

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**
AUTO CARE ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) **7101 WISCONSIN AVENUE**
Suite 1300
 Check if different than previously reported. (ACC) **Bethesda** **MD** **20814**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C **C00250753** 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 / / 2017 through / / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Lowe, Aaron, , ,
Type or Print Name of Treasurer

Signature of Treasurer Lowe, Aaron, , , [Electronically Filed] Date / / 2017

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

AUTO CARE ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value="200687.33"/>	<input type="text" value="200687.33"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="353282.38"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="6125.43"/>	<input type="text" value="263170.48"/>
(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="359407.81"/>	<input type="text" value="463857.81"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="30050.00"/>	<input type="text" value="134500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="329357.81"/>	<input type="text" value="329357.81"/>
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

AUTO CARE ASSOCIATION POLITICAL ACTION COMMITTEE

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).....	5588.00	242624.71
(ii) Unitemized	537.43	20545.77
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6125.43	263170.48
(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)	6125.43	263170.48
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)).....▶	6125.43	263170.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6125.43	263170.48

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29000.00	132500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1050.00	2000.00
(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)).....	1050.00	2000.00
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)) ..	30050.00	134500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30050.00	134500.00

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)	6125.43	263170.48
34. Total Contribution Refunds (from Line 28(d))	1050.00	2000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5075.43	261170.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 6 OF 25
<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)
AUTO CARE ASSOCIATION POLITICAL ACTION COMMITTEE

A. Andrews, Sheila, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7101 Wisconsin Avenue
 Suite 1300
 City Bethesda State MD Zip Code 20814-4866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto Care Association Occupation (for Individual) Director, Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 395.94

Date of Receipt 10 / 15 / 2017
Transaction ID : A62B04DC8A2F54C46850
 Amount of Each Receipt this Period 20.84
 Memo Item

B. Andrews, Sheila, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7101 Wisconsin Avenue
 Suite 1300
 City Bethesda State MD Zip Code 20814-4866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto Care Association Occupation (for Individual) Director, Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.78

Date of Receipt 10 / 31 / 2017
Transaction ID : A5F1756EC2EFD438BA72
 Amount of Each Receipt this Period 20.84
 Memo Item

C. Barratt, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7101 Wisconsin Avenue
 Suite 1300
 City Bethesda State MD Zip Code 20814-4866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto Care Association Occupation (for Individual) Senior Vice President, Meetings & Even
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 368.48

Date of Receipt 10 / 15 / 2017
Transaction ID : AD8E566B6D21A4D398C8
 Amount of Each Receipt this Period 26.32
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	68.00
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 25
<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)
AUTO CARE ASSOCIATION POLITICAL ACTION COMMITTEE

A. Barratt, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7101 Wisconsin Avenue
 Suite 1300
 City Bethesda State MD Zip Code 20814-4866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto Care Association Occupation (for Individual) Senior Vice President, Meetings & Ever
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 394.80

Date of Receipt 10 / 31 / 2017
Transaction ID : AE891EBB9B99B47E7A11
 Amount of Each Receipt this Period 26.32
 Memo Item

B. Bogdansky, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7101 Wisconsin Avenue
 Suite 1300
 City Bethesda State MD Zip Code 20814-4866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto Care Association Occupation (for Individual) Senior Director, Meetings and Events
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 722.28

Date of Receipt 10 / 15 / 2017
Transaction ID : ADED1633BD0E141DA9F5
 Amount of Each Receipt this Period 55.56
 Memo Item

C. Bogdansky, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7101 Wisconsin Avenue
 Suite 1300
 City Bethesda State MD Zip Code 20814-4866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto Care Association Occupation (for Individual) Senior Director, Meetings and Events
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 777.84

Date of Receipt 10 / 31 / 2017
Transaction ID : ABCA5730E1BFD45DC999
 Amount of Each Receipt this Period 55.56
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	137.44
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 25
	<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)
AUTO CARE ASSOCIATION POLITICAL ACTION COMMITTEE

A. Chiang, Angela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7101 Wisconsin Avenue
 Suite 1300
 City Bethesda State MD Zip Code 20814-4866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto Care Association Occupation (for Individual) Manager, International Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.99

