

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 Bethesda MD 20814

Check if different than previously reported. (ACC)

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)
[X] 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 M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

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

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

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

Type or Print Name of Treasurer Ms. Susan Medick

Signature of Treasurer Ms. Susan Medick [Electronically Filed] Date 01 / 27 / 2016

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

Office Use Only table with 7 columns and 1 row. FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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="2015"/>	<input type="text" value="91009.01"/>	<input type="text" value="91009.01"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="153510.75"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="44226.92"/>	<input type="text" value="145584.12"/>
(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="197737.67"/>	<input type="text" value="236593.13"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="46067.85"/>	<input type="text" value="84923.31"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="151669.82"/>	<input type="text" value="151669.82"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AUTO CARE ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 07 / 01 / 2015 To: 12 / 31 / 2015

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).....	40090.00	134878.32
(ii) Unitemized	4136.92	10705.80
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	44226.92	145584.12
(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)	44226.92	145584.12
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))..... ▶	44226.92	145584.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	44226.92	145584.12

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1467.85	5323.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1467.85	5323.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	44500.00	79500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	100.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	100.00	100.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	46067.85	84923.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46067.85	84923.31

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	44226.92	145584.12
34. Total Contribution Refunds (from Line 28(d))	100.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44126.92	145484.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1467.85	5323.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1467.85	5323.31

**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 65
	<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

Full Name (Last, First, Middle Initial) A. Stuart Amols			Date of Receipt
Mailing Address 35 River Ridge Trl			<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : AFE492A533E4049F1803
Ormond Beach	FL	32174-4341	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="365.00"/>
Name of Employer	Occupation		
N.a. Williams Company	Vice President and General Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. Mike Bailey			Date of Receipt
Mailing Address 410 SW 6th St			<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : A7423CE902E854507928
Oklahoma City	OK	73109-5316	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="365.00"/>
Name of Employer	Occupation		
Car Doctor	Owner		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Corey Bartlett			Date of Receipt
Mailing Address 2959 Clearwater Rd			<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : A80E77538E02D4EE7ACF
Saint Cloud	MN	56301-5950	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
Automotive Parts Headquarters Inc.	President		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1230.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 7 OF 65
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Mr. John Bartlett
 Full Name (Last, First, Middle Initial)
 Mailing Address 2959 Clearwater Rd
 City Saint Cloud State MN Zip Code 56301-5950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Automotive Parts Headquarters, Inc Occupation Executive Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 30 / 2015
Transaction ID : A8B313E600C984C23B65
 Amount of Each Receipt this Period 4000.00

B. Matt Barton
 Full Name (Last, First, Middle Initial)
 Mailing Address 3400 E Walnut St
 City Colmar State PA Zip Code 18915-9768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dorman Products Inc Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2015
Transaction ID : ADC886361A72F490A91F
 Amount of Each Receipt this Period 1000.00

C. Jeff Baxter
 Full Name (Last, First, Middle Initial)
 Mailing Address 2900A Paces Ferry Rd SE
 City Atlanta State GA Zip Code 30339-3719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N.a. Williams Company Occupation VP of Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 02 / 2015
Transaction ID : A1639DE533EEF44F1927
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5500.00
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 65
	<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. Mr. Richard Beirne
Full Name (Last, First, Middle Initial)

Mailing Address 2959 Clearwater Rd

City Saint Cloud	State MN	Zip Code 56301-5950
---------------------	-------------	------------------------

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

Name of Employer Automotive Parts Headquarters Inc.	Occupation VP Corporate Development
--	--

Receipt For:
 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
11	/	03	/	2015

Transaction ID : A61001FD56F0F428A95F

Amount of Each Receipt this Period
635.00

B. J. David Bell
Full Name (Last, First, Middle Initial)

Mailing Address 3017 W 12th St

City Erie	State PA	Zip Code 16505-3869
--------------	-------------	------------------------

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

Name of Employer Erie DriveTrain Inc.	Occupation President
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2015

Transaction ID : AABF0222D3C87418BBF7

Amount of Each Receipt this Period
365.00

C. Mr. Steven Berman
Full Name (Last, First, Middle Initial)

Mailing Address 3400 E Walnut St

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

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

Name of Employer Dorman Products	Occupation COB
-------------------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

Transaction ID : AD9A2CF166D5F404B8C2

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....	6000.00
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 65
	<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	<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. Mr. Don Bickle
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 779

City Hays State KS Zip Code 67601-0779

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

Name of Employer Warehouse Inc. Occupation President

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
 09 / 10 / 2015

Transaction ID : AC115DAB203144B4BBF3

Amount of Each Receipt this Period
 1000.00

B. John Boyle
Full Name (Last, First, Middle Initial)

Mailing Address 1896 Kings Castle Dr

City Southaven State MS Zip Code 38671-8922

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

Name of Employer John Boyle Sales Occupation Owner

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 / 22 / 2015

Transaction ID : A1EC3A8B22503448BA3F

Amount of Each Receipt this Period
 500.00

C. Blake Buller
Full Name (Last, First, Middle Initial)

Mailing Address 495 Merrick Rd

City Rockville Centre State NY Zip Code 11570-5436

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

Name of Employer Parts Authority Occupation Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2015

Transaction ID : A3E39FCD1D917413EA8E

Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	1865.00
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 65
	<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

Full Name (Last, First, Middle Initial) A. Randy Buller		Date of Receipt
Mailing Address 495 Merrick Rd		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City State Zip Code Rockville Centre NY 11570-5436		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A439F19549CEE490AAB1
Name of Employer Occupation Parts Authority President		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="365.00"/>
Aggregate Year-to-Date ▼		
<input type="text" value="365.00"/>		

Full Name (Last, First, Middle Initial) B. Mr. Dale Burks		Date of Receipt
Mailing Address 3718 Northern Blvd		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City State Zip Code Long Island City NY 11101-1631		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : AB15C0AC9D68E46FC866
Name of Employer Occupation Standard Motor Products Inc. Vice President Corporate Sales & Marke		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="1000.00"/>
Aggregate Year-to-Date ▼		
<input type="text" value="1000.00"/>		

Full Name (Last, First, Middle Initial) C. Ben Butler		Date of Receipt
Mailing Address 1901 E Roosevelt Rd		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City State Zip Code Little Rock AR 72206-2533		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A608576E98BB84803B0D
Name of Employer Occupation Replacement Parts Inc. Project Manager		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="365.00"/>
Aggregate Year-to-Date ▼		
<input type="text" value="365.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1730.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 65
	<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. Chris Callahan
Full Name (Last, First, Middle Initial)

Mailing Address 2900A Paces Ferry Rd SE

City Atlanta State GA Zip Code 30339-3719

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

Name of Employer N.a. Williams Company Occupation Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2015

Transaction ID : A61EC0BC32BDF40A8AB/

Amount of Each Receipt this Period
 365.00

B. Garth Cole
Full Name (Last, First, Middle Initial)

Mailing Address 5757 N Green Bay Ave

City Glendale State WI Zip Code 53209-4408

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

Name of Employer Johnson Controls Battery Division Occupation Director Global Product

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015

Transaction ID : AC29A038F55344B9490B

Amount of Each Receipt this Period
 365.00

C. Sean Connolly
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5838

City Marianna State FL Zip Code 32447-5838

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

Name of Employer TriStates Automotive Warehouse Occupation Vice President of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2015

Transaction ID : A1E7DCC1DEA484EB796E

Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	1095.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 65
	<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. John Crimmins
Full Name (Last, First, Middle Initial)

Mailing Address 902 SE Street
Suite 28

City Bentonville State AR Zip Code 72712

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

Name of Employer Benton Park Properties Occupation President Automotive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
09 / 10 / 2015
Transaction ID : **A985A04CAE5494131BBF**

Amount of Each Receipt this Period
165.00

B. Jeff Darby
Full Name (Last, First, Middle Initial)

Mailing Address 3400 E Walnut St

City Colmar State PA Zip Code 18915-9768

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

Name of Employer Dorman Products Inc. Occupation Sr. Vice President Sales & Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
09 / 03 / 2015
Transaction ID : **A4C02F7D9704944C0B6D**

