupation INFORMATION REQUESTED PER BEST EFF(

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 01 / 2014
Transaction ID : SA12.712568.1.1029

Amount of Each Receipt this Period 600.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. EVE TOMBERLIN
Full Name (Last, First, Middle Initial)
Mailing Address 1500 POPE RD

City ROBERTA	State GA	Zip Code 31078-6530
-----------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2014

Transaction ID : SA12.715856.1.1029

Amount of Each Receipt this Period

300.00

TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

B. MR. ROBERT J. TOMSICH
Full Name (Last, First, Middle Initial)
Mailing Address 151 VIA BELLARIA

City PALM BEACH	State FL	Zip Code 33480-4912
--------------------	-------------	------------------------

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

Name of Employer NESCO	Occupation CEO
---------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2014

Transaction ID : SA12.717593.1.1029

Amount of Each Receipt this Period

600.00

TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

C. MR. ROBERT N. TUTTLE
Full Name (Last, First, Middle Initial)
Mailing Address 6114 ROLLING WATER DR.

City HOUSTON	State TX	Zip Code 77069-2546
-----------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2014

Transaction ID : SA12.719732.1.1029

Amount of Each Receipt this Period

300.00

TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. MR. WILLIAM WALTERS
Full Name (Last, First, Middle Initial)
Mailing Address 4612 AMHERST RD

City COLLEGE PARK	State MD	Zip Code 20740-3624
FEC ID number of contributing federal political committee. C		
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation PROFESSOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Date of Receipt
10 / 06 / 2014
Transaction ID : SA12.714032.1.1029

Amount of Each Receipt this Period
600.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

B. MR. PEDRO E. WASMER
Full Name (Last, First, Middle Initial)
Mailing Address 642 BOUGAINVILLEA RD

City NAPLES	State FL	Zip Code 34102-5525
FEC ID number of contributing federal political committee. C		
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 ▼ 375.00	

Date of Receipt
10 / 10 / 2014
Transaction ID : SA12.715239.1.1029

Amount of Each Receipt this Period
300.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

C. MR. PEDRO E. WASMER
Full Name (Last, First, Middle Initial)
Mailing Address 642 BOUGAINVILLEA RD

City NAPLES	State FL	Zip Code 34102-5525
FEC ID number of contributing federal political committee. C		
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 ▼ 375.00	

Date of Receipt
10 / 20 / 2014
Transaction ID : SA12.718129.1.1029

Amount of Each Receipt this Period
75.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. MR. MICHAEL WEINTRAUB
 Full Name (Last, First, Middle Initial)
 Mailing Address 3370 DEVON RD
 City MIAMI State FL Zip Code 33133-5902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2014
Transaction ID : SA12.714413.1.1029
 Amount of Each Receipt this Period
 300.00
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

B. MR. GEORGE H. WEYERHAEUSER
 Full Name (Last, First, Middle Initial)
 Mailing Address 11801 GRAVELLY LAKE DRIVE
 City LAKEWOOD State WA Zip Code 98499-1410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF
 EFFORTS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2014
Transaction ID : SA12.714467.1.1029
 Amount of Each Receipt this Period
 1500.00
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

C. MR. STEVEN WHEELER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4509 SPRING IS
 City OKATIE State SC Zip Code 29909-4739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2014
Transaction ID : SA12.714557.1.1029
 Amount of Each Receipt this Period
 3000.00
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. MR. DELBERT A. WHITAKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3505 TURTLE CREEK BLVD
 APT 5A
 City DALLAS State TX Zip Code 75219-5565
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2014
Transaction ID : SA12.717589.1.1029
 Amount of Each Receipt this Period
 300.00
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

B. MR. RUSSELL WHITLARK
 Full Name (Last, First, Middle Initial)
 Mailing Address 516 29TH AVENUE
 City SAN MATEO State CA Zip Code 94403-3202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA12.715198.1.1029
 Amount of Each Receipt this Period
 150.00
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

C. MR. JOHN L. WOOLF
 Full Name (Last, First, Middle Initial)
 Mailing Address 7041 N. VAN NESS
 City FRESNO State CA Zip Code 93711-7169
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2014
Transaction ID : SA12.714161.1.1029
 Amount of Each Receipt this Period
 300.00
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Reclaim America PAC

A. BACARDI USA, INC. PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 2701 LE JEUNE ROAD
 City CORAL GABLES State FL Zip Code 33134-5809
 FEC ID number of contributing federal political committee. **C** C00160838
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 27 / 2014
Transaction ID : SA12.719544.1.1029
 Amount of Each Receipt this Period 600.00
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

B. DELTA AIR LINES PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 NEW YORK AVENUE NW SUITE 200
 City WASHINGTON State DC Zip Code 20005-6609
 FEC ID number of contributing federal political committee. **C** C00104802
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 10 / 21 / 2014
Transaction ID : SA12.718152.1.1029
 Amount of Each Receipt this Period 1500.00
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

C. HERBALIFE PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 990 W. 190TH STREET STE. 650
 City TORRANCE State CA Zip Code 90502-1075
 FEC ID number of contributing federal political committee. **C** C00393298
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 21 / 2014
Transaction ID : SA12.718153.1.1029
 Amount of Each Receipt this Period 1500.00
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM RUBIO VICTORY

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	82321.37

**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 65 OF 143
<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)
Reclaim America PAC

A. GARDNER VICTORY COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 228 S. WASHINGTON ST
 STE.115
 City ALEXANDRIA State VA Zip Code 22314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 737.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2014
Transaction ID : SA.4
 Amount of Each Receipt this Period
 737.20
 REFUND-AIRFARE REIMBURSEMENT-SEE DETAILS BELOW

B. SOUTHWEST AIRLINES
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 36647-1CR
 City DALLAS State TX Zip Code 75235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 737.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2014
Transaction ID : SA.7
 Amount of Each Receipt this Period
 737.20
 AIRFARE
[MEMO ITEM]

C. SMART MEDIA GROUP
 Full Name (Last, First, Middle Initial)
 Mailing Address 814 KING ST
 STE 400
 City BETHESDA State MD Zip Code 20814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 74703.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2014
Transaction ID : SA.1
 Amount of Each Receipt this Period
 15271.75
 IE-REFUND-MEDIA BUY-ERNST
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....▶	737.20
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 143
<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)
Reclaim America PAC

Full Name (Last, First, Middle Initial) A. SMART MEDIA GROUP		Date of Receipt M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 814 KING ST STE 400		Transaction ID : SA.1_B
City BETHESDA	State MD	Zip Code 20814
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 900.00
Name of Employer	Occupation	IE-REFUND-MEDIA BUY-GARDNER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 44125.00	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	737.20

