

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
American Horizons PAC

ADDRESS (number and street) 3824 Cedar Springs Rd
#801-4905,
 Check if different than previously reported. (ACC) Dallas TX 75219

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00619577

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

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

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M / D D / Y Y Y Y Y Y in the State of

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

<input checked="" type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 10 / 20 / 2016 through M M / D D / Y Y Y Y Y Y 11 / 28 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Hawes, Ian, , ,

Type or Print Name of Treasurer _____

Signature of Treasurer Hawes, Ian, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American Horizons 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="2016"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="13692.83"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9934.00"/>	<input type="text" value="1121601.50"/>
(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="23626.83"/>	<input type="text" value="1121601.50"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="23091.49"/>	<input type="text" value="1121066.16"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="535.34"/>	<input type="text" value="535.34"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Horizons 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).....	5485.00	289494.00
(ii) Unitemized	4449.00	832107.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9934.00	1121601.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	9934.00	1121601.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	9934.00	1121601.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9934.00	1121601.50

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1766.49	1053393.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1766.49	1053393.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	19000.00	31000.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	2325.00	36673.00
(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)).....	2325.00	36673.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	23091.49	1121066.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23091.49	1121066.16

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	9934.00	1121601.50
34. Total Contribution Refunds (from Line 28(d))	2325.00	36673.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7609.00	1084928.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1766.49	1053393.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1766.49	1053393.16

**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 38
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Horizons PAC

A. ALLEN, JODI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 700 W GARDEN ST
 City PENSACOLA State FL Zip Code 32502-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) JEWELER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 515.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2016
Transaction ID : SA11AI.32577
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. ANDERSON, JULIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2410 STATE AVE
 City AMES State IA Zip Code 50014-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) CONSULTANT
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2016
Transaction ID : SA11AI.32575
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. BAZER, JERALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1342 77THPL
 City PAULS VALLEY State OK Zip Code 73075-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USN RETIRED Occupation (for Individual) RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2016
Transaction ID : SA11AI.32779
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.00
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 7 OF 38
	<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)
American Horizons PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. BENNETT, DONNA, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2016 Transaction ID : SA11AI.32676
Mailing Address 2071 NE 54TH STREET		Amount of Each Receipt this Period 50.00
City FORT LAUDERDALE	State FL	Zip Code 33308-0000
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BERTUCCIO, JEFF, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2016 Transaction ID : SA11AI.32648
Mailing Address 17 MAYFAIR TERRACE		Amount of Each Receipt this Period 100.00
City COMMACK	State NY	Zip Code 11725-0000
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) ALARM TECH SECURITY	Occupation (for Individual) OWNER	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. BOYD, DEBBY, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2016 Transaction ID : SA11AI.32771
Mailing Address 3 WINBOURNE DRIVE		Amount of Each Receipt this Period 100.00
City HATTIESBURG	State MS	Zip Code 39402-0000
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) ST LUKE HOME HEALTH SERVICES	Occupation (for Individual) RN ADMINISTRATOR	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 415.00	

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 38
<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)
American Horizons PAC

A. BRADLEY, ROY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2030 KINGS VALLEY DRIVE
 City LAWRENCEVILLE State GA Zip Code 30043-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SOFTWARE ARCHITECT
 Receipt For: 2016
 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
 11 / 03 / 2016
Transaction ID : SA11AI.32627
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. BRADY, ANTOINETTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 SEVEN STAR RD
 City GROVELAND State MA Zip Code 01834-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: 2016
 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 / 29 / 2016
Transaction ID : SA11AI.32687
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. BROOKS, DR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4554 NORMANDY DRIVE
 City GALENA State OH Zip Code 43021-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) CHIROPRACTOR
 Receipt For: 2016
 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 / 29 / 2016
Transaction ID : SA11AI.32645
 Amount of Each Receipt this Period
 100.00
 Memo Item

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 9 OF 38
	<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)
American Horizons PAC

A. BUECHLEY, SARAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address BUECHLEY@AOL.COM

City KNOXVILLE	State TN	Zip Code 37922-0000
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF		Occupation (for Individual) HOMEMAKER
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 100.00

Date of Receipt
11 / 02 / 2016
Transaction ID : SA11AI.32690

Amount of Each Receipt this Period
50.00

Memo Item

B. C, DONAHUE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5955 CHAMBERY CIRCLE

City RENO	State NV	Zip Code 89511-0000
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NOT EMPLOYED		Occupation (for Individual) N/A
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00