Amount of Each Receipt this Period
365.00

C. Arlene Davis
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Wisconsin Ave
Ste 1300

City Bethesda State MD Zip Code 20814-4866

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

Name of Employer Auto Care Association Occupation Vice President Meetings & Events

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.62

Date of Receipt
07 / 31 / 2015
Transaction ID : **AE72B1D9467064E9A819**

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 571.66

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 65
	<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. Arlene Davis
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Wisconsin Ave
Ste 1300

City Bethesda State MD Zip Code 20814-4866

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

Name of Employer: Auto Care Association Occupation: Vice President Meetings & Events

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **333.28**

Date of Receipt: **08 / 31 / 2015**

Transaction ID : **AAFFA0BEEA30243748B0**

Amount of Each Receipt this Period: **41.66**

B. Arlene Davis
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Wisconsin Ave
Ste 1300

City Bethesda State MD Zip Code 20814-4866

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

Name of Employer: Auto Care Association Occupation: Vice President Meetings & Events

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **374.94**

Date of Receipt: **09 / 30 / 2015**

Transaction ID : **A5267507D67824B6E844**

Amount of Each Receipt this Period: **41.66**

C. Arlene Davis
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Wisconsin Ave
Ste 1300

City Bethesda State MD Zip Code 20814-4866

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

Name of Employer: Auto Care Association Occupation: Vice President Meetings & Events

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **416.60**

Date of Receipt: **10 / 30 / 2015**

Transaction ID : **A6E8929DC9E4D4F6DA7D**

Amount of Each Receipt this Period: **41.66**

SUBTOTAL of Receipts This Page (optional).....▶	124.98
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 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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. Arlene Davis
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Wisconsin Ave
Ste 1300

City Bethesda State MD Zip Code 20814-4866

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

Name of Employer Auto Care Association Occupation Vice President Meetings & Events

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 458.26

Date of Receipt
11 / 30 / 2015
Transaction ID : A335BF2D8A72C48B1BE0

Amount of Each Receipt this Period
41.66

B. Arlene Davis
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Wisconsin Ave
Ste 1300

City Bethesda State MD Zip Code 20814-4866

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

Name of Employer Auto Care Association Occupation Vice President Meetings & Events

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.92

Date of Receipt
12 / 31 / 2015
Transaction ID : A92B71B4CEBB44349BE0

Amount of Each Receipt this Period
41.66

C. Mr. Brian Dean
Full Name (Last, First, Middle Initial)

Mailing Address 1901 E Roosevelt Rd

City Little Rock State AR Zip Code 72206-2533

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

Name of Employer Replacement Parts Inc. Occupation VP Purchasing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
11 / 04 / 2015
Transaction ID : A6B918365BED445818A3

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 583.32

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 65
	<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

Full Name (Last, First, Middle Initial) A. Robert Egan			Date of Receipt MM / DD / YYYY 08 / 18 / 2015 Transaction ID : A1819E39084DC40439A7		
Mailing Address 27300 W 11 Mile Rd			Amount of Each Receipt this Period 365.00		
City Southfield	State MI	Zip Code 48034-6147			
FEC ID number of contributing federal political committee. C					
Name of Employer FederalMogul Motorparts		Occupation Senior VP North American Sales and Str			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00			

Full Name (Last, First, Middle Initial) B. Jessica Finnerty			Date of Receipt MM / DD / YYYY 07 / 31 / 2015 Transaction ID : A7EC767A127B9461E944		
Mailing Address 7101 Wisconsin Ave Ste 1300			Amount of Each Receipt this Period 30.42		
City Bethesda	State MD	Zip Code 20814-4866			
FEC ID number of contributing federal political committee. C					
Name of Employer Auto Care Association		Occupation Coordinator Meetings and Events			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 212.94			

Full Name (Last, First, Middle Initial) C. Jessica Finnerty			Date of Receipt MM / DD / YYYY 08 / 31 / 2015 Transaction ID : A41FA935A79D140A5B2A		
Mailing Address 7101 Wisconsin Ave Ste 1300			Amount of Each Receipt this Period 30.42		
City Bethesda	State MD	Zip Code 20814-4866			
FEC ID number of contributing federal political committee. C					
Name of Employer Auto Care Association		Occupation Coordinator Meetings and Events			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 243.36			

SUBTOTAL of Receipts This Page (optional).....▶	425.84
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 65
	<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

Full Name (Last, First, Middle Initial) A. Jessica Finnerty		Date of Receipt MM / DD / YYYY 09 / 30 / 2015 Transaction ID : A4A37B1570B274114A62
Mailing Address 7101 Wisconsin Ave Ste 1300		Amount of Each Receipt this Period 30.42
City Bethesda	State MD	Zip Code 20814-4866
FEC ID number of contributing federal political committee. C	Name of Employer Auto Care Association	Occupation Coordinator Meetings and Events
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.78	

Full Name (Last, First, Middle Initial) B. Jessica Finnerty		Date of Receipt MM / DD / YYYY 10 / 30 / 2015 Transaction ID : A861EED81C61E4CD38DC
Mailing Address 7101 Wisconsin Ave Ste 1300		Amount of Each Receipt this Period 30.42
City Bethesda	State MD	Zip Code 20814-4866
FEC ID number of contributing federal political committee. C	Name of Employer Auto Care Association	Occupation Coordinator Meetings and Events
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.20	

Full Name (Last, First, Middle Initial) C. Jessica Finnerty		Date of Receipt MM / DD / YYYY 11 / 30 / 2015 Transaction ID : AC73BD57EC55A4E51864
Mailing Address 7101 Wisconsin Ave Ste 1300		Amount of Each Receipt this Period 30.42
City Bethesda	State MD	Zip Code 20814-4866
FEC ID number of contributing federal political committee. C	Name of Employer Auto Care Association	Occupation Coordinator Meetings and Events
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 334.62	

SUBTOTAL of Receipts This Page (optional).....▶	91.26
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 65
	<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
-----------------------------	-----------------------------	-----------------------------

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. Jessica Finnerty
 Full Name (Last, First, Middle Initial)
 Mailing Address 7101 Wisconsin Ave
 Ste 1300
 City Bethesda State MD Zip Code 20814-4866
 Name of Employer Auto Care Association Occupation Coordinator Meetings and Events
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : A1B9B905855084B4F851
 Amount of Each Receipt this Period
 30.42

B. Mr. Paul Fiore
 Full Name (Last, First, Middle Initial)
 Mailing Address 7101 Wisconsin Ave
 Ste 1300
 City Bethesda State MD Zip Code 20814-4866
 Name of Employer Auto Care Association Occupation Director Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : AE3BCEAC65826456F978
 Amount of Each Receipt this Period
 30.42

C. Mr. Paul Fiore
 Full Name (Last, First, Middle Initial)
 Mailing Address 7101 Wisconsin Ave
 Ste 1300
 City Bethesda State MD Zip Code 20814-4866
 Name of Employer Auto Care Association Occupation Director Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : AE2AAAA6CB013462695A
 Amount of Each Receipt this Period
 30.42

SUBTOTAL of Receipts This Page (optional).....▶	91.26
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 65
	<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. Mr. Paul Fiore
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Wisconsin Ave
Ste 1300

City Bethesda State MD Zip Code 20814-4866

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

Name of Employer Auto Care Association Occupation Director Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.04**

Date of Receipt
12 / 31 / 2015

Transaction ID : A2EAC2A091D1E4A50B16

Amount of Each Receipt this Period
30.42

B. Jim Franco
Full Name (Last, First, Middle Initial)

Mailing Address 8452 Commonwealth Ave

City Buena Park State CA Zip Code 90621-2528

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

Name of Employer Autologue Computer Systems Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt
09 / 28 / 2015

Transaction ID : A5BAB885652E14692B45

Amount of Each Receipt this Period
365.00

c. Chip Gagnier
Full Name (Last, First, Middle Initial)