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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. Zach Burr

Mailing Address 131 Madeira Avenue

City State Zip Code
Coral Gables FL 33134

Purpose of Disbursement
Strategy Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2014

Transaction ID : 338

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Valerie Mack

Mailing Address 215 12th Street NE
Apt 3

City State Zip Code
Washington DC 20002

Purpose of Disbursement
Strategy Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2014

Transaction ID : 337

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Alberto Martinez

Mailing Address 1325 Chetworth Court

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement
Strategy Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2014

Transaction ID : 331

Amount of Each Disbursement this Period

2246.00

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

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

7246.00

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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. Todd Reid

Mailing Address 503 C St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Strategy Consulting

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
10			31			2014			

Transaction ID : 336

Amount of Each Disbursement this Period

2246.00

Full Name (Last, First, Middle Initial)

B. Terry Sullivan

Mailing Address 503 C St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Strategy Consulting

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
10			31			2014			

Transaction ID : 335

Amount of Each Disbursement this Period

16500.00

Full Name (Last, First, Middle Initial)

C. 516 LLC

Mailing Address 503 C St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Rent

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
10			31			2014			

Transaction ID : 330

Amount of Each Disbursement this Period

6000.00

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

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

24746.00

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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)
Reclaim America PAC

Full Name (Last, First, Middle Initial) A. Abby Brack Photography		Date of Disbursement MM / DD / YYYY 10 / 24 / 2014
Mailing Address 281 1/2 Main Street		Transaction ID : 328
City Boston State MA Zip Code 02129	Amount of Each Disbursement this Period 2242.35	
Purpose of Disbursement Photography Services	Candidate Name	Category/ Type
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:	

Full Name (Last, First, Middle Initial) B. Abby Brack Photography		Date of Disbursement MM / DD / YYYY 11 / 14 / 2014
Mailing Address 281 1/2 Main Street		Transaction ID : 342
City Boston State MA Zip Code 02129	Amount of Each Disbursement this Period 4972.49	
Purpose of Disbursement Photography Services	Candidate Name	Category/ Type
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:	

Full Name (Last, First, Middle Initial) C. American Express		Date of Disbursement MM / DD / YYYY 11 / 03 / 2014
Mailing Address 200 Vesey Street		Transaction ID : 351
City Manhattan State NY Zip Code 10080	Amount of Each Disbursement this Period 7.95	
Purpose of Disbursement Merchant Fees	Candidate Name	Category/ Type
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:	

SUBTOTAL of Disbursements This Page (optional).....▶	7222.79
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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address 200 Vesey Street

City State Zip Code
Manhattan NY 10080

Purpose of Disbursement
Merchant 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
11 / 05 / 2014

Transaction ID : 353

Amount of Each Disbursement this Period

492.68

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address PO Box 8999

City State Zip Code
San Francisco CA 94128

Purpose of Disbursement
Merchant 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
11 / 03 / 2014

Transaction ID : 352

Amount of Each Disbursement this Period

14.95

Full Name (Last, First, Middle Initial)

C. BB&T

Mailing Address 514 Greenville Blvd SE

City State Zip Code
Greenville NC 27858

Purpose of Disbursement
Bank 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
10 / 20 / 2014

Transaction ID : 325

Amount of Each Disbursement this Period

15.00

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

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

522.63

**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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. BB&T Visa Business Card

Mailing Address 514 Greenville Blvd SE

City Greenville State NC Zip Code 27858

Purpose of Disbursement
Credit Card Payment: See Memo Entries

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2014

Transaction ID : 348

Amount of Each Disbursement this Period

10531.36

Category/
Type

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address 4333 Amom Blvd

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: TRAVEL: AIR

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2014

Transaction ID : 379

Amount of Each Disbursement this Period

384.60

Category/
Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. American Airlines

Mailing Address 4333 Amom Blvd

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: TRAVEL: AIR

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2014

Transaction ID : 380

Amount of Each Disbursement this Period

608.21

Category/
Type

[MEMO ITEM]

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

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

10531.36

**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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. Amtrack

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: TRAVEL: RAIL

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
09 / 24 / 2014

Transaction ID : 364

Amount of Each Disbursement this Period

297.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address 208 South Akard Street

City Dallas State TX Zip Code 75202

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: MOBILE PHONE EXPENSE

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
10 / 19 / 2014

Transaction ID : 411

Amount of Each Disbursement this Period

14.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Atkinson Resort & Country Club

Mailing Address 85 Country Club Drive

City Atkinson State NH Zip Code 03811

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: TRAVEL: FOOD

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
10 / 08 / 2014

Transaction ID : 388

Amount of Each Disbursement this Period

63.41

[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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. Beuchert's Saloon

Mailing Address 623 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: TRAVEL: FOOD

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	9			2	4			2	0	1	4		

Transaction ID : 363

Amount of Each Disbursement this Period

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Beuchert's Saloon

Mailing Address 623 Pennsylvania Ave Se

City Washington State DC Zip Code 20003

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: TRAVEL: FOOD

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	9			2	8			2	0	1	4		

Transaction ID : 367

Amount of Each Disbursement this Period

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Brookstone

Mailing Address 5501 Josh Birmingham Pkwy
Space 2609

City Charlotte State NC Zip Code 28219

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: OFFICE SUPPLIES

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
1	0			1	5			2	0	1	4		

Transaction ID : 392

Amount of Each Disbursement this Period

2	1	.	4	4
---	---	---	---	---

[MEMO ITEM]

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

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

0	0	0
---	---	---

0	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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. Capitol Hill Club

Mailing Address 300 First St Se

City Washington State DC Zip Code 20003

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: CATERING SERVICES

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
10			10			2014			

Transaction ID : 399

Amount of Each Disbursement this Period

1049.75

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Comcast

Mailing Address 900 Michigan Ave Ne

City Washington State DC Zip Code 20017

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: BROADBAND SERVICES

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
10			21			2014			

Transaction ID : 415

Amount of Each Disbursement this Period

328.48

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DC TAXI

Mailing Address 1636 Bladensburg Rd Ne

City Washington State DC Zip Code 20002

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: TRAVEL GROUND TRANSPORTATION

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
09			28			2014			

Transaction ID : 368

Amount of Each Disbursement this Period

11.71

[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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. DCA Parking