Date of Receipt 10 / 15 / 2017
Transaction ID : A790626FFEDCE48F980C
 Amount of Each Receipt this Period 15.21
 Memo Item

B. Chiang, Angela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7101 Wisconsin Avenue
 Suite 1300
 City Bethesda State MD Zip Code 20814-4866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto Care Association Occupation (for Individual) Manager, International Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.20

Date of Receipt 10 / 31 / 2017
Transaction ID : A0BAFE2999ACA4AD5939
 Amount of Each Receipt this Period 15.21
 Memo Item

C. Finnerty, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7101 Wisconsin Avenue
 Suite 1300
 City Bethesda State MD Zip Code 20814-4866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto Care Association Occupation (for Individual) Manager, Meetings and Events
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 288.99

Date of Receipt 10 / 15 / 2017
Transaction ID : AE1906B9B24A349FEA4B
 Amount of Each Receipt this Period 15.21
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.63
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 25
<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)
AUTO CARE ASSOCIATION POLITICAL ACTION COMMITTEE

A. Finnerty, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7101 Wisconsin Avenue
 Suite 1300
 City Bethesda State MD Zip Code 20814-4866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto Care Association Occupation (for Individual) Manager, Meetings and Events
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.20

Date of Receipt 10 / 31 / 2017
Transaction ID : ABB3849A9DDD24CF5871
 Amount of Each Receipt this Period 15.21
 Memo Item

B. Fiore, Paul, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7101 Wisconsin Avenue
 Suite 1300
 City Bethesda State MD Zip Code 20814-4866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto Care Association Occupation (for Individual) Senior Director, Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 395.94

Date of Receipt 10 / 15 / 2017
Transaction ID : A2FC8C72AF93A434DB6A
 Amount of Each Receipt this Period 20.84
 Memo Item

C. Fiore, Paul, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7101 Wisconsin Avenue
 Suite 1300
 City Bethesda State MD Zip Code 20814-4866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto Care Association Occupation (for Individual) Senior Director, Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.78

Date of Receipt 10 / 31 / 2017
Transaction ID : A7874C3739101454C9BE
 Amount of Each Receipt this Period 20.84
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	56.89
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 25
<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)
AUTO CARE ASSOCIATION POLITICAL ACTION COMMITTEE

A. Hanvey, Bill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7101 Wisconsin Avenue
 Suite 1300
 City Bethesda State MD Zip Code 20814-4866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto Care Association Occupation (for Individual) President & Ceo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 791.73

Date of Receipt 10 / 15 / 2017
Transaction ID : A259764FF45914556BF7
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Hanvey, Bill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7101 Wisconsin Avenue
 Suite 1300
 City Bethesda State MD Zip Code 20814-4866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto Care Association Occupation (for Individual) President & Ceo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.40

Date of Receipt 10 / 31 / 2017
Transaction ID : A90F3DB2E9E0E4ABEA89
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Lederer, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 717 Redwood Ln
 City Glencoe State IL Zip Code 60022-2031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 13 / 2017
Transaction ID : A340E9A422C4D41CCBFB
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1083.34
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 25
	<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)
AUTO CARE ASSOCIATION POLITICAL ACTION COMMITTEE

A. Long, Donna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3400 E Walnut Street
 City Colmar State PA Zip Code 18915-9768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dorman Products Occupation (for Individual) SVP, CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 18 / 2017
Transaction ID : AF2882B52C35B44FDAB7
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Lowe, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7101 Wisconsin Avenue Suite 1300
 City Bethesda State MD Zip Code 20814-4866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto Care Association Occupation (for Individual) Senior Vice President, Government Aff.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 791.73

Date of Receipt 10 / 15 / 2017
Transaction ID : AE31527EE31FE4A42ABF
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Lowe, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7101 Wisconsin Avenue Suite 1300
 City Bethesda State MD Zip Code 20814-4866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto Care Association Occupation (for Individual) Senior Vice President, Government Affa
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 833.40