Mailing Address 422 E New York St

City Indianapolis State IN Zip Code 46202-3769

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

Name of Employer N.A. Williams Co Occupation Manufacturing Rep.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt
09 / 25 / 2015

Transaction ID : AEE041F1C5EEC495A8B5

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)..... **760.42**

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 20 OF 65
	<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	<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. Herb Godschalk
 Full Name (Last, First, Middle Initial)
 Mailing Address 512 Greenville Ave
 City Staunton State VA Zip Code 24401-4755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fisher Auto Parts Occupation CoPresident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2015
Transaction ID : A9041838D016240A890D
 Amount of Each Receipt this Period
 365.00

B. Dale Gospodarek
 Full Name (Last, First, Middle Initial)
 Mailing Address 5757 N Green Bay Ave
 City Milwaukee State WI Zip Code 53209-4408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Johnson Controls Battery Division Occupation VP of Marketing and Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : AABE6EC85AB114356B04
 Amount of Each Receipt this Period
 365.00

C. Jonathan Green
 Full Name (Last, First, Middle Initial)
 Mailing Address 2900A Paces Ferry Rd SE
 City Atlanta State GA Zip Code 30339-3719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N.a. Williams Company Occupation Sales Rep.
 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
 09 / 28 / 2015
Transaction ID : AFA7FDEFCD94A4486BE9
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1230.00
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 65
	<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	<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. Nick Gulli
Full Name (Last, First, Middle Initial)

Mailing Address 703 S Cleveland Massillon Rd

City	State	Zip Code
Fairlawn	OH	44333-3023

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

Name of Employer	Occupation
Continental ContiTech	Vice President North American Aftermar

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	02	/	2015

Transaction ID : A5F5FD3A0BF6C4AC8935

Amount of Each Receipt this Period

365.00

B. Bob Jerred
Full Name (Last, First, Middle Initial)

Mailing Address 2605 S Shirley Ave

City	State	Zip Code
Sioux Falls	SD	57106-4320

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

Name of Employer	Occupation
SAE Warehouse Inc.	Coo

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	18	/	2015

Transaction ID : AF0D21F42B2454D44B32

Amount of Each Receipt this Period

500.00

C. John Kelley
Full Name (Last, First, Middle Initial)

Mailing Address 20036 S Via Baron

City	State	Zip Code
Rancho Dominguez	CA	90220-6105

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

Name of Employer	Occupation
IAP/Dura International	President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	26	/	2015

Transaction ID : ABEFDBFE0876844DBA42

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1865.00
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 22 OF 65
(check only one)

<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

Full Name (Last, First, Middle Initial)
A. Dave Kimbell

Mailing Address PO Box 320

City State Zip Code
Spencer IA 51301-0320

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

Name of Employer Occupation
The Merrill Company Marketing Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 16 / 2015

Transaction ID : AEA3A38865C50496EA9D

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Ms. Patricia Law

Mailing Address 214 Fieldfare Dr

City State Zip Code
Kathleen GA 31047-2516

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

Name of Employer Occupation
Law & Associates Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 13 / 2015

Transaction ID : A94D18E5B967F4068AD1

Amount of Each Receipt this Period
365.00

Full Name (Last, First, Middle Initial)
C. E. Fletcher Lord Jr.

Mailing Address 1901 E Roosevelt Rd

City State Zip Code
Little Rock AR 72206-2533

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

Name of Employer Occupation
Replacement Parts Inc. President & Ceo

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
865.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 11 / 2015

Transaction ID : A5D990B63C5774365B83

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 980.00

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 65
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Fletcher Lord III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1901 E Roosevelt Rd
 City Little Rock State AR Zip Code 72206-2533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Replacement Parts Inc. Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : AC376C7C1321E46B7ACF
 Amount of Each Receipt this Period
 365.00

B. Aaron Lowe
 Full Name (Last, First, Middle Initial)
 Mailing Address 7101 Wisconsin Ave Ste 1300
 City Bethesda State MD Zip Code 20814-4866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto Care Association Occupation Senior Vice President Regulatory & Gov
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : A67C70C822B2448D4A2F
 Amount of Each Receipt this Period
 41.66

C. Aaron Lowe
 Full Name (Last, First, Middle Initial)
 Mailing Address 7101 Wisconsin Ave Ste 1300
 City Bethesda State MD Zip Code 20814-4866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto Care Association Occupation Senior Vice President Regulatory & Gov
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : A479F78A93D3B44CD8E6
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 448.32
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 65
	<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. Aaron Lowe
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Wisconsin Ave
Ste 1300

City Bethesda State MD Zip Code 20814-4866

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

Name of Employer Auto Care Association Occupation Senior Vice President Regulatory & Gov

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **374.94**

Date of Receipt
09 / 30 / 2015

Transaction ID : A24DDF24B4B4F4858B4B

Amount of Each Receipt this Period
41.66

B. Aaron Lowe
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Wisconsin Ave
Ste 1300

City Bethesda State MD Zip Code 20814-4866

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

Name of Employer Auto Care Association Occupation Senior Vice President Regulatory & Gov

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.60**

Date of Receipt
10 / 30 / 2015

Transaction ID : A1FC6CBEBF7AB433E9C4

Amount of Each Receipt this Period
41.66

C. Aaron Lowe
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Wisconsin Ave
Ste 1300

City Bethesda State MD Zip Code 20814-4866

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

Name of Employer Auto Care Association Occupation Senior Vice President Regulatory & Gov

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **458.26**

Date of Receipt
11 / 30 / 2015

Transaction ID : AC7363818B28848F0AA8

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional)..... **124.98**

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 65
	<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. Aaron Lowe
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Wisconsin Ave
Ste 1300

City Bethesda State MD Zip Code 20814-4866

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

Name of Employer Auto Care Association Occupation Senior Vice President Regulatory & Gov

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.92

Date of Receipt
12 / 31 / 2015
Transaction ID : AB7A16E61F3BE4A828C4

Amount of Each Receipt this Period
41.66

B. Mr. Tom Marx
Full Name (Last, First, Middle Initial)

Mailing Address 2175 Francisco Blvd E
Ste F

City San Rafael State CA Zip Code 94901-5524

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

Name of Employer The Marx Group Occupation President & Ceo

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
09 / 10 / 2015
Transaction ID : A9C65C8FF323E4F5F81B

Amount of Each Receipt this Period
365.00

C. Andy Massoll
Full Name (Last, First, Middle Initial)

Mailing Address 14611 W 11 Mile Rd

City Oak Park State MI Zip Code 48237-1154

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

Name of Employer Curt's Service Center Occupation Co Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
07 / 09 / 2015
Transaction ID : ADFAAF5355F434D578FD

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 771.66

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 26 OF 65
	<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. Russell Mastroff
Full Name (Last, First, Middle Initial)

Mailing Address 3053 Industrial 31st St

City Fort Pierce	State FL	Zip Code 34946-8614
---------------------	-------------	------------------------

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

Name of Employer Cold Air Dist. Whse. of Florida Inc.	Occupation CEO/President
--	-----------------------------

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
09	/	10	/	2015

Transaction ID : ABFB7F04A2054448786C

Amount of Each Receipt this Period
1000.00

B. David McCartney
Full Name (Last, First, Middle Initial)

Mailing Address 2635 E Millbrook Rd

City Raleigh	State NC	Zip Code 27604-2988
-----------------	-------------	------------------------

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

Name of Employer CARQUEST Corporation	Occupation 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
09	/	10	/	2015

Transaction ID : A23E5CD80A5154961A68

Amount of Each Receipt this Period
500.00

C. Wilson McMillion
Full Name (Last, First, Middle Initial)

Mailing Address 208 Penland St

City Fort Worth	State TX	Zip Code 76111-4623
--------------------	-------------	------------------------

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

Name of Employer WM Automotive Warehouse Inc.	Occupation Ceo
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2015

Transaction ID : A00DACD842A7343C1811

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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 65
	<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	<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