Mailing Address Aviation Cir

City State Zip Code
Arlington VA 22202

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: PARKING SERVICES

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
10			08			2014			

Transaction ID : 387

Amount of Each Disbursement this Period

44.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Enterprise Rent-A-Car

Mailing Address 1502 Charleston Hwy

City State Zip Code
West Columbia SC 29169

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: TRAVEL: CAR RENTAL

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
10			14			2014			

Transaction ID : 391

Amount of Each Disbursement this Period

112.34

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Extra Space Storage

Mailing Address 2795 East Cottonwood Prkwy. #400

City State Zip Code
Salt Lake UT 84121

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: STORAGE SPACE RENTAL

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
10			10			2014			

Transaction ID : 395

Amount of Each Disbursement this Period

332.14

[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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. GOGOAIR

Mailing Address 1250 North Arlington Heights Rd
Suite 500

City Itasca State IL Zip Code 60143

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: BROADBAND SERVICES

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
10 / 20 / 2014

Transaction ID : 413

Amount of Each Disbursement this Period

39.95

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. GOOGLE

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: ONLINE ADVERTISING

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
10 / 03 / 2014

Transaction ID : 375

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. NEW YORK TIMES DIGITAL

Mailing Address 620 8Th Ave

City New York State NY Zip Code 10018

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: ONLINE ADVERTISING

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
10 / 07 / 2014

Transaction ID : 384

Amount of Each Disbursement this Period

15.00

[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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. Office Depot

Mailing Address 6600 North Military Trail

City State Zip Code
Boca Raton FL 33496

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 402

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Office Depot

Mailing Address 6600 North Military Trail

City State Zip Code
Boca Raton FL 33496

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 404

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Office Depot

Mailing Address 6600 North Military Trail

City State Zip Code
Boca Raton FL 33496

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 405

Amount of Each Disbursement this Period

[MEMO ITEM]

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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. Office Depot

Mailing Address 6600 North Military Trail

City State Zip Code
Boca Raton FL 33496

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
10 / 19 / 2014

Transaction ID : 406

Amount of Each Disbursement this Period

5.81

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Office Depot

Mailing Address 6600 North Military Trail

City State Zip Code
Boca Raton FL 33496

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
10 / 19 / 2014

Transaction ID : 407

Amount of Each Disbursement this Period

63.43

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Office Depot

Mailing Address 6600 North Military Trail

City State Zip Code
Boca Raton FL 33496

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
10 / 19 / 2014

Transaction ID : 408

Amount of Each Disbursement this Period

44.35

[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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. Rackspace Cloud

Mailing Address 1 Fanatical Place

City San Antonio State TX Zip Code 78218

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: SOFTWARE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2014

Transaction ID : 365

Amount of Each Disbursement this Period

389.02

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Rackspace Cloud

Mailing Address 1 Fanatical Place

City San Antonio State TX Zip Code 78218

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: SOFTWARE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : 371

Amount of Each Disbursement this Period

390.18

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. TAXI CAB SERVICE

Mailing Address 1636 Bladensburg Rd Ne

City Washington State DC Zip Code 20002

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2014

Transaction ID : 390

Amount of Each Disbursement this Period

21.44

[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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. The Monocle Restaurant

Mailing Address 107 D St Ne

City Washington State DC Zip Code 20002

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: MEETING EXPENSE: MEALS

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
10			03			2014			

Transaction ID : 376

Amount of Each Disbursement this Period

42.75

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. TV Eyes Inc

Mailing Address 2150 Post Rd

City Fairfield State CA Zip Code 06824

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: RESEARCH FEE

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
10			03			2014			

Transaction ID : 374

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION

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
09			26			2014			

Transaction ID : 366

Amount of Each Disbursement this Period

15.01

[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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 28 / 2014

Transaction ID : 369

Amount of Each Disbursement this Period: 7.92

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 05 / 2014

Transaction ID : 378

Amount of Each Disbursement this Period: 6.56

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 05 / 2014

Transaction ID : 381

Amount of Each Disbursement this Period: 22.12

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 07 / 2014

Transaction ID : 383

Amount of Each Disbursement this Period

13.84

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 08 / 2014

Transaction ID : 385

Amount of Each Disbursement this Period

13.91

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 08 / 2014

Transaction ID : 386

Amount of Each Disbursement this Period

29.00

[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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : 393

Amount of Each Disbursement this Period

7.31

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 12 / 2014

Transaction ID : 400

Amount of Each Disbursement this Period

19.81

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 16 / 2014

Transaction ID : 401

Amount of Each Disbursement this Period

9.61

[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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
10 / 17 / 2014

Transaction ID : 403

Amount of Each Disbursement this Period

7.93

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
10 / 20 / 2014

Transaction ID : 412

Amount of Each Disbursement this Period

11.03

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 Market St

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
10 / 21 / 2014

Transaction ID : 414

Amount of Each Disbursement this Period

10.55

[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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 4000 E. Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: TRAVEL: AIR

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 370

Amount of Each Disbursement this Period

[MEMO ITEM]

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
BB&T 10/29 CC PAYMENT: TRAVEL: AIR

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 373

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. US Airways

Mailing Address 4000 E. Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: TRAVEL: AIR

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 382

Amount of Each Disbursement this Period

[MEMO ITEM]

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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 4000 E. Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: 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 Y
10 / 10 / 2014

Transaction ID : 396

Amount of Each Disbursement this Period

91.60

[MEMO ITEM]

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
BB&T 10/29 CC PAYMENT: 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 Y
10 / 10 / 2014

Transaction ID : 397

Amount of Each Disbursement this Period

91.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. US Airways

Mailing Address 4000 E. Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: 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 Y
10 / 10 / 2014

Transaction ID : 398

Amount of Each Disbursement this Period

93.10

[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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 4000 E. Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: 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
10 / 19 / 2014

Transaction ID : 409

Amount of Each Disbursement this Period

313.60

[MEMO ITEM]

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
BB&T 10/29 CC PAYMENT: 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
10 / 19 / 2014

Transaction ID : 410

Amount of Each Disbursement this Period

164.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. US Airways

Mailing Address 4000 E. Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: 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
10 / 22 / 2014

Transaction ID : 416

Amount of Each Disbursement this Period

31.00

[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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 4000 E. Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: 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
10		22		2014

Transaction ID : 417

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. US SENATE

Mailing Address United States Senate

City Washington State DC Zip Code 20510

Purpose of Disbursement
OFFICE SUPPLIES

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
10		09		2014

Transaction ID : 394

Amount of Each Disbursement this Period

2351.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. VERIZON

Mailing Address 140 West Street

City New York State NY Zip Code 10007

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: MOBILE PHONE EXPENSE

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
09		30		2014

Transaction ID : 372

Amount of Each Disbursement this Period

264.35

[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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. Vinea