Date of Receipt 10 / 31 / 2017
Transaction ID : A3B7F0AB8AB87485AA74
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	583.34
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 25
	<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)
AUTO CARE ASSOCIATION POLITICAL ACTION COMMITTEE

A. Nasrallah, Tony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13864 Del Sur St
 City San Fernando State CA Zip Code 91340-3440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Automotive Parts Wholesale, Inc. Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 16 / 2017**
Transaction ID : A8E50360C6F164371A8B
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Northup, Larry, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7101 Wisconsin Avenue Suite 1300
 City Bethesda State MD Zip Code 20814-4866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto Care Association Occupation (for Individual) Senior Director, Community Engagemen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.99

Date of Receipt **10 / 15 / 2017**
Transaction ID : A5C560A7367FC4ACA9A0
 Amount of Each Receipt this Period 15.21
 Memo Item

C. Northup, Larry, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7101 Wisconsin Avenue Suite 1300
 City Bethesda State MD Zip Code 20814-4866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto Care Association Occupation (for Individual) Senior Director, Community Engagemer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 304.20

Date of Receipt **10 / 31 / 2017**
Transaction ID : AE950C226F454439EA14
 Amount of Each Receipt this Period 15.21
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 530.42
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 25
<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)
AUTO CARE ASSOCIATION POLITICAL ACTION COMMITTEE

A. Register, Joe, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Gold Post Road

City Dover	State NH	Zip Code 03820-5210
---------------	-------------	------------------------

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

Name of Employer (for Individual) Auto Care Association	Occupation (for Individual) Director, Emerging Technologies
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
395.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2017

Transaction ID : A1C955D7172B848D6870

Amount of Each Receipt this Period
20.84

Memo Item

B. Register, Joe, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Gold Post Road

City Dover	State NH	Zip Code 03820-5210
---------------	-------------	------------------------

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

Name of Employer (for Individual) Auto Care Association	Occupation (for Individual) Director, Emerging Technologies
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2017

Transaction ID : A7A576132B61E4E9F901

Amount of Each Receipt this Period
20.84

Memo Item

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

Mailing Address 3400 E Walnut Street

City Colmar	State PA	Zip Code 18915-9768
----------------	-------------	------------------------

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

Name of Employer (for Individual) Dorman Products, Inc.	Occupation (for Individual) Board of Directors
--	---

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	/	10	/	2017

Transaction ID : AC704E2191B9548F7B24

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1041.68
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 25
	<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)
AUTO CARE ASSOCIATION POLITICAL ACTION COMMITTEE

A. Rossi, Ron, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13 The Orchards Lane

City Saint Louis	State MO	Zip Code 63132-4305
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Auto Care Association	Occupation (for Individual) Director, Market Intelligence
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
593.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2017

Transaction ID : AC6A2EE3A363841308F7

Amount of Each Receipt this Period
31.25

Memo Item

B. Rossi, Ron, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13 The Orchards Lane

City Saint Louis	State MO	Zip Code 63132-4305
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Auto Care Association	Occupation (for Individual) Director, Market Intelligence
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2017

Transaction ID : A9A111C9FAD7F49198E4

Amount of Each Receipt this Period
31.25

Memo Item

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

Mailing Address 1156 N. Palmas Avenue

City Los Angeles	State CA	Zip Code 90038
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Certified Undercar Parts	Occupation (for Individual) President
---	--

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	/	06	/	2017

Transaction ID : ADA2CFF6F820544A2A67

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	562.50
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 25
	<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)
AUTO CARE ASSOCIATION POLITICAL ACTION COMMITTEE

A. Stakias, G. Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1860 Colt Road
 City Media State PA Zip Code 19063-1983
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Liberty Partners L.P. Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 10 / 2017
Transaction ID : ABC541C4BD73E4108A67
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Whidby, Gary, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7101 Wisconsin Avenue Suite 1300
 City Bethesda State MD Zip Code 20814-4866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto Care Association Occupation (for Individual) Director, ACPAC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 816.71