Date of Receipt
10 / 25 / 2016
Transaction ID : SA11AI.32792

Amount of Each Receipt this Period
100.00

Memo Item

C. Cardon, Jan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7948 E 100 S

City Huntsville	State UT	Zip Code 84317-0000
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) NONE
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1530.00

Date of Receipt
10 / 29 / 2016
Transaction ID : SA11AI.32677

Amount of Each Receipt this Period
250.00

Memo Item

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 10 OF 38
<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)
American Horizons PAC

A. CAVINESS, JACK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 490 NEWLAND ST
 City LAKEWOOD State CO Zip Code 80226-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DOUBLE COVERAGE LANDSCAPES Occupation (for Individual) OWNER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 31 / 2016
Transaction ID : SA11AI.32821
 Amount of Each Receipt this Period 100.00
 Memo Item

B. CHRISTIE, GABRIELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1217 GODFREY AVE
 City NORFOLK State VA Zip Code 23504-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TIDEWATER COMMUNITY COLLEGE Occupation (for Individual) SPANISH COLLEGE PROFESSOR
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 10 / 23 / 2016
Transaction ID : SA11AI.32781
 Amount of Each Receipt this Period 50.00
 Memo Item

C. CLADY-WARD, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 HIGH ST
 City NEW MILFORD State CT Zip Code 06776-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HUSBAND Occupation (for Individual) HOUSEWIFE
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 29 / 2016
Transaction ID : SA11AI.32537
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	185.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Horizons PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. CLEEREMAN, SARA, , ,

Mailing Address 4950 MIDWAY LN

City LAONA	State WI	Zip Code 54541-0000
---------------	-------------	------------------------

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

Name of Employer (for Individual) FCP	Occupation (for Individual) RN
--	-----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2016

Transaction ID : SA11AI.32764

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. COBURN, MARYA, , ,

Mailing Address 5 CAMBRIDGE PLACE

City ENGLEWOOD CLIFFS	State NJ	Zip Code 07632-0000
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) ACTRESS
---	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2016

Transaction ID : SA11AI.32559

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. CRANCE, DAVID, , ,

Mailing Address 7418 PAXTON ROAD

City FALLS CHURCH	State VA	Zip Code 22043-0000
----------------------	-------------	------------------------

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

Name of Employer (for Individual) MYSELF	Occupation (for Individual) INDEPENT HOTELIER
---	--

Receipt For: 2016
 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
11	/	04	/	2016

Transaction ID : SA11AI.32723

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 38
	(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)
American Horizons PAC

A. CROSSLEY, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 BLACK FAWN LANE
 City WESTCLIFFE State CO Zip Code 81252-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: 2016
 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
 11 / 03 / 2016
Transaction ID : SA11AI.32713
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. DEVOURSNEY, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4117 LONE OAK RD
 City NASHVILLE State TN Zip Code 37215-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ACTOR Occupation (for Individual) ACTING
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 515.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2016
Transaction ID : SA11AI.32578
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. DUNCAN, RONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30547 LAUREL CT
 City DAPHNR State AL Zip Code 36526-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TUPELO FURNITURE OUTLET Occupation (for Individual) RETAILER
 Receipt For: 2016
 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 / 29 / 2016
Transaction ID : SA11AI.32565
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	175.00
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 13 OF 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Horizons PAC

A. E, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7502 CHERRY BROOK COURT

City SUGAR LAND	State TX	Zip Code 77479-0000
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) A&I FASTENER		Occupation (for Individual) INDUSTRIAL SALES
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

Date of Receipt
11 / 08 / 2016
Transaction ID : SA11AI.32756

Amount of Each Receipt this Period
50.00

Memo Item

B. F, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 BENTWATERS LANE

City MADISON	State CT	Zip Code 06443-0000
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) AMERICAN AIRLINES		Occupation (for Individual) PILOT
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00

Date of Receipt
10 / 23 / 2016
Transaction ID : SA11AI.32775

Amount of Each Receipt this Period
100.00

Memo Item

C. FISHER, CAROLEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 8774

City KALISPELL	State MT	Zip Code 59904-0000
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) ROCKY MOUNTAIN HEART & LUNG		Occupation (for Individual) PBX OPERTOT
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 265.00

Date of Receipt
10 / 29 / 2016
Transaction ID : SA11AI.32689

Amount of Each Receipt this Period
50.00

Memo Item

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 14 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Horizons PAC