Full Name (Last, First, Middle Initial) A. Ms. Susan Medick		Date of Receipt
Mailing Address 7101 Wisconsin Ave Ste 1300		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Bethesda	MD	20814-4866
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Auto Care Association	CFO & COO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="437.50"/>	
		Amount of Each Receipt this Period
		<input type="text" value="62.50"/>

Full Name (Last, First, Middle Initial) B. Ms. Susan Medick		Date of Receipt
Mailing Address 7101 Wisconsin Ave Ste 1300		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Bethesda	MD	20814-4866
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Auto Care Association	CFO & COO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="62.50"/>

Full Name (Last, First, Middle Initial) C. Ms. Susan Medick		Date of Receipt
Mailing Address 7101 Wisconsin Ave Ste 1300		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Bethesda	MD	20814-4866
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Auto Care Association	CFO & COO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="562.50"/>	
		Amount of Each Receipt this Period
		<input type="text" value="62.50"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="187.50"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 65
	<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
-----------------------------	-----------------------------	-----------------------------

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. Ms. Susan Medick		Date of Receipt
Mailing Address 7101 Wisconsin Ave Ste 1300		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City Bethesda	State MD	Zip Code 20814-4866
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AC3123B96B3224AEEB1E
Name of Employer Auto Care Association	Occupation CFO & COO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="62.50"/>
	<input type="text" value="625.00"/>	

Full Name (Last, First, Middle Initial) B. Ms. Susan Medick		Date of Receipt
Mailing Address 7101 Wisconsin Ave Ste 1300		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City Bethesda	State MD	Zip Code 20814-4866
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AC34C040896A345B9855
Name of Employer Auto Care Association	Occupation CFO & COO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="62.50"/>
	<input type="text" value="687.50"/>	

Full Name (Last, First, Middle Initial) C. Ms. Susan Medick		Date of Receipt
Mailing Address 7101 Wisconsin Ave Ste 1300		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City Bethesda	State MD	Zip Code 20814-4866
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A49D1FFA0ADC146AEB86
Name of Employer Auto Care Association	Occupation CFO & COO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="62.50"/>
	<input type="text" value="750.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="187.50"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 65
	<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

Full Name (Last, First, Middle Initial) A. taylor mitchell		Date of Receipt MM / DD / YYYY 08 / 14 / 2015 Transaction ID : A131306DAF12C49B388B
Mailing Address 7101 Wisconsin Ave Ste 1300		Amount of Each Receipt this Period 365.00
City Bethesda	State MD	Zip Code 20814-4866
FEC ID number of contributing federal political committee. C	Name of Employer Auto Care Association	Occupation Senior Director Technology Standards &
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Mr. Larry Northup		Date of Receipt MM / DD / YYYY 07 / 31 / 2015 Transaction ID : A0EEB152B8394498384C
Mailing Address 7101 Wisconsin Ave Ste 1300		Amount of Each Receipt this Period 30.42
City Bethesda	State MD	Zip Code 20814-4866
FEC ID number of contributing federal political committee. C	Name of Employer Auto Care Association	Occupation Senior Director Member Relations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.94	

Full Name (Last, First, Middle Initial) C. Mr. Larry Northup		Date of Receipt MM / DD / YYYY 08 / 31 / 2015 Transaction ID : A95DA1CD741F3428DB9E
Mailing Address 7101 Wisconsin Ave Ste 1300		Amount of Each Receipt this Period 30.42
City Bethesda	State MD	Zip Code 20814-4866
FEC ID number of contributing federal political committee. C	Name of Employer Auto Care Association	Occupation Senior Director Member Relations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.36	

SUBTOTAL of Receipts This Page (optional).....▶	425.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 65
	<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	<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. Mr. Larry Northup
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Wisconsin Ave
Ste 1300

City Bethesda State MD Zip Code 20814-4866

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

Name of Employer Auto Care Association Occupation Senior Director Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.78**

Date of Receipt
09 / 30 / 2015

Transaction ID : A869A3B8F3DF8448483E

Amount of Each Receipt this Period
30.42

B. Mr. Larry Northup
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Wisconsin Ave
Ste 1300

City Bethesda State MD Zip Code 20814-4866

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

Name of Employer Auto Care Association Occupation Senior Director Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **304.20**

Date of Receipt
10 / 30 / 2015

Transaction ID : ACD85859942BC401A983

Amount of Each Receipt this Period
30.42

C. Mr. Larry Northup
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Wisconsin Ave
Ste 1300

City Bethesda State MD Zip Code 20814-4866

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

Name of Employer Auto Care Association Occupation Senior Director Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **334.62**

Date of Receipt
11 / 30 / 2015

Transaction ID : AE4D83EDAAD414455B64

Amount of Each Receipt this Period
30.42

SUBTOTAL of Receipts This Page (optional)..... **91.26**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 65
	<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	<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. Mr. Larry Northup
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Wisconsin Ave
Ste 1300

City Bethesda State MD Zip Code 20814-4866

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

Name of Employer Auto Care Association Occupation Senior Director Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.04**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : A0F17764A5D9344CBA90

Amount of Each Receipt this Period
30.42

B. Tom O'Brien
Full Name (Last, First, Middle Initial)

Mailing Address 890 N State St
Ste 200

City Elgin State IL Zip Code 60123-2177

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

Name of Employer SKF Automotive Division Occupation President Vehicle Service Market NA

Receipt For:
 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 / 19 / 2015

Transaction ID : A867CDC576E2D446FB7B

Amount of Each Receipt this Period
400.00

c. Chuck Osgood
Full Name (Last, First, Middle Initial)

Mailing Address 1 International Dr

City Monroe State MI Zip Code 48161-9345

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

Name of Employer Tenneco Inc. Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2015

Transaction ID : A055F4B4C1B98413BB0E

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)..... **795.42**

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 32 OF 65
	<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. Chris Ostrander
Full Name (Last, First, Middle Initial)

Mailing Address 300 Dixie Trl

City Goldsboro State NC Zip Code 27530-7119

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

Name of Employer AP Emissions Technologies LLC. Occupation CEO & President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
12 / 15 / 2015
Transaction ID : **AD866E89A18D4462CA05**

Amount of Each Receipt this Period
365.00

B. Kenny Payne
Full Name (Last, First, Middle Initial)

Mailing Address 1901 E Roosevelt Rd

City Little Rock State AR Zip Code 72206-2533

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

Name of Employer Replacement Parts Inc. Occupation Exec. VP Marketing/Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
10 / 14 / 2015
Transaction ID : **A5E82BBA98DED4F60969**

Amount of Each Receipt this Period
365.00

C. Ms. Rosemary Perry
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Wisconsin Ave Ste 1300

City Bethesda State MD Zip Code 20814-4866

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

Name of Employer Auto Care Association Occupation Segment Management Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.94

Date of Receipt
07 / 31 / 2015
Transaction ID : **AE800916014754D6F864**

Amount of Each Receipt this Period
30.42

SUBTOTAL of Receipts This Page (optional)..... ▶ 760.42

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 33 OF 65
	<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	<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. Ms. Rosemary Perry
 Full Name (Last, First, Middle Initial)
 Mailing Address 7101 Wisconsin Ave
 Ste 1300
 City Bethesda State MD Zip Code 20814-4866
 Name of Employer Auto Care Association Occupation Segment Management Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.36

Date of Receipt 08 / 31 / 2015
Transaction ID : A0F6652D0196E4402A95
 Amount of Each Receipt this Period 30.42

B. Ms. Rosemary Perry
 Full Name (Last, First, Middle Initial)
 Mailing Address 7101 Wisconsin Ave
 Ste 1300
 City Bethesda State MD Zip Code 20814-4866
 Name of Employer Auto Care Association Occupation Segment Management Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.78

Date of Receipt 09 / 30 / 2015
Transaction ID : AFA47F3541A2A4C3A86E
 Amount of Each Receipt this Period 30.42

