

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American Horizons PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="17094.91"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11695.00"/>	<input type="text" value="1111667.50"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="28789.91"/>	<input type="text" value="1111667.50"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15097.08"/>	<input type="text" value="1097974.67"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="13692.83"/>	<input type="text" value="13692.83"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Horizons PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7925.00	284009.00
(ii) Unitemized	3770.00	827658.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	11695.00	1111667.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	11695.00	1111667.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	11695.00	1111667.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	11695.00	1111667.50

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2392.08	1051626.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2392.08	1051626.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	12000.00	12000.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	705.00	34348.00
(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)).....	705.00	34348.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15097.08	1097974.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15097.08	1097974.67

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11695.00	1111667.50
34. Total Contribution Refunds (from Line 28(d))	705.00	34348.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10990.00	1077319.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2392.08	1051626.67
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2392.08	1051626.67

**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 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Horizons PAC

A. ANTIC, DEJAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 329 PARISH DR
 City WAYNE State NJ Zip Code 07470-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GSC SERVICES CORP Occupation (for Individual) ENVIRNMENTAL CONTRACTING
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2016
Transaction ID : SA11AI.32218
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. AUCKLAND, KELLIANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14181 DARTS DR
 City FENTON State MI Zip Code 48430-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PROFESSIONAL INSURANCE Occupation (for Individual) INSURANCE AGENT
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2016
Transaction ID : SA11AI.32255
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. BERGMAN, SYLVIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 S. MCCANN ST.
 City KOKOMO State IN Zip Code 46901-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) BROKER/AUTHOR
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2016
Transaction ID : SA11AI.32397
 Amount of Each Receipt this Period
 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Horizons PAC

A. BERTUCCIO, JEFF, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 MAYFAIR TERRACE
 City COMMACK State NY Zip Code 11725-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALARM TECH SECURITY Occupation (for Individual) OWNER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2016
Transaction ID : SA11AI.32243
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. BLAHA, STACI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15955 NW 130TH STREET
 City PLATTE CITY State MO Zip Code 64079-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STACI R BLAHA DDS PC Occupation (for Individual) DENTIST
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2016
Transaction ID : SA11AI.32378
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. BLUM, KATHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2003 TRAILPINE CT
 City NORMAN State OK Zip Code 73072-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PILATES FITNESS CENTER Occupation (for Individual) PILATES INSTRUCTOR
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1005.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2016
Transaction ID : SA11AI.32391
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
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 8 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Horizons PAC

A. BRADLEY, ROY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2030 KINGS VALLEY DRIVE
 City LAWRENCEVILLE State GA Zip Code 30043-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SOFTWARE ARCHITECT
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2016
Transaction ID : SA11AI.32232
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. BUECHLEY, SARAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address BUECHLEY@AOL.COM
 City KNOXVILLE State TN Zip Code 37922-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) HOMEMAKER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 02 / 2016
Transaction ID : SA11AI.32250
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. CAVERLY, GORDON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6065 HEARTHSIDE PLACE
 City GRAND BLANC State MI Zip Code 48439-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MID-STATE CONSULTANTS INC. Occupation (for Individual) REGIONAL VICE-PRESIDENT
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 12 / 2016
Transaction ID : SA11AI.32353
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Horizons PAC

A. CLEEREMAN, SARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4950 MIDWAY LN
 City LAONA State WI Zip Code 54541-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FCP Occupation (for Individual) RN
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2016
Transaction ID : SA11AI.32350
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. COLLINS, ED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1688 SIERRA WOODS COURT
 City RESTON State VA Zip Code 20194-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ORACLE Occupation (for Individual) SALES REP
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2016
Transaction ID : SA11AI.32434
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. CRANCE, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7418 PAXTON ROAD
 City FALLS CHURCH State VA Zip Code 22043-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MYSELF Occupation (for Individual) INDEPENT HOTELIER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2016
Transaction ID : SA11AI.32286
 Amount of Each Receipt this Period
 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Horizons PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. CROSSLEY, LINDA, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 03 / 2016
Mailing Address 31 BLACK FAWN LANE		Transaction ID : SA11AI.32266
City WESTCLIFFE	State CO	Zip Code 81252-0000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. E, JOSEPH, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 08 / 2016
Mailing Address 7502 CHERRY BROOK COURT		Transaction ID : SA11AI.32341
City SUGAR LAND	State TX	Zip Code 77479-0000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) A&I FASTENER	Occupation (for Individual) INDUSTRIAL SALES	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. FOLKERTS, PATTI, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 03 / 2016
Mailing Address 368 RIDDLE RD.		Transaction ID : SA11AI.32278
City CEDAR CREEK	State TX	Zip Code 78612-0000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) SELF	Occupation (for Individual) PUBLISHER	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 100.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Horizons PAC