Date of Receipt 10 / 15 / 2017
Transaction ID : AA821C3A1E9E845FB9DD
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Whidby, Gary, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7101 Wisconsin Avenue Suite 1300
 City Bethesda State MD Zip Code 20814-4866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto Care Association Occupation (for Individual) Director, ACPAC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 858.38

Date of Receipt 10 / 31 / 2017
Transaction ID : A197F3C5885D14B98AC0
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1083.34
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 25
	<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)
AUTO CARE ASSOCIATION POLITICAL ACTION COMMITTEE

A. Wilsey, Geoffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14291 Commerce Drive
 City Garden Grove State CA Zip Code 92843-4944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Walker Products Occupation (for Individual) VP, Sales & Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 25 / 2017
Transaction ID : ADE151E71F3AE4FA8A30
 Amount of Each Receipt this Period 365.00
 Memo Item

B. Zegeye, Lia, , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7101 Wisconsin Avenue Suite 1300
 City Bethesda State MD Zip Code 20814-4866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto Care Association Occupation (for Individual) Director, Member Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.99

Date of Receipt 10 / 15 / 2017
Transaction ID : AEC35324A2F7340959A2
 Amount of Each Receipt this Period 15.21
 Memo Item

C. Zegeye, Lia, , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7101 Wisconsin Avenue Suite 1300
 City Bethesda State MD Zip Code 20814-4866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auto Care Association Occupation (for Individual) Director, Member Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 304.20

Date of Receipt 10 / 31 / 2017
Transaction ID : A090FC17CBAE643DD9E9
 Amount of Each Receipt this Period 15.21
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	395.42
TOTAL This Period (last page this line number only).....	5588.00

**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"/> 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)
AUTO CARE ASSOCIATION POLITICAL ACTION COMMITTEE

A. BILL SHUSTER FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 27

City HOLLIDAYSBURGH State PA Zip Code 16648

Purpose of Disbursement

Candidate Name
Shuster, Bill, F., Rep.,

Office Sought: House Senate President
State: PA District: 09

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement: 10 / 19 / 2017

FEC Identification Number: C00364935
Transaction ID : B709F82A17f
Amount of Each Disbursement this Period: 1500.00

Memo Item

B. BLUE POWER PAC

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 8846

City COLLINGSWOOD State NJ Zip Code 08108

Purpose of Disbursement

Candidate Name
BLUE POWER PAC

Office Sought: House Senate President
State: District:

Disbursement For: 2017
 Primary General
 Other (specify) Other

Date of Disbursement: 10 / 19 / 2017

FEC Identification Number: C00575894
Transaction ID : B565C3AFBF
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. DEB FISCHER FOR US SENATE INC

Full Name (Last, First, Middle Initial)
Mailing Address 5555 SOUTH ST

City LINCOLN State NE Zip Code 68506

Purpose of Disbursement

Candidate Name
Fischer, Deb, , Sen.,

Office Sought: House Senate President
State: NE District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement: 10 / 23 / 2017

FEC Identification Number: C00498907
Transaction ID : BBE12704C4
Amount of Each Disbursement this Period: 2500.00

Memo Item

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
AUTO CARE ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. DEFAZIO FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 19 / 2017
Mailing Address PO BOX 1316		FEC Identification Number C 000215905 Transaction ID : B22E46A22A Amount of Each Disbursement this Period 2000.00
City SPRINGFIELD	State OR	Zip Code 97477-0152
Purpose of Disbursement		Category/Type
Candidate Name DeFazio, Pete, A., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: OR	District: 04	

Full Name (Last, First, Middle Initial) B. DONNELLY FOR INDIANA		Date of Disbursement MM / DD / YYYY 10 / 19 / 2017
Mailing Address 1050 17TH ST NW STE 590		FEC Identification Number C 000393652 Transaction ID : BBA75A7B5D Amount of Each Disbursement this Period 1000.00
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement		Category/Type
Candidate Name Donnelly, Joe, , Sen.,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IN	District:	