C. Ms. Rosemary Perry
 Full Name (Last, First, Middle Initial)
 Mailing Address 7101 Wisconsin Ave
 Ste 1300
 City Bethesda State MD Zip Code 20814-4866
 Name of Employer Auto Care Association Occupation Segment Management Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.20

Date of Receipt 10 / 30 / 2015
Transaction ID : ACC36AF856A9E42AEBAS
 Amount of Each Receipt this Period 30.42

SUBTOTAL of Receipts This Page (optional)..... ▶ 91.26
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 65
	<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	<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. Ms. Rosemary Perry
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Wisconsin Ave
Ste 1300

City Bethesda State MD Zip Code 20814-4866

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

Name of Employer Auto Care Association Occupation Segment Management Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **334.62**

Date of Receipt **11 / 30 / 2015**

Transaction ID : ADA3A29C833394FB293A

Amount of Each Receipt this Period **30.42**

B. Ms. Rosemary Perry
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Wisconsin Ave
Ste 1300

City Bethesda State MD Zip Code 20814-4866

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

Name of Employer Auto Care Association Occupation Segment Management Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.04**

Date of Receipt **12 / 31 / 2015**

Transaction ID : AA3D2DCDC920440589EB

Amount of Each Receipt this Period **30.42**

C. Mr. Rodney Pierini
Full Name (Last, First, Middle Initial)

Mailing Address 4030 Lennane Dr

City Sacramento State CA Zip Code 95834-1987

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

Name of Employer CAWA Representing the Automotive P Occupation President & Ceo

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 10 / 2015**

Transaction ID : AF11B841CA2BF4CFD824

Amount of Each Receipt this Period **135.00**

SUBTOTAL of Receipts This Page (optional)..... **195.84**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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. David Prater
Full Name (Last, First, Middle Initial)

Mailing Address 3085 Fountainside Dr
Ste 210

City Germantown State TN Zip Code 38138-7843

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

Name of Employer Automotive Distribution Network Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
09 / 10 / 2015
Transaction ID : **AEEA31A80EED4669862**

Amount of Each Receipt this Period
500.00

B. Mr. Ron Rossi
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Wisconsin Ave
Ste 1300

City Bethesda State MD Zip Code 20814-4866

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

Name of Employer Auto Care Association Occupation Director Market Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 437.50

Date of Receipt
07 / 31 / 2015
Transaction ID : **A0D8FC404C5DD4D39841**

Amount of Each Receipt this Period
62.50

C. Mr. Ron Rossi
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Wisconsin Ave
Ste 1300

City Bethesda State MD Zip Code 20814-4866

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

Name of Employer Auto Care Association Occupation Director Market Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
08 / 31 / 2015
Transaction ID : **A0AAEC690392240FCBD4**

Amount of Each Receipt this Period
62.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 65
	<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. Mr. Ron Rossi
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Wisconsin Ave
Ste 1300

City Bethesda State MD Zip Code 20814-4866

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

Name of Employer Auto Care Association Occupation Director Market Research

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **562.50**

Date of Receipt **09 / 30 / 2015**

Transaction ID : A64B9D63B9079478AB82

Amount of Each Receipt this Period **62.50**

B. Mr. Ron Rossi
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Wisconsin Ave
Ste 1300

City Bethesda State MD Zip Code 20814-4866

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

Name of Employer Auto Care Association Occupation Director Market Research

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt **10 / 30 / 2015**

Transaction ID : A838DC2EA50164C229FC

Amount of Each Receipt this Period **62.50**

C. Mr. Ron Rossi
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Wisconsin Ave
Ste 1300

City Bethesda State MD Zip Code 20814-4866

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

Name of Employer Auto Care Association Occupation Director Market Research

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **687.50**

Date of Receipt **11 / 30 / 2015**

Transaction ID : A0E9BB2AE2BAB4FAABD

Amount of Each Receipt this Period **62.50**

SUBTOTAL of Receipts This Page (optional)..... **187.50**

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 37 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Mr. Ron Rossi
 Full Name (Last, First, Middle Initial)
 Mailing Address 7101 Wisconsin Ave
 Ste 1300
 City Bethesda State MD Zip Code 20814-4866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto Care Association Occupation Director Market Research
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : A082E61627594437FAEE
 Amount of Each Receipt this Period
 62.50

B. Ryan Samuels
 Full Name (Last, First, Middle Initial)
 Mailing Address 2087 Springfield Ave
 City Vauxhall State NJ Zip Code 07088-1263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Samuels Inc. Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : A811BCE24504F4AF29C6
 Amount of Each Receipt this Period
 365.00

C. Mr. Daniel Schildge
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Commerce Dr
 City Cranbury State NJ Zip Code 08512-3503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CRP Industries Inc. Occupation 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
 09 / 10 / 2015
Transaction ID : AF8F81D0FFF2147C3923
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	927.50
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 38 OF 65
	<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
-----------------------------	-----------------------------	-----------------------------

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 Schlatterer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1901 E Roosevelt Rd
 City Little Rock State AR Zip Code 72206-2533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Replacement Parts Inc. Occupation President/CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **11 / 19 / 2015**
Transaction ID : A74DE3DAE18D34B67825
 Amount of Each Receipt this Period **365.00**

B. Kathleen Schmatz
 Full Name (Last, First, Middle Initial)
 Mailing Address 7101 Wisconsin Ave Ste 1300
 City Bethesda State MD Zip Code 20814-4866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto Care Association Occupation President & Ceo
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **583.38**

Date of Receipt **07 / 31 / 2015**
Transaction ID : AE2A5DF4CFD244A31A94
 Amount of Each Receipt this Period **83.34**

C. Kathleen Schmatz
 Full Name (Last, First, Middle Initial)
 Mailing Address 7101 Wisconsin Ave Ste 1300
 City Bethesda State MD Zip Code 20814-4866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auto Care Association Occupation President & Ceo
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **666.72**

Date of Receipt **08 / 31 / 2015**
Transaction ID : A6CE54E470CA64B13B02
 Amount of Each Receipt this Period **83.34**

SUBTOTAL of Receipts This Page (optional).....	531.68
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 39 OF 65
	<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

Full Name (Last, First, Middle Initial) A. Kathleen Schmatz		Date of Receipt
Mailing Address 7101 Wisconsin Ave Ste 1300		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Bethesda	MD	20814-4866
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AC4DEE6C21390422FB94
Name of Employer	Occupation	Amount of Each Receipt this Period
Auto Care Association	President & Ceo	<input type="text" value="83.34"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="750.06"/>	

Full Name (Last, First, Middle Initial) B. Kathleen Schmatz		Date of Receipt
Mailing Address 7101 Wisconsin Ave Ste 1300		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Bethesda	MD	20814-4866
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AF5E177880A8145F19B8
Name of Employer	Occupation	Amount of Each Receipt this Period
Auto Care Association	President & Ceo	<input type="text" value="83.34"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="833.40"/>	

Full Name (Last, First, Middle Initial) C. Kathleen Schmatz		Date of Receipt
Mailing Address 7101 Wisconsin Ave Ste 1300		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Bethesda	MD	20814-4866
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AE26067274C584B368EE
Name of Employer	Occupation	Amount of Each Receipt this Period
Auto Care Association	President & Ceo	<input type="text" value="83.34"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="916.74"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="250.02"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 65
	<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. Kathleen Schmatz
 Full Name (Last, First, Middle Initial)
 Mailing Address 7101 Wisconsin Ave
 Ste 1300
 City Bethesda State MD Zip Code 20814-4866
 Name of Employer Auto Care Association Occupation President & Ceo
 Receipt For: Primary General Other (specify) ▼
 Name of Employer Schaeffler Group USA Inc. Occupation President
 Receipt For: Primary General Other (specify) ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : A3D3AE0C49BE44A6EAB/
 Amount of Each Receipt this Period
 83.34
 Aggregate Year-to-Date ▼
 1000.08