Mailing Address 200 Logan Airport

City Boston State MA Zip Code 02210

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: TRAVEL: FOOD

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
10 / 09 / 2014

Transaction ID : 389

Amount of Each Disbursement this Period

54.92

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Wall Street Journal

Mailing Address 1350 Broadway
Suite 2400

City New York State NY Zip Code 10018

Purpose of Disbursement
BB&T 10/29 CC PAYMENT: ONLINE SUBSCRIPTION

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
10 / 05 / 2014

Transaction ID : 377

Amount of Each Disbursement this Period

22.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. BB&T Visa Business Card

Mailing Address 514 Greenville Blvd SE

City Greenville State NC Zip Code 27858

Purpose of Disbursement
Credit Card Payment: See Memo Entries

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
11 / 14 / 2014

Transaction ID : 358

Amount of Each Disbursement this Period

5000.00

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

5000.00

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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address 4333 AMOM BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
BB&T 11/14 CC PAYMENT: TRAVEL: AIR

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
10			26			2014			

Transaction ID : 432

Amount of Each Disbursement this Period

369.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address 4333 AMOM BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
BB&T 11/14 CC PAYMENT: TRAVEL: AIR

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
10			26			2014			

Transaction ID : 433

Amount of Each Disbursement this Period

27.92

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. American Airlines

Mailing Address 4333 AMOM BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
BB&T 11/14 CC PAYMENT: TRAVEL: AIR

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
10			28			2014			

Transaction ID : 445

Amount of Each Disbursement this Period

243.10

[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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address 4333 AMOM BLVD

City State Zip Code
FORT WORTH TX 76155

Purpose of Disbursement
BB&T 11/14 CC PAYMENT: TRAVEL: AIR

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
10			28			2014			

Transaction ID : 446

Amount of Each Disbursement this Period

13.96

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address 4333 AMOM BLVD

City State Zip Code
FORT WORTH TX 76155

Purpose of Disbursement
BB&T 11/14 CC PAYMENT: TRAVEL: AIR

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
10			28			2014			

Transaction ID : 447

Amount of Each Disbursement this Period

13.96

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Courtyard By Marriott

Mailing Address 2700 Little Rock Rd

City State Zip Code
Charlotte NC 28214

Purpose of Disbursement
BB&T 11/14 CC PAYMENT: TRAVEL: LODGING

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
10			26			2014			

Transaction ID : 437

Amount of Each Disbursement this Period

283.08

[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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. Courtyard By Marriott

Mailing Address 2700 Little Rock Rd

City Charlotte State NC Zip Code 28214

Purpose of Disbursement
BB&T 11/14 CC PAYMENT: TRAVEL: LODGING

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
10			26			2014			

Transaction ID : 438

Amount of Each Disbursement this Period

236.29

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Courtyard By Marriott

Mailing Address 2700 Little Rock Rd

City Charlotte State NC Zip Code 28214

Purpose of Disbursement
BB&T 11/14 CC PAYMENT: TRAVEL: LODGING

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
10			27			2014			

Transaction ID : 440

Amount of Each Disbursement this Period

506.31

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Courtyard By Marriott

Mailing Address 2700 Little Rock Rd

City Charlotte State NC Zip Code 28214

Purpose of Disbursement
BB&T 11/14 CC PAYMENT: TRAVEL: LODGING

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
10			27			2014			

Transaction ID : 441

Amount of Each Disbursement this Period

8.56

[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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. Dunkin' Donuts

Mailing Address 921 Beech St

City Manchester State NH Zip Code 03104

Purpose of Disbursement
BB&T 11/14 CC PAYMENT: TRAVEL: FOOD

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
10			26			2014			

Transaction ID : 435

Amount of Each Disbursement this Period

11.09

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. GoDaddy.com

Mailing Address 14455 N. Hayden Rd
Suite. 226

City Scottsdale State AZ Zip Code

Purpose of Disbursement
BB&T 11/14 CC PAYMENT: WEB HOSTING

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
10			24			2014			

Transaction ID : 428

Amount of Each Disbursement this Period

284.49

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Hertz Rent-A-Car

Mailing Address 14501 Hertz Quail Springs Parkway

City Oklahoma City State OK Zip Code 73134

Purpose of Disbursement
BB&T 11/14 CC PAYMENT: 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	/	D	D	/	Y	Y	Y	Y
10			24			2014			

Transaction ID : 429

Amount of Each Disbursement this Period

325.27

[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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. Hyatt Hotels

Mailing Address 1 Avenue de Lafayette

City Boston State MA Zip Code 02111

Purpose of Disbursement
BB&T 11/14 CC PAYMENT: 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 Y
10 / 27 / 2014

Transaction ID : 443

Amount of Each Disbursement this Period

497.62

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MacNair Travel Management

Mailing Address 1101 King Street
Suite 190

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
BB&T 11/14 CC PAYMENT: TRAVEL: TRANSACTION FEE

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
10 / 23 / 2014

Transaction ID : 420

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MacNair Travel Management

Mailing Address 1101 King Street
Suite 190

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
BB&T 11/14 CC PAYMENT: TRAVEL: TRANSACTION FEE

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
10 / 29 / 2014

Transaction ID : 449

Amount of Each Disbursement this Period

35.00

[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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. MacNair Travel Management

Mailing Address 1101 King Street
Suite 190

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
BB&T 11/14 CC PAYMENT: TRAVEL: TRANSACTION FEE

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
10 / 29 / 2014

Transaction ID : 450

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Massachusetts Port Authority

Mailing Address 1 Harborside Drive

City Boston State MA Zip Code 02128

Purpose of Disbursement
BB&T 11/14 CC PAYMENT: PARKING SERVICES

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
10 / 24 / 2014

Transaction ID : 431

Amount of Each Disbursement this Period

14.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Office Depot

Mailing Address 6600 North Military Trail

City Boca Raton State FL Zip Code 33496

Purpose of Disbursement
BB&T 11/14 CC PAYMENT: OFFICE SUPPLIES

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
10 / 23 / 2014

Transaction ID : 418

Amount of Each Disbursement this Period

51.46

[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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. Office Depot

Mailing Address 6600 North Military Trail

City State Zip Code
Boca Raton FL 33496

Purpose of Disbursement
BB&T 11/14 CC PAYMENT: OFFICE SUPPLIES

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
10 / 23 / 2014

Transaction ID : 419

Amount of Each Disbursement this Period

3.48

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Office Depot

Mailing Address 6600 North Military Trail

City State Zip Code
Boca Raton FL 33496

Purpose of Disbursement
BB&T 11/14 CC PAYMENT: OFFICE SUPPLIES

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
10 / 26 / 2014

Transaction ID : 436

Amount of Each Disbursement this Period

92.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. RACKSPACE CLOUD

Mailing Address 1 FANATICAL PLACE

City State Zip Code
SAN ANTONIO TX 78218

Purpose of Disbursement
BB&T 11/14 CC PAYMENT: SOFTWARE

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
10 / 23 / 2014

Transaction ID : 426

Amount of Each Disbursement this Period

253.21

[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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 Market St