A. FOLKERTS, PATTI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 368 RIDDLE RD.
 City CEDAR CREEK State TX Zip Code 78612-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) PUBLISHER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2016
Transaction ID : SA11AI.32719
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. FOUGHT, VERN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 1006 EXETER CA.93221-1006
 City EXETER State CA Zip Code 93221-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) AG EQUIPMENT WIND MACHINES.
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2016
Transaction ID : SA11AI.32680
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. GEIGER, JENNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1419 N RICHMAN KNOLL
 City FULLERTON State CA Zip Code 92835-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALIGNMENT HEALTHCARE Occupation (for Individual) COO
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2016
Transaction ID : SA11AI.32840
 Amount of Each Receipt this Period
 100.00
 Memo Item

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 15 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Horizons PAC

A. GOFF, PENNI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 735 MAGNOLIA PARK ROAD
 City DRY PRONG State LA Zip Code 71423-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DUBUIS HOSPITAL Occupation (for Individual) RRT
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2016
Transaction ID : SA11AI.32774
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. GUEBERT, SHARON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1134 ROSE OF SHARON ROAD
 City COULTERVILLE State IL Zip Code 62237-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) DAIRY FARMER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2016
Transaction ID : SA11AI.32592
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. HUNT, WOODY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2817 FORESTVIEW CT.
 City CARPENTERSVILLE State IL Zip Code 60110-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CITY OF DES PLAINES Occupation (for Individual) MECHANIC
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2016
Transaction ID : SA11AI.32809
 Amount of Each Receipt this Period
 50.00
 Memo Item

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 16 OF 38
<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)
American Horizons PAC

A. JACOPI, BELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 95 PACHECO CREEK DR.
 City NOVATO State CA Zip Code 94949-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: 2016
 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 / 08 / 2016
Transaction ID : SA11AI.32661
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. KALTVASSER, LARISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4020 FAR WEST BLVD.
 City AUSTIN State TX Zip Code 78731-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NO WORK Occupation (for Individual) NO WORK
 Receipt For: 2016
 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
 11 / 02 / 2016
Transaction ID : SA11AI.32837
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. KELLEY, KENJO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 216 CR 912 A
 City BRAZORIA State TX Zip Code 77422-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) KENJOS BBQ BRAZORIA TX
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 515.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2016
Transaction ID : SA11AI.32671
 Amount of Each Receipt this Period
 100.00
 Memo Item

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 17 OF 38
<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)
American Horizons PAC

A. KELLY, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 S. PRAIRIE #803
 City CHICAGO State IL Zip Code 60616-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) @PROPERTIES Occupation (for Individual) REAL ESTATE
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2016
Transaction ID : SA11AI.32746
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. KLINKER, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12623 BUILDERS ROAD
 City HERNDON State VA Zip Code 20170-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KB LINKS LLC Occupation (for Individual) RECRUITER
 Receipt For: 2016
 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 / 26 / 2016
Transaction ID : SA11AI.32772
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. L, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 368
 City DE KALB State TX Zip Code 75559-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF (BATES FAMILY FUNERAL HOME) Occupation (for Individual) FUNERAL DIRECTOR - PAST NFDA P
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 515.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2016
Transaction ID : SA11AI.32745
 Amount of Each Receipt this Period
 100.00
 Memo Item

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:	PAGE 18 OF 38
	(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)
American Horizons PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. LABROSSE, JANICE, , ,

Mailing Address 1545 CALLE SYMPATICO

City WICKENBURG	State AZ	Zip Code 85390-0000
--------------------	-------------	------------------------

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

Name of Employer (for Individual) HORSPITALITY RV RESORT AND BOARDING ST	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		05		2016

Transaction ID : SA11AI.32734

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. LAWRENCE, EDITH, , ,

Mailing Address 2489 COUNTY ST.