Full Name (Last, First, Middle Initial) C. ELISE FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 19 / 2017
Mailing Address PO BOX 500		FEC Identification Number C 000547893 Transaction ID : BF1E90E701 Amount of Each Disbursement this Period 1000.00
City GLENS FALLS	State NY	Zip Code 12801
Purpose of Disbursement		Category/Type
Candidate Name Stefanik, Elise, M., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY	District: 21	

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

4000.00

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"/> 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)
AUTO CARE ASSOCIATION POLITICAL ACTION COMMITTEE

A. ENZI FOR US SENATE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 2775

City: CODY State: WY Zip Code: 82414

Purpose of Disbursement

Candidate Name: Enzi, Mike, B., Sen.,
Office Sought: House Senate President
State: WY District:

Disbursement For: 2020
 Primary General Other (specify) ▼

Date of Disbursement: 10 / 19 / 2017

FEC Identification Number: C00317503
Transaction ID: B6AEDE8ECI
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. FRIENDS OF CHERI BUSTOS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 77

City: EAST MOLINE State: IL Zip Code: 61244

Purpose of Disbursement

Candidate Name: Bustos, Cheri, L., Rep.,
Office Sought: House Senate President
State: IL District: 17

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement: 10 / 23 / 2017

FEC Identification Number: C00498568
Transaction ID: B51BE725312
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. FRIENDS OF MIKE LEE INC

Full Name (Last, First, Middle Initial)
Mailing Address 10 WEST BROADWAY SUITE 500

City: SALT LAKE CITY State: UT Zip Code: 84101

Purpose of Disbursement

Candidate Name: Lee, Mike, S., Sen.,
Office Sought: House Senate President
State: UT District:

Disbursement For: 2022
 Primary General Other (specify) ▼

Date of Disbursement: 10 / 19 / 2017

FEC Identification Number: C00473827
Transaction ID: B5EB731508
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3000.00

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"/> 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)
AUTO CARE ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. FRIENDS OF ROY BLUNT

Mailing Address PO BOX 10178

City COLUMBIA State MO Zip Code 65205

Purpose of Disbursement

Candidate Name
Blunt, Roy, D., Sen.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: MO District:

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2017

FEC Identification Number

C C00304758
Transaction ID : BC5D38A38E
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. GEORGIANS FOR ISAKSON

Mailing Address POST OFFICE BOX 250116

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement

Candidate Name
Isakson, Johnny, , Sen.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify)

State: GA District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2017

FEC Identification Number

C C00384693
Transaction ID : B63055160C4
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Issa For Congress

Mailing Address P O BOX 760

City VISTA State CA Zip Code 92085

Purpose of Disbursement

Candidate Name
Issa, Darrell, E., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 49

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2017

FEC Identification Number

C C00350520
Transaction ID : B767AA35A4
Amount of Each Disbursement this Period
1000.00

Memo Item

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

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

3000.00

**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"/> 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)
AUTO CARE ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. KATKO FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 19 / 2017
Mailing Address 228 S WASHINGTON ST STE 115		FEC Identification Number C00556365 Transaction ID : BF279F09EEI
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name Katko, John, M., Rep.,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY	District: 24	

Full Name (Last, First, Middle Initial) B. KEVIN MCCARTHY FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 19 / 2017
Mailing Address PO BOX 12667		FEC Identification Number C00420935 Transaction ID : B2BB59455B'
City BAKERSFIELD	State CA	Zip Code 93389-2667
Purpose of Disbursement		Amount of Each Disbursement this Period 2500.00
Candidate Name McCarthy, Kevin, , Rep.,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA	District: 23	

Full Name (Last, First, Middle Initial) C. MCCAUL FOR CONGRESS, INC		Date of Disbursement MM / DD / YYYY 10 / 19 / 2017
Mailing Address 815-A BRAZOS STREET PMB 230		FEC Identification Number C00392688 Transaction ID : B26A4B0724
City AUSTIN	State TX	Zip Code 78701
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name McCaul, Michael, T., Rep.,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: TX	District: 10	