City State Zip Code
SAN FRANCISCO CA 94103

Purpose of Disbursement
BB&T 11/14 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION

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
10			23			2014			

Transaction ID : 421

Amount of Each Disbursement this Period

11.92

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 Market St

City State Zip Code
SAN FRANCISCO CA 94103

Purpose of Disbursement
BB&T 11/14 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION

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
10			27			2014			

Transaction ID : 442

Amount of Each Disbursement this Period

42.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 Market St

City State Zip Code
SAN FRANCISCO CA 94103

Purpose of Disbursement
BB&T 11/14 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION

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
10			27			2014			

Transaction ID : 444

Amount of Each Disbursement this Period

13.22

[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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 4000 E. Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement
BB&T 11/14 CC PAYMENT: 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
10 / 23 / 2014

Transaction ID : 422

Amount of Each Disbursement this Period

38.50

[MEMO ITEM]

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
BB&T 11/14 CC PAYMENT: 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
10 / 23 / 2014

Transaction ID : 423

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. US Airways

Mailing Address 4000 E. Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement
BB&T 11/14 CC PAYMENT: 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
10 / 23 / 2014

Transaction ID : 424

Amount of Each Disbursement this Period

352.60

[MEMO ITEM]

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

0.00

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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 4000 E. Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement
BB&T 11/14 CC PAYMENT: 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 Y
10 / 23 / 2014

Transaction ID : 425

Amount of Each Disbursement this Period

290.10

[MEMO ITEM]

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
BB&T 11/14 CC PAYMENT: 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 Y
10 / 24 / 2014

Transaction ID : 430

Amount of Each Disbursement this Period

18.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. US Airways

Mailing Address 4000 E. Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement
BB&T 11/14 CC PAYMENT: 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 Y
10 / 26 / 2014

Transaction ID : 434

Amount of Each Disbursement this Period

203.10

[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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 4000 E. Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement
BB&T 11/14 CC PAYMENT: 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 Y
10 / 26 / 2014

Transaction ID : 439

Amount of Each Disbursement this Period

202.00

[MEMO ITEM]

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
BB&T 11/14 CC PAYMENT: 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 Y
10 / 28 / 2014

Transaction ID : 448

Amount of Each Disbursement this Period

232.86

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. VERIZON

Mailing Address 140 West Street

City NEW YORK State NY Zip Code 10007

Purpose of Disbursement
BB&T 11/14 CC PAYMENT: MOBILE PHONE EXPENSE

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
10 / 24 / 2014

Transaction ID : 427

Amount of Each Disbursement this Period

80.00

[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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 Spring Hill Road
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
10 / 17 / 2014

Transaction ID : 324

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 Spring Hill Road
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
10 / 24 / 2014

Transaction ID : 347

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 Spring Hill Road
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
10 / 31 / 2014

Transaction ID : 350

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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 Spring Hill Road
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement
Merchant 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
11 / 07 / 2014

Transaction ID : 354

Amount of Each Disbursement this Period

166.75

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 Spring Hill Road
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement
Merchant 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
11 / 14 / 2014

Transaction ID : 359

Amount of Each Disbursement this Period

61.53

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 Spring Hill Road
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement
Merchant 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
11 / 21 / 2014

Transaction ID : 361

Amount of Each Disbursement this Period

99.74

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

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

328.02

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. Core Focus

Mailing Address 503 C St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Strategy Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2014

Transaction ID : 329

Amount of Each Disbursement this Period

8333.33

Full Name (Last, First, Middle Initial)

B. MB Public Affairs, Inc.

Mailing Address 1415 L Street, #1260

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Research Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2014

Transaction ID : 339

Amount of Each Disbursement this Period

30000.00

Full Name (Last, First, Middle Initial)

C. Merchant E-Solutions

Mailing Address 3600 Bridge Parkway
Suite 102

City Redwood City State CA Zip Code 94065

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2014

Transaction ID : 362

Amount of Each Disbursement this Period

5.00

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

38338.33

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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. National Victory Strategies

Mailing Address 7342 Briella Drive

City Boynton Beach State FL Zip Code 33437

Purpose of Disbursement
Strategy Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
10 / 31 / 2014

Transaction ID : 332

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Norman Braman

Mailing Address 2060 Biscayne Blvd
2nd floor

City Miami State FL Zip Code 33137

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

/ /
10 / 31 / 2014

Transaction ID : 340

Amount of Each Disbursement this Period

5371.00

Full Name (Last, First, Middle Initial)

C. On The Mark

Mailing Address 1301 Gervais Street
Suite 520

City Columbia State SC Zip Code 29201

Purpose of Disbursement
Printing & Design Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
11 / 19 / 2014

Transaction ID : 345

Amount of Each Disbursement this Period

2400.00

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

10771.00

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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. On The Mark

Mailing Address 1301 Gervais Street
Suite 520

City Columbia State SC Zip Code 29201

Purpose of Disbursement
Postage

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
11			19			2014			

Transaction ID : 346

Amount of Each Disbursement this Period

1320.58

Full Name (Last, First, Middle Initial)

B. Push Digital

Mailing Address PO Box 7431

City Columbia State SC Zip Code 29202

Purpose of Disbursement
Strategy Consulting

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
10			31			2014			

Transaction ID : 341

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Robert Daniels

Mailing Address 503 C St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Strategy Consulting

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
10			31			2014			

Transaction ID : 333

Amount of Each Disbursement this Period

1528.22

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

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

5848.80

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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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. Shealah Craighead Photography, LLC

Mailing Address P.O. Box 11547

City Washington State DC Zip Code 20008

Purpose of Disbursement
Photography Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2014

Transaction ID : 343

Amount of Each Disbursement this Period

4100.00

Full Name (Last, First, Middle Initial)

B. Shealah Craighead Photography, LLC

Mailing Address P.O. Box 11547

City Washington State DC Zip Code 20008

Purpose of Disbursement
Photography Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : 344

Amount of Each Disbursement this Period

3346.00

Full Name (Last, First, Middle Initial)

C. Something Else Strategies, LLC

Mailing Address 212 Golden Willow Court

City Easley State SC Zip Code 29642

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
10 / 31 / 2014

Transaction ID : 334

Amount of Each Disbursement this Period

15000.00

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

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

22446.00

**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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. TSYS Merchant Solutions