City DIGHTON	State MA	Zip Code 02715-0000
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		08		2016

Transaction ID : SA11AI.32542

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. LYLE, JOHN, , ,

Mailing Address 11217 BLUE RIVER RD

City KANSAS CITY	State MO	Zip Code 64131-0000
---------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) VETERINARIAN
---	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		08		2016

Transaction ID : SA11AI.32750

Amount of Each Receipt this Period
50.00

Memo Item

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 19 OF 38
	<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)
American Horizons PAC

A. LYNN, VICKIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4009 DURRETT ST
 City FORT WORTH State TX Zip Code 76244-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CENTURY 21 Occupation (for Individual) RELAT ESTATE PROFFESIOAL
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2016
Transaction ID : SA11AI.32558
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. MARISA, DR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5548 METROWEST BOULEVARD APT 304
 City ORLANDO State FL Zip Code 32811-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) COMPANION VEYERINARIAN SERVICES Occupation (for Individual) VETERINARIAN
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2016
Transaction ID : SA11AI.32700
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. MCGUIRE, CAROLYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 161-16 99TH STREET
 City HOWARD BEACH State NY Zip Code 11414-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) METRONET REALTY Occupation (for Individual) REAL ESTATE BROKER
 Receipt For: 2016
 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 / 29 / 2016
Transaction ID : SA11AI.32619
 Amount of Each Receipt this Period
 50.00
 Memo Item

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 38
	<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)
American Horizons PAC

A. MEADOWS, LAWRENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 SUBSET HARBOUR DR APT 2112

City MIAMI BEACH	State FL	Zip Code 33139-0000
---------------------	-------------	------------------------

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

Name of Employer (for Individual) AMERICAN AIRLINES	Occupation (for Individual) PILOT
--	--------------------------------------

Receipt For: 2016
 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
 11 / 02 / 2016

Transaction ID : SA11AI.32836

Amount of Each Receipt this Period
 50.00

Memo Item

B. MEMBIELA, KIMBERLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2448 N. AVALON AVE

City ORANGE	State CA	Zip Code 92867-0000
----------------	-------------	------------------------

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

Name of Employer (for Individual) REAL ESTATE FOR HOPE	Occupation (for Individual) BROKER
---	---------------------------------------

Receipt For: 2016
 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 / 29 / 2016

Transaction ID : SA11AI.32597

Amount of Each Receipt this Period
 100.00

Memo Item

C. MERSON, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3046 PINEDA CROSSING DR

City MELBOURNE	State FL	Zip Code 42940-0000
-------------------	-------------	------------------------

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

Name of Employer (for Individual) OWN MY OWN BUSINESS	Occupation (for Individual) FAMILY FARMERS MARKET
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 265.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2016

Transaction ID : SA11AI.32681

Amount of Each Receipt this Period
 50.00

Memo Item

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 21 OF 38
	<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)
American Horizons PAC

A. MILLSAP, CHANTELE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 N. 141ST STREET
 City BASEHOR State KS Zip Code 66007-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 10 / 29 / 2016
Transaction ID : SA11AI.32692
 Amount of Each Receipt this Period 50.00
 Memo Item

B. MURPHY, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13605 E. WESTLAND RD
 City SCOTTSDALE State AZ Zip Code 85262-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SOUTHWEST AIRLINES Occupation (for Individual) FLIGHT ATTENDANT
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 10 / 29 / 2016
Transaction ID : SA11AI.32573
 Amount of Each Receipt this Period 50.00
 Memo Item

C. NELSON, RENESS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 668
 City TIOGA State ND Zip Code 58852-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2016
Transaction ID : SA11AI.32703
 Amount of Each Receipt this Period 100.00
 Memo Item

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 22 OF 38
	<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)
American Horizons PAC

A. PERRY, DONALD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7205 SUNBREEZE LANE

City SACRAMENTO	State CA	Zip Code 95828-0000
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2016

Transaction ID : SA11AI.32655

Amount of Each Receipt this Period

100.00

 Memo Item

B. PHILIPS, MARSHA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1904 METAIRIE HEIGHTS AVE

City METAIRIE	State LA	Zip Code 70001-0000
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) PSYCHOLOGIST
---	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
415.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		06		2016

Transaction ID : SA11AI.32842

Amount of Each Receipt this Period

100.00

 Memo Item

C. POWERS, KENNETH, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 WAVERLY PLACE

City LEBANON	State TN	Zip Code 37087-0000
-----------------	-------------	------------------------

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

Name of Employer (for Individual) COMMERCIAL REALTY SERVICES	Occupation (for Individual) REAL ESTATE DEVELOPER
---	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		08		2016

Transaction ID : SA11AI.32762

Amount of Each Receipt this Period

100.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Horizons PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. READIE, CHERI, , ,

Mailing Address 220 WINTERS RD

City BUTLER	State PA	Zip Code 16001-0000
----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) REAL-ESTATE INVESTOR
--	---

Receipt For: 2016
 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		29		2016