B. Jens Schueler
 Full Name (Last, First, Middle Initial)
 Mailing Address 308 Springhill Farm Rd
 City Fort Mill State SC Zip Code 29715-9784
 Name of Employer Schaeffler Group USA Inc. Occupation President
 Receipt For: Primary General Other (specify) ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : A5874D3D3F38349DA941
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date ▼
 365.00

C. Eric Sills
 Full Name (Last, First, Middle Initial)
 Mailing Address 3718 Northern Blvd
 City Long Island City State NY Zip Code 11101-1631
 Name of Employer Standard Motor Products Inc. Occupation VP Engine Management
 Receipt For: Primary General Other (specify) ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2015
Transaction ID : A1FD2C20ECB5141CEAE8
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date ▼
 365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 813.34
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: PAGE 41 OF 65
(check only one)

<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

Full Name (Last, First, Middle Initial)
A. Doreen Slayter

Mailing Address 4729 Hargrove Rd

City Raleigh	State NC	Zip Code 27616-2875
-----------------	-------------	------------------------

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

Name of Employer Advance Auto	Occupation Director
----------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	09	/	2015

Transaction ID : AB884FB0D22C64D68B05

Amount of Each Receipt this Period
365.00

Full Name (Last, First, Middle Initial)
B. Kelly Spence Connolly

Mailing Address PO Box 5838

City Marianna	State FL	Zip Code 32447-5838
------------------	-------------	------------------------

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

Name of Employer TriStates Automotive Warehouse	Occupation VicePresident of Finance
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : A18E8581619F245F5BF3

Amount of Each Receipt this Period
365.00

Full Name (Last, First, Middle Initial)
C. Mr. Michael Spence

Mailing Address 1901 E Roosevelt Rd

City Little Rock	State AR	Zip Code 72206-2533
---------------------	-------------	------------------------

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

Name of Employer Replacement Parts Inc.	Occupation VP Warehouse Operations
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2015

Transaction ID : AEC9FF045A2CA4B1EAC4

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional).....▶	1095.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 65
	<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	<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. Richard Spugnardi
Full Name (Last, First, Middle Initial)

Mailing Address 1901 E Roosevelt Rd

City Little Rock State AR Zip Code 72206-2533

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

Name of Employer Replacement Parts Inc. Occupation Executive Director of IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 10 / 2015
Transaction ID : AF9D8B6BE17A344D1817

Amount of Each Receipt this Period 1000.00

B. Tim Sturdevant
Full Name (Last, First, Middle Initial)

Mailing Address 2605 S Shirley Ave

City Sioux Falls State SD Zip Code 57106-4320

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

Name of Employer SAE Warehouse Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 03 / 2015
Transaction ID : AB0F90C9770FB4D6DABF

Amount of Each Receipt this Period 1000.00

C. Greg Turnbull
Full Name (Last, First, Middle Initial)

Mailing Address 4245 Honeysuckle Ln

City Zionsville State IN Zip Code 46077-8536

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

Name of Employer N.A. Williams Co. Occupation Manufacturing Rep.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 09 / 22 / 2015
Transaction ID : AB2C1688AE62C4B8790B

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2365.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 65
	<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	<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

Full Name (Last, First, Middle Initial) A. Chuck Udell		Date of Receipt
Mailing Address 13101 Falmouth St Ste 207		<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City Leawood	State KS	Zip Code 66209-1791
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AE8850C0468D74134B1D
Name of Employer Essential Action Design Group	Occupation Senior Partner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="365.00"/>
	<input type="text" value="365.00"/>	

Full Name (Last, First, Middle Initial) B. Douglas Washbish		Date of Receipt
Mailing Address 1421 Magazine St		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City Louisville	State KY	Zip Code 40203-2063
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AE7D8ED2E75D84CFAB4C
Name of Employer Moog Louisville Warehouse Inc.	Occupation President & Ceo	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. Rich White		Date of Receipt
Mailing Address 7101 Wisconsin Ave Ste 1300		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City Bethesda	State MD	Zip Code 20814-4866
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AD5C7E39403A64F31AE7
Name of Employer Auto Care Association	Occupation Senior VP Marketing & Member Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="41.66"/>
	<input type="text" value="291.62"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1406.66"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 65
	<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. Rich White
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Wisconsin Ave
Ste 1300

City Bethesda State MD Zip Code 20814-4866

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

Name of Employer Auto Care Association Occupation Senior VP Marketing & Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.28**

Date of Receipt
08 / 31 / 2015
Transaction ID : **A79956116684E4B709CD**

Amount of Each Receipt this Period
41.66

B. Rich White
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Wisconsin Ave
Ste 1300

City Bethesda State MD Zip Code 20814-4866

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

Name of Employer Auto Care Association Occupation Senior VP Marketing & Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **374.94**

Date of Receipt
09 / 30 / 2015
Transaction ID : **AB9B6BF2951704BB08B3**

Amount of Each Receipt this Period
41.66

C. Rich White
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Wisconsin Ave
Ste 1300

City Bethesda State MD Zip Code 20814-4866

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

Name of Employer Auto Care Association Occupation Senior VP Marketing & Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.60**

Date of Receipt
10 / 30 / 2015
Transaction ID : **A97EB2A6678644B7AA0D**

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional)..... **124.98**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 65
	<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. Rich White
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Wisconsin Ave
Ste 1300

City Bethesda State MD Zip Code 20814-4866

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

Name of Employer Auto Care Association Occupation Senior VP Marketing & Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 458.26

Date of Receipt
11 / 30 / 2015
Transaction ID : A72815033B9734DBE91B

Amount of Each Receipt this Period
41.66

B. Rich White
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Wisconsin Ave
Ste 1300

City Bethesda State MD Zip Code 20814-4866

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

Name of Employer Auto Care Association Occupation Senior VP Marketing & Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.92

Date of Receipt
12 / 31 / 2015
Transaction ID : A8C061632B2574151977

Amount of Each Receipt this Period
41.66

C. Neal Williams
Full Name (Last, First, Middle Initial)

Mailing Address 2900-A Paces Ferry Road NW

City Atlanta State GA Zip Code 30339-0000

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

Name of Employer N.a. Williams Company Occupation Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
09 / 09 / 2015
Transaction ID : A11925F2F843B4F27866

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 583.32

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 46 OF 65
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Ridley Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 2900A Paces Ferry Rd SE
 City Atlanta State GA Zip Code 30339-3719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N.a. Williams Company Occupation Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2015
Transaction ID : A272379606F1544B19FF
 Amount of Each Receipt this Period
 500.00

B. Mr. George Zauflik
 Full Name (Last, First, Middle Initial)
 Mailing Address 5501 Whitaker Ave
 City Philadelphia State PA Zip Code 19124-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARDONE Industries Inc. Occupation Senior Vice President Compliance/ Gov'
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : A604D6A5C53054551945
 Amount of Each Receipt this Period
 365.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

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

SUBTOTAL of Receipts This Page (optional).....▶	865.00
TOTAL This Period (last page this line number only).....▶	40090.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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. CampaignContribution.com

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : BA37B1F64EF3C4BBF9EE

Amount of Each Disbursement this Period

27.50

Full Name (Last, First, Middle Initial)

B. CampaignContribution.com

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2015

Transaction ID : B610342DD01204BF98ED

Amount of Each Disbursement this Period

18.25

Full Name (Last, First, Middle Initial)

C. CampaignContribution.com

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2015

Transaction ID : BEAC2FF92CC834098953

Amount of Each Disbursement this Period

36.50

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

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

82.25

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)

Grid for line numbers 21b through 30b with checkboxes, where 21b is checked.

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

Form A: CampaignContribution.com. Includes fields for Mailing Address (205 Pennsylvania Ave SE), City (Washington, DC), Zip Code (20003-1164), Purpose of Disbursement (Credit Card Fees), Amount of Each Disbursement (25.75), and Transaction ID (B13E96DB7949948F49DF).

Form B: CampaignContribution.com. Includes fields for Mailing Address (205 Pennsylvania Ave SE), City (Washington, DC), Zip Code (20003-1164), Purpose of Disbursement (Credit Card Fees), Amount of Each Disbursement (1.60), and Transaction ID (B6883889A9F5847FE9CD).