Mailing Address 1601 Dodge Street

City Omaha State NE Zip Code 68102

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 17 / 2014

Transaction ID : 360

Amount of Each Disbursement this Period

50.90

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

50.90

134119.42

**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 checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. JONI ERNST FOR US SENATE

Mailing Address PO BOX 93441

City DES MOINES State IA Zip Code 50393

Purpose of Disbursement
EM: PHYLLIS ALAN 10/4/2014

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
11			03			2014			

Transaction ID : SA11.713034

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JONI ERNST FOR US SENATE

Mailing Address PO BOX 93441

City DES MOINES State IA Zip Code 50393

Purpose of Disbursement
EM: DON BROWNING 10/8/2014

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
11			03			2014			

Transaction ID : SA11.713936

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. JONI ERNST FOR US SENATE

Mailing Address PO BOX 93441

City DES MOINES State IA Zip Code 50393

Purpose of Disbursement
EM: BUTCH SMITH 10/8/2014

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
11			03			2014			

Transaction ID : SA11.713939

Amount of Each Disbursement this Period

25.00

[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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial) A. JONI ERNST FOR US SENATE			Date of Disbursement MM / DD / YYYY 11 / 03 / 2014		
Mailing Address PO BOX 93441			Transaction ID : SA11.713940		
City DES MOINES		State IA	Zip Code 50393		Amount of Each Disbursement this Period 10.00 [MEMO ITEM]
Purpose of Disbursement EM: EUGENE MERKEL 10/8/2014			Category/ Type		
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:		

Full Name (Last, First, Middle Initial) B. JONI ERNST FOR US SENATE			Date of Disbursement MM / DD / YYYY 11 / 03 / 2014		
Mailing Address PO BOX 93441			Transaction ID : SA11.713941		
City DES MOINES		State IA	Zip Code 50393		Amount of Each Disbursement this Period 25.00 [MEMO ITEM]
Purpose of Disbursement EM: MARGIE PEART 10/8/2014			Category/ Type		
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:		

Full Name (Last, First, Middle Initial) C. JONI ERNST FOR US SENATE			Date of Disbursement MM / DD / YYYY 11 / 03 / 2014		
Mailing Address PO BOX 93441			Transaction ID : SA11.713942		
City DES MOINES		State IA	Zip Code 50393		Amount of Each Disbursement this Period 25.00 [MEMO ITEM]
Purpose of Disbursement EM: JAMES WIXSON 10/8/2014			Category/ Type		
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. JONI ERNST FOR US SENATE

Mailing Address PO BOX 93441

City DES MOINES State IA Zip Code 50393

Purpose of Disbursement
EM: ROBERT MOORMAN 10/8/2014

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
11			03			2014			

Transaction ID : SA11.713943

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JONI ERNST FOR US SENATE

Mailing Address PO BOX 93441

City DES MOINES State IA Zip Code 50393

Purpose of Disbursement
EM: MARGIE LAWRENCE 10/8/2014

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
11			03			2014			

Transaction ID : SA11.713945

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. JONI ERNST FOR US SENATE

Mailing Address PO BOX 93441

City DES MOINES State IA Zip Code 50393

Purpose of Disbursement
EM: DOUG LEBLANC 10/8/2014

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
11			03			2014			

Transaction ID : SA11.713946

Amount of Each Disbursement this Period

5.00

[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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. JONI ERNST FOR US SENATE

Mailing Address PO BOX 93441

City DES MOINES State IA Zip Code 50393

Purpose of Disbursement
EM: MARK BAILEY 10/8/2014

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
11			03			2014			

Transaction ID : SA11.713949

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JONI ERNST FOR US SENATE

Mailing Address PO BOX 93441

City DES MOINES State IA Zip Code 50393

Purpose of Disbursement
EM: GERARD DELANEY 10/9/2014

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
11			03			2014			

Transaction ID : SA11.713950

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. JONI ERNST FOR US SENATE

Mailing Address PO BOX 93441

City DES MOINES State IA Zip Code 50393

Purpose of Disbursement
EM: JAMES EDMONDS 10/9/2014

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
11			03			2014			

Transaction ID : SA11.713954

Amount of Each Disbursement this Period

25.00

[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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. JONI ERNST FOR US SENATE

Mailing Address PO BOX 93441

City DES MOINES State IA Zip Code 50393

Purpose of Disbursement
EM: GARY ROBINSON 10/9/2014

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SA11.713957

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JONI ERNST FOR US SENATE

Mailing Address PO BOX 93441

City DES MOINES State IA Zip Code 50393

Purpose of Disbursement
EM: ALEX WINOGRADOFF 10/9/2014

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SA11.713958

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. JONI ERNST FOR US SENATE

Mailing Address PO BOX 93441

City DES MOINES State IA Zip Code 50393

Purpose of Disbursement
EM: RICHARD DIETZ 10/9/2014

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SA11.713959

Amount of Each Disbursement this Period

[MEMO ITEM]

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. JONI ERNST FOR US SENATE

Mailing Address PO BOX 93441

City DES MOINES State IA Zip Code 50393

Purpose of Disbursement
EM: ROBERT WESTERMEYER 10/9/2014

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
11			03			2014			

Transaction ID : SA11.713961

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JONI ERNST FOR US SENATE

Mailing Address PO BOX 93441

City DES MOINES State IA Zip Code 50393

Purpose of Disbursement
EM: ALICE PETERS 10/9/2014

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
11			03			2014			

Transaction ID : SA11.713963

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. JONI ERNST FOR US SENATE

Mailing Address PO BOX 93441

City DES MOINES State IA Zip Code 50393

Purpose of Disbursement
EM: DANIEL HENSHALL 10/9/2014

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
11			03			2014			

Transaction ID : SA11.714052

Amount of Each Disbursement this Period

5.00

[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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. JONI ERNST FOR US SENATE

Mailing Address PO BOX 93441

City DES MOINES State IA Zip Code 50393

Purpose of Disbursement
EM: BURT O'DONALD 10/10/2014

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
11			03			2014			

Transaction ID : SA11.714290

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JONI ERNST FOR US SENATE

Mailing Address PO BOX 93441

City DES MOINES State IA Zip Code 50393

Purpose of Disbursement
EM: ROBERT BATTERSON 10/10/2014

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
11			03			2014			

Transaction ID : SA11.714733

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. JONI ERNST FOR US SENATE

Mailing Address PO BOX 93441

City DES MOINES State IA Zip Code 50393

Purpose of Disbursement
EM: SCOTT KIMBALL 10/10/2014

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
11			03			2014			

Transaction ID : SA11.714734

Amount of Each Disbursement this Period

25.00

[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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. JONI ERNST FOR US SENATE