Transaction ID : SA11AI.32554

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. ROBINSON, JAMES, , ,

Mailing Address 2095 LAKESIDE DRIVE

City TOBYHANNA	State PA	Zip Code 18466-0000
-------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) OWNER DAYCARE
---	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2016

Transaction ID : SA11AI.32588

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. RYAN, MARK, , ,

Mailing Address 97 SANDWICH ROAD

City PLYMOUTH	State MA	Zip Code 02360-0000
------------------	-------------	------------------------

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

Name of Employer (for Individual) ABLE RESTORATION INC	Occupation (for Individual) DISASTER MITIGATION
---	--

Receipt For: 2016
 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		29		2016

Transaction ID : SA11AI.32589

Amount of Each Receipt this Period
100.00

Memo Item

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 24 OF 38
	<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)
American Horizons PAC

A. SOLER, JOSE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12107 NW 10 MNR
 City CORAL SPRINGS State FL Zip Code 33071-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) PHYSICIAN
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 515.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2016
Transaction ID : SA11AI.32601
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. STARR, JACOB, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60359 WINTERGREEN RD
 City SENECAVILLE State OH Zip Code 43780-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BI-CON SERVICES Occupation (for Individual) ELECTRICIAN
 Receipt For: 2016
 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
 11 / 01 / 2016
Transaction ID : SA11AI.32822
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. STEELE, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29353 PENDLETON RD
 City NEW BALTIMORE State MI Zip Code 48051-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CEBOS Occupation (for Individual) CONSULTANT
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2016
Transaction ID : SA11AI.32787
 Amount of Each Receipt this Period
 50.00
 Memo Item

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 25 OF 38
	<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)
American Horizons PAC

A. STOEVER, STEPHEN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24902 SIENNA TERRACE LN

City KATY	State TX	Zip Code 77494-0000
--------------	-------------	------------------------

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

Name of Employer (for Individual) STOEVER-PARKER ELECTRIC	Occupation (for Individual) CONTRACTOR
--	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
505.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2016

Transaction ID : SA11AI.32594

Amount of Each Receipt this Period
100.00

Memo Item

B. THYFAULT, PAULA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 655 MICHIGAN AVE NE

City WASHINGTON	State DC	Zip Code 20017-0000
--------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) MEDICAL DOSIMETRIST
--	--

Receipt For: 2016
 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
11	/	03	/	2016

Transaction ID : SA11AI.32546

Amount of Each Receipt this Period
50.00

Memo Item

C. TRIPLETT, JANE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 409 GLEN ARBOR LN.

City LEESBURG	State FL	Zip Code 34748-0000
------------------	-------------	------------------------

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

Name of Employer (for Individual) FORD MOTOR CO.	Occupation (for Individual) RETIRED
---	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2016

Transaction ID : SA11AI.32801

Amount of Each Receipt this Period
100.00

Memo Item

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:	PAGE 26 OF 38
	(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)
American Horizons PAC

A. VILLEGAS, AVI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 N. PINE AVE
 City ARLINGTON HEIGHTS State IL Zip Code 60004-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ARCOS ENVIRONMENTAL Occupation (for Individual) SAFETY MANAGER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 415.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2016
Transaction ID : SA11AI.32807
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. WIEFFERING, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2570 PINEVIEW
 City WEST BLOOMFIELD State MI Zip Code 48324-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JOHNSON CONTROLS Occupation (for Individual) PROJECT MANAGER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2016
Transaction ID : SA11AI.32712
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. WILLIAMS, TOMMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1930 GRAYSON OAKS CT
 City LAWRENCEVILLE State GA Zip Code 30045-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 265.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2016
Transaction ID : SA11AI.32709
 Amount of Each Receipt this Period
 50.00
 Memo Item

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 27 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Horizons PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. WOMMACK, JAY, , ,

Mailing Address 3408 PINE

City TEXARKANA	State TX	Zip Code 75503-0000
-------------------	-------------	------------------------

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

Name of Employer (for Individual) VERTICAL ALLIANCE	Occupation (for Individual) CEO
--	------------------------------------

Receipt For: 2016
 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 / 30 / 2016

Transaction ID : SA11AI.32812

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Yates, Shari, , ,

Mailing Address PO Box 2377

City Ruidoso	State NM	Zip Code 88355-0000
-----------------	-------------	------------------------

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

Name of Employer (for Individual) MYCO IND. INC./ YATES PETROLEUM	Occupation (for Individual) VP/ STOCKHOLDER
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2016

Transaction ID : SA11AI.32640

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C.