Form C: CampaignContribution.com. Includes fields for Mailing Address (205 Pennsylvania Ave SE), City (Washington, DC), Zip Code (20003-1164), Purpose of Disbursement (Credit Card Fees), Amount of Each Disbursement (1.00), and Transaction ID (BE8E17D7DDCCB4319AEI).

SUBTOTAL of Disbursements This Page (optional) 28.35
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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. CampaignContribution.com

Full Name (Last, First, Middle Initial)

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 20 / 2015

Transaction ID : **BAA63C537A42C40D9A2F**

Amount of Each Disbursement this Period: 23.25

Category/Type

B. CampaignContribution.com

Full Name (Last, First, Middle Initial)

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 27 / 2015

Transaction ID : **BD5E1241DBC3142AF9F6**

Amount of Each Disbursement this Period: 1.00

Category/Type

C. CampaignContribution.com

Full Name (Last, First, Middle Initial)

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 10 / 2015

Transaction ID : **B972C9F8637624267815**

Amount of Each Disbursement this Period: 39.00

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 63.25

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

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

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

FOR LINE NUMBER:
(check only one)

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

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. CampaignContribution.com

Date of Disbursement: MM / DD / YYYY
09 / 17 / 2015

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Fees

Candidate Name

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

State: District:

Transaction ID : **BB64077CE0397409D987**

Amount of Each Disbursement this Period
60.25

Full Name (Last, First, Middle Initial)

B. CampaignContribution.com

Date of Disbursement: MM / DD / YYYY
09 / 24 / 2015

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Fees

Candidate Name

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

State: District:

Transaction ID : **B406B34255F854865903**

Amount of Each Disbursement this Period
398.25

Full Name (Last, First, Middle Initial)

C. CampaignContribution.com

Date of Disbursement: MM / DD / YYYY
10 / 01 / 2015

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Fees

Candidate Name

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

State: District:

Transaction ID : **B8488B09B6DFE4FD4BF5**

Amount of Each Disbursement this Period
36.50

SUBTOTAL of Disbursements This Page (optional)..... ▶ 495.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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. CampaignContribution.com

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 09 / 2015

Transaction ID : BC4F0CD8BA4404E0AAA4

Amount of Each Disbursement this Period

25.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. CampaignContribution.com

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 15 / 2015

Transaction ID : B9262C3C73F204F6D8BC

Amount of Each Disbursement this Period

24.25

Category/
Type

Full Name (Last, First, Middle Initial)

C. CampaignContribution.com

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 29 / 2015

Transaction ID : B3D8D71AD38F444708AA

Amount of Each Disbursement this Period

277.50

Category/
Type

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

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

326.75

**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)

21b 22 23 24 25 26
 27 28a 28b 28c 29 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. CampaignContribution.com

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 05 / 2015

Transaction ID : BFA51E8697A164185884

Amount of Each Disbursement this Period

268.25

Full Name (Last, First, Middle Initial)

B. CampaignContribution.com

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 12 / 2015

Transaction ID : B412DFF71777B41DB924

Amount of Each Disbursement this Period

154.75

Full Name (Last, First, Middle Initial)

C. CampaignContribution.com

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 19 / 2015

Transaction ID : B6F2219AC7F2940B3831

Amount of Each Disbursement this Period

5.00

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

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

428.00

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)

Grid for line numbers: 21b (checked), 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 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. CampaignContribution.com

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement

Candidate Name

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

Disbursement For: Primary, General, Other (specify)

Date of Disbursement

Date grid: 11 / 25 / 2015

Transaction ID : BD8E4601E32A64C54AC8

Amount of Each Disbursement this Period

Amount grid: 1.00

Full Name (Last, First, Middle Initial)

B. CampaignContribution.com

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement

Candidate Name

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

Disbursement For: Primary, General, Other (specify)

Date of Disbursement

Date grid: 12 / 10 / 2015

Transaction ID : B4BE1FAB5122F4A9F833

Amount of Each Disbursement this Period

Amount grid: 25.00

Full Name (Last, First, Middle Initial)

C. CampaignContribution.com

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement

Candidate Name

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

Disbursement For: Primary, General, Other (specify)

Date of Disbursement

Date grid: 12 / 24 / 2015

Transaction ID : B5A6D1636616A4B86AED

Amount of Each Disbursement this Period

Amount grid: 18.25

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Subtotal grid: 44.25

Total grid: 1467.85

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

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

FOR LINE NUMBER:
(check only one)

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

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. ADRIAN SMITH FOR CONGRESS

Mailing Address 3321 AVENUE I
SUITE 6

City SCOTTSBLUFF State NE Zip Code 69361-4587

Purpose of Disbursement

Candidate Name

Rep. Adrian M. Smith

Office Sought: House
 Senate
 President

State: NE District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : B2A9319585C7C40DF83A

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BELIEVE IN LIFE LIBERTY YOURSELF AKA BILLY PAC

Mailing Address 3246 E RIDGEVIEW STREET

City SPRINGFIELD State MO Zip Code 65804

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 09 / 2015

Transaction ID : B5EA43DC6B3994CBABEC

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BILIRAKIS FOR CONGRESS

Mailing Address PO BOX 606

City TARPON SPRINGS State FL Zip Code 34688-0606

Purpose of Disbursement

Candidate Name

Rep. Gus M. Bilirakis

Office Sought: House
 Senate
 President

State: FL District: 12

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 19 / 2015

Transaction ID : B5B14A5C3C14345AE8EA

Amount of Each Disbursement this Period

1500.00

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

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

3500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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. BRENDA LAWRENCE FOR CONGRESS

Mailing Address P.O. BOX 3060

City SOUTHFIELD State MI Zip Code 48037

Purpose of Disbursement

Candidate Name

Rep. Brenda L. Lawrence

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 14

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
				16				2015					

Transaction ID : B914448F1F10B484A890

Amount of Each Disbursement this Period

											1000.00
--	--	--	--	--	--	--	--	--	--	--	---------

Full Name (Last, First, Middle Initial)

B. DEFAZIO FOR CONGRESS

Mailing Address PO BOX 1316

City SPRINGFIELD State OR Zip Code 97477-0152

Purpose of Disbursement

Candidate Name

Rep. Pete A. DeFazio

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	1	1		1	1	1	1	1	1
				11				2015					

Transaction ID : B038550C1E47645BE8FB

Amount of Each Disbursement this Period

											1000.00
--	--	--	--	--	--	--	--	--	--	--	---------

Full Name (Last, First, Middle Initial)

C. DIANA DEGETTE FOR CONGRESS

Mailing Address P.O. BOX 61337

City DENVER State CO Zip Code 80206-8337

Purpose of Disbursement

Candidate Name

Rep. Diana L. DeGette

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0	0		2	9			2	0	1	5		
				29				2015					

Transaction ID : BFA326FF5DDB34C549AB

Amount of Each Disbursement this Period

											1000.00
--	--	--	--	--	--	--	--	--	--	--	---------

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

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. ELECT BLAKE FARENTHOLD COMMITTEE

Mailing Address P.O. BOX 3369

City State Zip Code
CORPUS CHRISTI TX 78463

Purpose of Disbursement

Candidate Name
Rep. Blake Farenthold

Office Sought: House
 Senate
 President
State: TX District: 27

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2015

Transaction ID : **B69FB644EBCE34E19A3E**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE HECK

Mailing Address PO BOX 750114

City State Zip Code
LAS VEGAS NV 89136

Purpose of Disbursement

Candidate Name
Rep. Joe J. Heck Jr.

Office Sought: House
 Senate
 President
State: NV District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	24	/	2015

Transaction ID : **B1CBFB1952C7B4F6DADC**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MIKE LEE INC

Mailing Address 10 WEST BROADWAY
SUITE 500

City State Zip Code
SALT LAKE CITY UT 84101

Purpose of Disbursement

Candidate Name
Sen. Mike S. Lee

Office Sought: House
 Senate
 President
State: UT District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	11	/	2015

Transaction ID : **BCCCB1213155841FBA55**

Amount of Each Disbursement this Period

1500.00

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

3500.00

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)

Grid for line numbers 21b through 30b with checkboxes. Line 23 is checked.