Mailing Address PO BOX 93441

City DES MOINES State IA Zip Code 50393

Purpose of Disbursement
EM: VIRGINIA GHENT 10/12/2014

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
11			03			2014			

Transaction ID : SA11.714743

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: JOSEPH GARZILLO 10/7/2014

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
11			03			2014			

Transaction ID : SA11.713731

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: JEFFREY GRAHAM 10/7/2014

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
11			03			2014			

Transaction ID : SA11.713732

Amount of Each Disbursement this Period

10.00

[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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: DONALD FEHRENBACH 10/7/2014

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
11			03			2014			

Transaction ID : SA11.713733

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: JILL KENDRAT 10/7/2014

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
11			03			2014			

Transaction ID : SA11.713734

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: BARBARA BAYLOR 10/7/2014

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
11			03			2014			

Transaction ID : SA11.713735

Amount of Each Disbursement this Period

25.00

[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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: DIANE TINGLE 10/7/2014

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
11			03			2014			

Transaction ID : SA11.713736

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: DIANE TINGLE 10/7/2014

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
11			03			2014			

Transaction ID : SA11.713737

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: DAVID SCOTTI 10/7/2014

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
11			03			2014			

Transaction ID : SA11.713738

Amount of Each Disbursement this Period

25.00

[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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: JOHN NORTH 10/7/2014

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
11			03			2014			

Transaction ID : SA11.713739

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: ROBERT JOHNSON 10/7/2014

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
11			03			2014			

Transaction ID : SA11.713740

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: RENATO ESTRELLA 10/7/2014

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
11			03			2014			

Transaction ID : SA11.713741

Amount of Each Disbursement this Period

50.00

[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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: TAMRA CRAIG 10/7/2014

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
11			03			2014			

Transaction ID : SA11.713801

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: MARY KENNEDY 10/7/2014

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
11			03			2014			

Transaction ID : SA11.713868

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: MARY KENNEDY 10/7/2014

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
11			03			2014			

Transaction ID : SA11.713869

Amount of Each Disbursement this Period

25.00

[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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: DAVID FITZWILLIAM 10/7/2014

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SA11.713887

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: MARY TAKAGAKI YEE 10/7/2014

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SA11.713888

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: ALEXIS LUKEHART 10/7/2014

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SA11.713889

Amount of Each Disbursement this Period

[MEMO ITEM]

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: JULIE KNAPP 10/7/2014

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
11			03			2014			

Transaction ID : SA11.713890

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: DONNA FERGUSON 10/8/2014

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
11			03			2014			

Transaction ID : SA11.713891

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: MARC FLEMMING 10/8/2014

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
11			03			2014			

Transaction ID : SA11.713893

Amount of Each Disbursement this Period

25.00

[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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: LUIS FLOREZ 10/8/2014

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
11			03			2014			

Transaction ID : SA11.713894

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: MICHAEL COZZENS 10/9/2014

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
11			03			2014			

Transaction ID : SA11.713952

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: JAMES EDMONDS 10/9/2014

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
11			03			2014			

Transaction ID : SA11.713955

Amount of Each Disbursement this Period

25.00

[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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: WALTER GROTH 10/9/2014

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
11			03			2014			

Transaction ID : SA11.714050

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: GARY DE JONG 10/9/2014

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
11			03			2014			

Transaction ID : SA11.714051

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: DAN WOOLLEY 10/14/2014

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
11			03			2014			

Transaction ID : SA11.715892

Amount of Each Disbursement this Period

15.00

[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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: KAREN STROHL 10/14/2014

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
11			03			2014			

Transaction ID : SA11.715893

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: ESTHER BRISENDINE 10/14/2014

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
11			03			2014			

Transaction ID : SA11.715894

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: ROBIN MAUCK 10/14/2014

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
11			03			2014			

Transaction ID : SA11.715895

Amount of Each Disbursement this Period

25.00

[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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: ROBIN MAUCK 10/14/2014

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
11			03			2014			

Transaction ID : SA11.715896

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: LITA BIEJO 10/14/2014

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
11			03			2014			

Transaction ID : SA11.715897

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: CHERYL MACHNICH 10/15/2014

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
11			03			2014			

Transaction ID : SA11.715898

Amount of Each Disbursement this Period

25.00

[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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: JACOB SPEICHER 10/15/2014

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 03 / 2014

Transaction ID : SA11.715900

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: BRIAN FOLEY 10/15/2014

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 03 / 2014

Transaction ID : SA11.715901

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: BURT O'DONALD 10/15/2014

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 03 / 2014

Transaction ID : SA11.715902

Amount of Each Disbursement this Period

10.00

[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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: RONALD CEURVELS 10/15/2014

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
11			03			2014			

Transaction ID : SA11.715903

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: CHRIS BAKER 10/15/2014

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
11			03			2014			

Transaction ID : SA11.715904

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: MEL SCHRIER 10/15/2014

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
11			03			2014			

Transaction ID : SA11.715905

Amount of Each Disbursement this Period

10.00

[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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: DAVID AUL 10/15/2014

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
11			03			2014			

Transaction ID : SA11.715906

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: WILLIAM PURDY 10/15/2014

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
11			03			2014			

Transaction ID : SA11.715908

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: THEODORE KALINA 10/15/2014

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
11			03			2014			

Transaction ID : SA11.715909

Amount of Each Disbursement this Period

10.00

[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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: GEORGE WINN 10/15/2014

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
11 / 03 / 2014

Transaction ID : SA11.716085

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: ROBERT SCHUBERT 10/15/2014

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
11 / 03 / 2014

Transaction ID : SA11.716086

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: SHARON MALLETT 10/15/2014

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
11 / 03 / 2014

Transaction ID : SA11.716087

Amount of Each Disbursement this Period

25.00

[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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: WILLIAM BROWN 10/15/2014

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
11			03			2014			

Transaction ID : SA11.716088

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: SAMUEL HARRIS 10/15/2014

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
11			03			2014			

Transaction ID : SA11.716089

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: DEREK IVERSON 10/15/2014

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
11			03			2014			

Transaction ID : SA11.716090

Amount of Each Disbursement this Period

50.00

[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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: KAREN JORDAN 10/15/2014

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
11			03			2014			

Transaction ID : SA11.716091

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: JACKSON WHITE 10/15/2014

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
11			03			2014			

Transaction ID : SA11.716092

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: JOHN MCCLAUGHRY 10/15/2014