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

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

4500.00

**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"/> 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)
AUTO CARE ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MCSALLY FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 19 / 2017
Mailing Address PO BOX 19128		FEC Identification Number C 000512236 Transaction ID : BE8F1152D1 Amount of Each Disbursement this Period 1000.00
City TUCSON	State AZ	Zip Code 85731
Purpose of Disbursement		Category/Type
Candidate Name McSally, Martha, E., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: AZ	District: 02	

Full Name (Last, First, Middle Initial) B. MULLIN FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 19 / 2017
Mailing Address PO BOX 2156		FEC Identification Number C 000498345 Transaction ID : BE9D59E67F Amount of Each Disbursement this Period 1000.00
City CLAREMORE	State OK	Zip Code 74018
Purpose of Disbursement		Category/Type
Candidate Name Mullin, Markwayne, , Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: OK	District: 02	

Full Name (Last, First, Middle Initial) C. PORTMAN FOR SENATE COMMITTEE		Date of Disbursement MM / DD / YYYY 10 / 19 / 2017
Mailing Address 9856 ARCHER LANE		FEC Identification Number C 000458463 Transaction ID : BBE445956F Amount of Each Disbursement this Period 1000.00
City DUBLIN	State OH	Zip Code 43017-8914
Purpose of Disbursement		Category/Type
Candidate Name Portman, Rob, J., Sen.,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: OH	District:	

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

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

3000.00

**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"/> 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)
AUTO CARE ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. TOM GARRETT FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 19 / 2017
Mailing Address P.O. BOX 209		FEC Identification Number C 000607101 Transaction ID : B4EE04B69A Amount of Each Disbursement this Period 1000.00
City RUCKERSVILLE	State VA	Zip Code 22968
Purpose of Disbursement	Category/Type	
Candidate Name Garrett, Thomas, A., Rep., Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 05	

Full Name (Last, First, Middle Initial) B. WALBERG FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 19 / 2017
Mailing Address PO BOX 1362		FEC Identification Number C 000390724 Transaction ID : BE6DF7FC19 Amount of Each Disbursement this Period 1000.00
City JACKSON	State MI	Zip Code 49204-1362
Purpose of Disbursement	Category/Type	
Candidate Name Walberg, Tim, L., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MI	District: 07	

Full Name (Last, First, Middle Initial) C. WALDEN FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 19 / 2017
Mailing Address PO BOX 1091		FEC Identification Number C 000333427 Transaction ID : BB03F86862 Amount of Each Disbursement this Period 2500.00
City HOOD RIVER	State OR	Zip Code 97031-0037
Purpose of Disbursement	Category/Type	
Candidate Name Walden, Greg, P., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: OR	District: 02	

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

4500.00

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"/> 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)
AUTO CARE ASSOCIATION POLITICAL ACTION COMMITTEE

A. WICKER FOR SENATE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 64

City JACKSON State MS Zip Code 39205

Purpose of Disbursement Category/Type

Candidate Name
Wicker, Roger, F., Sen.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MS District:

Date of Disbursement: 10 / 23 / 2017

FEC Identification Number: C00443218
Transaction ID : B70B9BF6FF
Amount of Each Disbursement this Period: 2000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	29000.00

**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"/> 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

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)
AUTO CARE ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Gould, Chris, P., Dr.,		Date of Disbursement MM / DD / YYYY 10 / 05 / 2017	
Mailing Address 945 Wheaton Oaks Dr		FEC Identification Number C [] Transaction ID : B5BB424B8C Amount of Each Disbursement this Period [] 50.00	
City Wheaton	State IL	Zip Code 60187-3042	Category/ Type []
Purpose of Disbursement Refund		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Kouri, Chris, , ,		Date of Disbursement MM / DD / YYYY 10 / 24 / 2017	
Mailing Address 1200 N. Jefferson St. Unit K		FEC Identification Number C [] Transaction ID : BDB25D6057! Amount of Each Disbursement this Period [] 1000.00	
City Anaheim	State CA	Zip Code 92807-1629	Category/ Type []
Purpose of Disbursement Refund		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY [] / [] / []	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []	
City	State	Zip Code	Category/ Type []
Purpose of Disbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1050.00
TOTAL This Period (last page this line number only).....▶	[] 1050.00