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 PAT TOOMEY

Mailing Address 228 S. WASHINGTON ST., SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Sen. Pat J. Toomey

Office Sought: Senate (checked)

State: PA District:

Disbursement For: 2016 Primary (checked)

Date of Disbursement

Date selection grid: 12 / 14 / 2015

Transaction ID : B570C08397A024969B6A

Amount of Each Disbursement this Period

Amount selection grid: 1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF ROY BLUNT

Mailing Address PO BOX 10178

City COLUMBIA State MO Zip Code 65205

Purpose of Disbursement

Candidate Name

Sen. Roy D. Blunt

Office Sought: Senate (checked)

State: MO District:

Disbursement For: 2016 Primary (checked)

Date of Disbursement

Date selection grid: 07 / 15 / 2015

Transaction ID : B8C0756F10E04474CB63

Amount of Each Disbursement this Period

Amount selection grid: 1500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SUSAN BROOKS

Mailing Address 9425 N MERIDIAN STREET # 237

City INDIANAPOLIS State IN Zip Code 46260-1308

Purpose of Disbursement

Candidate Name

Rep. Susan W. Brooks

Office Sought: House (checked)

State: IN District: 05

Disbursement For: 2016 Primary (checked)

Date of Disbursement

Date selection grid: 11 / 19 / 2015

Transaction ID : BB08C859C38184355BC0

Amount of Each Disbursement this Period

Amount selection grid: 1000.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Subtotal amount selection grid: 3500.00

Total amount selection grid

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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. GRASSLEY HAWKEYE FUND

Mailing Address PO BOX 25132

City ST PAUL State MN Zip Code 55125

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2015

Transaction ID : B77F9D2B79E644573B40

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City BOWLING GREEN State KY Zip Code 42102

Purpose of Disbursement

Candidate Name

Rep. Brett Guthrie

Office Sought: House Senate President

State: KY District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2015

Transaction ID : B582BEF13511F4437A86

Amount of Each Disbursement this Period

2000.00

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

Rep. Darrell E. Issa

Office Sought: House Senate President

State: CA District: 49

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : BEAA1EED529B94472B55

Amount of Each Disbursement this Period

1000.00

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

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

5500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389-2667

Purpose of Disbursement

Candidate Name
Rep. Kevin McCarthy

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 23

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2015

Transaction ID : **BF83C78B535874899B42**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. KIRK FOR SENATE

Mailing Address P.O. BOX 8

City WINNETKA State IL Zip Code 60093

Purpose of Disbursement

Candidate Name
Sen. Mark S. Kirk

Category/
Type

Office Sought: House
 Senate
 President
State: IL District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : **BED7198FCBF9B491AB0F**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. KURT SCHRADER FOR CONGRESS

Mailing Address PO BOX 3314

City OREGON CITY State OR Zip Code 97045

Purpose of Disbursement

Candidate Name
Rep. Kurt Schrader

Category/
Type

Office Sought: House
 Senate
 President
State: OR District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : **B1F5E26929E48417BB72**

Amount of Each Disbursement this Period

1000.00

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

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. MARSHA BLACKBURN FOR CONGRESS, INC.

Mailing Address PO BOX 3750

City BRENTWOOD State TN Zip Code 37024

Purpose of Disbursement

Candidate Name
Rep. Marsha Blackburn

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	24	/	2015

Transaction ID : B60ED73CB73214F008D3

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. MARSHA BLACKBURN FOR CONGRESS, INC.

Mailing Address PO BOX 3750

City BRENTWOOD State TN Zip Code 37024

Purpose of Disbursement

Candidate Name
Rep. Marsha Blackburn

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	27	/	2015

Transaction ID : B9930E0149F3F42A7A18

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. MCKINLEY FOR CONGRESS

Mailing Address PO BOX 642

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement

Candidate Name
Rep. David B. McKinley

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: WV District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	24	/	2015

Transaction ID : BBE0573D63B35474AB0B

Amount of Each Disbursement this Period

1000.00

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

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. PATRIOTS FOR PERRY

Mailing Address PO BOX 147

City RED LION State PA Zip Code 17356

Purpose of Disbursement

Candidate Name

Rep. Scott Perry

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	5

Transaction ID : BCFB0C60214DE4939886

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. PEACE THROUGH STRENGTH POLITICAL ACTION COMMITTEE

Mailing Address 701 8TH STREET, NW
SUITE 500

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District: Other2015

Date of Disbursement

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

Transaction ID : B3A82E3C6C2514EA58CF

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. PITTENGER FOR CONGRESS LLC

Mailing Address PO BOX 11207

City CHARLOTTE State NC Zip Code 28220-1207

Purpose of Disbursement

Candidate Name

Rep. Robert M. Pittenger

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 09

Date of Disbursement

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

Transaction ID : B48D0CF8CD6214AF2B37

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

5	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

5	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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. RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address PO BOX 99567

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement

Candidate Name
Rep. Renee L. Ellmers

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NC District: 02

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : BA19AABC87D5F4FB7A09

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. RODNEY FOR CONGRESS

Mailing Address PO BOX 344

City Taylorville State IL Zip Code 62568-0344

Purpose of Disbursement

Candidate Name
Rep. Rodney L. Davis

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IL District: 13

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2015

Transaction ID : B98627D28A12E4E1FB27

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. RON JOHNSON FOR SENATE INC

Mailing Address 219 E WASHINGTON AVE
SUITE 101

City OSHKOSH State WI Zip Code 54901

Purpose of Disbursement

Candidate Name
Ronald Harold Johnson

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

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2015

Transaction ID : B10A3FB86184C40A5B9A

Amount of Each Disbursement this Period

1000.00

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

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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. STEVE CHABOT FOR CONGRESS

Mailing Address 3030 HARRISON AVE.

City CINCINNATI State OH Zip Code 45211

Purpose of Disbursement

Candidate Name
Rep. Steve J. Chabot

Office Sought: House Senate President
State: OH District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
07 / 15 / 2015

Transaction ID : **BDBB8C0BD529D496BA43**

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
B. THE BILL KEATING COMMITTEE

Mailing Address P.O. BOX 3065

City BUZZARDS BAY State MA Zip Code 02532

Purpose of Disbursement

Candidate Name
Rep. Bill R. Keating

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
08 / 04 / 2015

Transaction ID : **B3B6D3FDD04DD473CB66**

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
C. THE CONGRESSMAN JOE BARTON COMMITTEE

Mailing Address P.O. BOX 1444

City ENNIS State TX Zip Code 75120

Purpose of Disbursement

Candidate Name
Rep. Joe L. Barton

Office Sought: House Senate President
State: TX District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
10 / 09 / 2015

Transaction ID : **B49D6362F84E84215A63**

Amount of Each Disbursement this Period
1000.00

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

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. TIM MURPHY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2015

Mailing Address PO BOX 24551

Transaction ID : B9517475FC0244A63BD2

City PTTSBURGH State PA Zip Code 15234

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement

Category/ Type

Candidate Name

Rep. Tim F. Murphy

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 18

Full Name (Last, First, Middle Initial)

B. VOLUNTEERS FOR SHIMKUS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		12		2015

Mailing Address PO BOX 661

Transaction ID : BD9AF81F71EFE4C888F0

City COLLINSVILLE State IL Zip Code 62234

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement

Category/ Type

Candidate Name

Rep. John M. Shimkus

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 15

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

3000.00

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

44500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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. William Clark

Mailing Address 123 S Front St
Dept 8010

City Memphis State TN Zip Code 38103-3607

Purpose of Disbursement
Refund

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2015			

Transaction ID : B14A8643DF9354BAB978

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

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

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

100.00

100.00