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
11			03			2014			

Transaction ID : SA11.716093

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

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

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

0.00

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: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : SA11.716093

716093

Form/Schedule:

Transaction ID:

**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 checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: JAMES GARDNER 10/15/2014

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
11			03			2014			

Transaction ID : SA11.716094

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: JENNIFER FOSTER 10/15/2014

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
11			03			2014			

Transaction ID : SA11.716097

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: LEWIS KEYSER 10/15/2014

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
11			03			2014			

Transaction ID : SA11.716098

Amount of Each Disbursement this Period

50.00

[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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. NEW HAMPSHIRE FOR SCOTT BROWN

Date of Disbursement

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

Mailing Address 379 ELM ST

Transaction ID : SA11.716100

City MANCHESTER State NH Zip Code 03101

Amount of Each Disbursement this Period

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

Purpose of Disbursement
EM: INES FLAX 10/15/2014

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

[MEMO ITEM]

State: District:

Full Name (Last, First, Middle Initial)

B. NEW HAMPSHIRE FOR SCOTT BROWN

Date of Disbursement

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

Mailing Address 379 ELM ST

Transaction ID : SA11.716102

City MANCHESTER State NH Zip Code 03101

Amount of Each Disbursement this Period

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

Purpose of Disbursement
EM: JUNE ROSENTHAL 10/15/2014

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

[MEMO ITEM]

State: District:

Full Name (Last, First, Middle Initial)

C. NEW HAMPSHIRE FOR SCOTT BROWN

Date of Disbursement

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

Mailing Address 379 ELM ST

Transaction ID : SA11.716103

City MANCHESTER State NH Zip Code 03101

Amount of Each Disbursement this Period

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

Purpose of Disbursement
EM: LAWRENCE LIFE 10/15/2014

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

[MEMO ITEM]

State: District:

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

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

0	0	.	0	0
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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 checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: COLEMAN SCHEULLER 10/15/2014

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
11			03			2014			

Transaction ID : SA11.716104

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: RONALD SUTTON 10/15/2014

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
11			03			2014			

Transaction ID : SA11.716105

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: GLENN WILLIAMS 10/15/2014

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
11			03			2014			

Transaction ID : SA11.716106

Amount of Each Disbursement this Period

50.00

[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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: AARON KAROLINSKI 10/15/2014

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
11			03			2014			

Transaction ID : SA11.716107

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: ELIZA STEDMAN 10/15/2014

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
11			03			2014			

Transaction ID : SA11.716108

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: BOB FISHMAN 10/15/2014

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
11			03			2014			

Transaction ID : SA11.716109

Amount of Each Disbursement this Period

25.00

[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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: DONALD FREVERT 10/15/2014

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SA11.716110

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: TOM BRIDGES 10/15/2014

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SA11.716114

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM: JANE COWLES 10/15/2014

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SA11.716115

Amount of Each Disbursement this Period

[MEMO ITEM]

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. Joni Ernst for U.S. Senate

Mailing Address 500 Cummings Center
Suite 4400

City Beverly State MA Zip Code 01915

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 22 / 2014

Transaction ID : 322

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EM:

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 22 / 2014

Transaction ID : 323

Amount of Each Disbursement this Period

2905.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2915.00

2915.00

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 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 checked="" 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)
Reclaim America PAC

Full Name (Last, First, Middle Initial)

A. Lindsay B. Herrick

Mailing Address 516 Woodside Oaks
Unit #5

City Sacramento State CA Zip Code 95825

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
10	/	16	/	2014

Transaction ID : 326

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y 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)..... ▶

100.00

100.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 140 OF 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Reclaim America PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RED SEA LLC	Nature of Debt (Purpose): MEDIA PRODUCTION
Mailing Address 4550 MONTGOMERY AVE STE. 906	
City State Zip Code BETHESDAY MD 20814	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD.1	
Amount Incurred This Period <input type="text" value="18365.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="18365.00"/>

B. 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 <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
---	---	---	---

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

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="18365.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="18365.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="18365.00"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Reclaim America PAC	FEC IDENTIFICATION NUMBER ▼ C C00500025
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee RED SEA LLC [MEMO ITEM]	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Mailing Address 4550 MONTGOMERY AVE. STE. 906	Amount 18365.00
City State Zip Code BETHESDA MD 20814	Transaction ID : SE.1 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Purpose of Expenditure IE-ERNST-MEDIA PRODUCTION	Category/Type
Name of Federal Candidate JONI ERNST	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA
Calendar Year-To-Date Per Election for Office Sought 108340.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SMART MEDIA GROUP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Mailing Address 814 KING ST STE. 400	Amount 89975.00
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE.2 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Purpose of Expenditure IE-ERNST-MEDIA BUY	Category/Type
Name of Federal Candidate JONI ERNST	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA
Calendar Year-To-Date Per Election for Office Sought 74703.25	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	89975.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

LISA LISKER [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Reclaim America PAC	FEC IDENTIFICATION NUMBER ▼ C C00500025
---	---

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee SMART MEDIA GROUP			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 814 KING ST STE. 400			Amount 45025.00
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.3 Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 22 / 2014
Purpose of Expenditure IE-GARDNER-MEDIA BUY		Category/Type	
Name of Federal Candidate CORY GARDNER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		44125.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SOMETHING ELSE STRATEGIES			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 112 LANTERN RIDGE DR.			Amount 10120.00
City EASLEY	State SC	Zip Code 29642	Transaction ID : SE.4 Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 22 / 2014
Purpose of Expenditure IE-GARDNER-MEDIA PRODUCTION		Category/Type	
Name of Federal Candidate CORY GARDNER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		10120.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	55145.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

LISA LISKER
Signature

[Electronically Filed]

Date M M / D D / Y Y Y Y
10 / 22 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Reclaim America PAC	FEC IDENTIFICATION NUMBER ▼ C C00500025
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee SMART MEDIA GROUP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2014
Mailing Address 814 KING ST STE 400	Amount -15271.75
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE.5 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 17 / 2014
Purpose of Expenditure MEDIA BUY REFUND-ERNST	Category/Type
Name of Federal Candidate JONI ERNST	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: IA
Calendar Year-To-Date Per Election for Office Sought 74703.25	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee SMART MEDIA GROUP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2014
Mailing Address 814 KING ST STE 400	Amount -900.00
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE.6 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 17 / 2014
Purpose of Expenditure MEDIA BUY REFUND-GARDNER	Category/Type
Name of Federal Candidate CORY GARDNER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: CO
Calendar Year-To-Date Per Election for Office Sought 44125.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	-16171.75
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	128948.25

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

LISA LISKER
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
11 / 17 / 2014