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	5485.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Horizons PAC

Full Name (Last, First, Middle Initial) A. ActiveCampaign, Inc			Date of Disbursement MM / DD / YYYY 11 / 10 / 2016	
Mailing Address 222 South Riverside Plaza Suite 810			FEC Identification Number C00619577 Transaction ID : SB21B.32886 Amount of Each Disbursement this Period 985.00	
City Chicago	State IL	Zip Code 60606	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CRM Software		Category/ Type 001		
Candidate Name American Horizons PAC				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Stripe, Inc.			Date of Disbursement MM / DD / YYYY 10 / 20 / 2016	
Mailing Address 3180 18th Street Suite 100			FEC Identification Number C00619577 Transaction ID : SB21B.32850 Amount of Each Disbursement this Period 16.48	
City San Francisco	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Credit Card Fees		Category/ Type 003		
Candidate Name American Horizons PAC				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Stripe, Inc.			Date of Disbursement MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 3180 18th Street Suite 100			FEC Identification Number C00619577 Transaction ID : SB21B.32851 Amount of Each Disbursement this Period 32.51	
City San Francisco	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Credit Card Fees		Category/ Type 003		
Candidate Name American Horizons PAC				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

1033.99

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"/> 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)
American Horizons PAC

Full Name (Last, First, Middle Initial)

A. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Fees

Category/
Type

Candidate Name
American Horizons PAC

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.32852

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Fees

Category/
Type

Candidate Name
American Horizons PAC

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.32853

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Fees

Category/
Type

Candidate Name
American Horizons PAC

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.32854

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"/> 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)
American Horizons PAC

Full Name (Last, First, Middle Initial)

A. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Fees

Category/
Type

Candidate Name
American Horizons PAC

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: District:

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 26 / 2016

FEC Identification Number
C C00619577
Transaction ID : SB21B.32855
Amount of Each Disbursement this Period
3.20

Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Fees

Category/
Type

Candidate Name
American Horizons PAC

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: District:

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 27 / 2016

FEC Identification Number
C C00619577
Transaction ID : SB21B.32856
Amount of Each Disbursement this Period
12.51

Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Fees

Category/
Type

Candidate Name
American Horizons PAC

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: District:

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 28 / 2016

FEC Identification Number
C C00619577
Transaction ID : SB21B.32857
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)..... ▶

30.71

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Horizons PAC

Full Name (Last, First, Middle Initial)

A. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Fees

003
Category/
Type

Candidate Name
American Horizons PAC

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2016

FEC Identification Number

C C00619577

Transaction ID : SB21B.32858

Amount of Each Disbursement this Period

151.70

Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Fees

003
Category/
Type

Candidate Name
American Horizons PAC

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2016

FEC Identification Number

C C00619577

Transaction ID : SB21B.32859

Amount of Each Disbursement this Period

25.34

Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Fees

003
Category/
Type

Candidate Name
American Horizons PAC

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2016

FEC Identification Number

C C00619577

Transaction ID : SB21B.3286c

Amount of Each Disbursement this Period

30.25

Memo Item

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

207.29

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

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

NAME OF COMMITTEE (In Full)
American Horizons PAC

Full Name (Last, First, Middle Initial)

A. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Fees

003
Category/
Type

Candidate Name
American Horizons PAC

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2016

FEC Identification Number

C C00619577

Transaction ID : **SB21B.32861**

Amount of Each Disbursement this Period

14.43

Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Fees

003
Category/
Type

Candidate Name
American Horizons PAC

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2016

FEC Identification Number

C C00619577

Transaction ID : **SB21B.32862**

Amount of Each Disbursement this Period

29.21

Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Fees

003
Category/
Type

Candidate Name
American Horizons PAC

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2016

FEC Identification Number

C C00619577

Transaction ID : **SB21B.32863**

Amount of Each Disbursement this Period

17.00

Memo Item

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

60.64

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"/> 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)
American Horizons PAC

Full Name (Last, First, Middle Initial)

A. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Fees

003
Category/
Type

Candidate Name
American Horizons PAC

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2016

FEC Identification Number

C00619577

Transaction ID : SB21B.32864

Amount of Each Disbursement this Period

27.88

Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Fees

003
Category/
Type

Candidate Name
American Horizons PAC

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2016

FEC Identification Number

C00619577

Transaction ID : SB21B.32865

Amount of Each Disbursement this Period

11.56

Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Fees

003
Category/
Type

Candidate Name
American Horizons PAC

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2016

FEC Identification Number

C00619577

Transaction ID : SB21B.32866

Amount of Each Disbursement this Period

1.03

Memo Item

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

40.47

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"/> 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)
American Horizons PAC

Full Name (Last, First, Middle Initial)

A. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Fees

Category/
Type

Candidate Name
American Horizons PAC

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.32867

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Fees

Category/
Type

Candidate Name
American Horizons PAC

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.32868

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Fees

Category/
Type

Candidate Name
American Horizons PAC

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.32866

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"/> 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)
American Horizons PAC

Full Name (Last, First, Middle Initial)

A. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Fees

003
Category/
Type

Candidate Name
American Horizons PAC

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2016

FEC Identification Number

C C00619577

Transaction ID : SB21B.32870

Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Fees

003
Category/
Type

Candidate Name
American Horizons PAC

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2016

FEC Identification Number

C C00619577

Transaction ID : SB21B.32871

Amount of Each Disbursement this Period

30.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Fees

003
Category/
Type

Candidate Name
American Horizons PAC

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 23 / 2016

FEC Identification Number

C C00619577

Transaction ID : SB21B.32872

Amount of Each Disbursement this Period

75.00

Memo Item

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

120.00

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

1654.49

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input 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)
American Horizons PAC

Full Name (Last, First, Middle Initial) A. ADAMS, JANE, CRUTCHER, ,		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 118 LAKE POINTE DRIVE			
City SANTA ROSA BEACH	State FL	Zip Code 32459	
Purpose of Disbursement Chargeback		Category/Type 010	
Candidate Name American Horizons PAC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

FEC Identification Number
C00619577
Transaction ID : SB28A.32874
Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial) B. FLEISNER, RITA, , ,		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016	
Mailing Address PO BOX 286			
City RICHFIELD	State WI	Zip Code 53076-0000	
Purpose of Disbursement Chargeback		Category/Type 010	
Candidate Name American Horizons PAC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

FEC Identification Number
C00619577
Transaction ID : SB28A.32876
Amount of Each Disbursement this Period
500.00

Full Name (Last, First, Middle Initial) C. FOX, JOHN, , ,		Date of Disbursement MM / DD / YYYY 11 / 17 / 2016	
Mailing Address 16211 MIDDLE ISLAND DR			
City SOUTH BEND	State NE	Zip Code 68058-0000	
Purpose of Disbursement Chargeback		Category/Type 010	
Candidate Name American Horizons PAC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

FEC Identification Number
C00619577
Transaction ID : SB28A.32877
Amount of Each Disbursement this Period
250.00

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

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

1750.00
1750.00

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) American Horizons PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00619577 </div>
---	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Cartsoft, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 02 / 2016						
Mailing Address 1111 Light St 4th Floor	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10000.00</div> Transaction ID : SE.32530 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 02 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Baltimore</td> <td>MD</td> <td>21230</td> </tr> </table>		City	State	Zip Code	Baltimore	MD	21230
City		State	Zip Code				
Baltimore	MD	21230					
Purpose of Expenditure Social Media Advertising							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose TRUMP, DONALD, J, ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">27000.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item Cartsoft, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 08 / 2016						
Mailing Address 1111 Light St 4th Floor	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4000.00</div> Transaction ID : SE.32533 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 08 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Baltimore</td> <td>MD</td> <td>21230</td> </tr> </table>		City	State	Zip Code	Baltimore	MD	21230
City		State	Zip Code				
Baltimore	MD	21230					
Purpose of Expenditure GOTV Advertising							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose TRUMP, DONALD, J, ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">31000.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">14000.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

 Signature

 [Electronically Filed]

 Date M M / D D / Y Y Y Y Y Y
 12 / 08 / 2016

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) American Horizons PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00619577 </div>
---	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Paramount Communication, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 02 / 2016</div>
Mailing Address 525-K East Market St. #114	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">5000.00</div>
City Leesburg State VA Zip Code 20176	
Purpose of Expenditure Email Marketing Category/Type 003	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose TRUMP, DONALD, J, ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____
Calendar Year-To-Date Per Election for Office Sought 17000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
City State Zip Code	
Purpose of Expenditure Category/Type 	
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">5000.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">19000.00</div>

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.

Haves, Ian, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
Signature 12 / 08 / 2016