A. FOUGHT, VERN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 1006 EXETER CA.93221-1006

City EXETER	State CA	Zip Code 93221-0000
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF		Occupation (for Individual) AG EQUIPMENT WIND MACHINES.
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2016
Transaction ID : SA11AI.32248

Amount of Each Receipt this Period
 200.00

Memo Item

B. FULLARD, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4766 GUTHRIE CEMETERY ROAD

City LOGANVILLE	State GA	Zip Code 30052-0000
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) EARTHWISE INDUSTRIES INC		Occupation (for Individual) BUSINESS OWNER
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2016
Transaction ID : SA11AI.32361

Amount of Each Receipt this Period
 50.00

Memo Item

C. GAMPPER, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5318 CATTAIL CT

City FRISCO	State TX	Zip Code 75034-0000
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) DENISON GLASS		Occupation (for Individual) CEO
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2016
Transaction ID : SA11AI.32432

Amount of Each Receipt this Period
 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Horizons PAC

A. GARLAND, MARLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 CASA VERDE
 City Foothill Ranch State CA Zip Code 92610-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GARLAND RESTORATION Occupation (for Individual) GM
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 10 / 11 / 2016
Transaction ID : SA11AI.32373
 Amount of Each Receipt this Period 50.00
 Memo Item

B. GEIGER, JENNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1419 N RICHMAN KNOLL
 City Fullerton State CA Zip Code 92835-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALIGNMENT HEALTHCARE Occupation (for Individual) COO
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 06 / 2016
Transaction ID : SA11AI.32480
 Amount of Each Receipt this Period 100.00
 Memo Item

C. GLADSHTEYN, OLEG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2018 16TH AVE
 City South San Francisco State CA Zip Code 94080-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EVERLAST POWER EQUIPMENT INC Occupation (for Individual) CEO
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 4015.00

Date of Receipt 10 / 16 / 2016
Transaction ID : SA11AI.32386
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Horizons PAC

A. GOBLE, JON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 915 CLASSON LANE
 City BEECH GROVE State IN Zip Code 46107-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) VIBRATION TECHNICIAN
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2016
Transaction ID : SA11AI.32487
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. GREENE, CRAIG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 N PROSPECT AVE.
 City PARK RIDGE State IL Zip Code 60068-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MCGOVERN & GREENE LLP Occupation (for Individual) CPA
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2016
Transaction ID : SA11AI.32199
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. HEDMAN, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7842 S EVANSTON AVE
 City TULSA State OK Zip Code 74136-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PATRIOT GRILL Occupation (for Individual) OWNER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2016
Transaction ID : SA11AI.32215
 Amount of Each Receipt this Period
 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. HILL, NATALYA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5204 COFFEETREE DRIVE
 City RALEIGH State NC Zip Code 27613-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SIERRA PACIFIC Occupation (for Individual) MORTGAGE LOAN OFFICER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 09 / 2016
Transaction ID : SA11AI.32443
 Amount of Each Receipt this Period 100.00
 Memo Item

B. JACOPI, BELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 95 PACHECO CREEK DR.
 City NOVATO State CA Zip Code 94949-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 08 / 2016
Transaction ID : SA11AI.32244
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Jobe, Buddy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8185 e alameda rd
 City Scottsdale State AZ Zip Code 85255-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PHOENIX INTERNATIONAL RACEWAY Occupation (for Individual) OWNER/ RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 15 / 2016
Transaction ID : SA11AI.32202
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Horizons PAC

A. KELLY, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 S. PRAIRIE #803
 City CHICAGO State IL Zip Code 60616-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) @PROPERTIES Occupation (for Individual) REAL ESTATE
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2016
Transaction ID : SA11AI.32329
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. KIGER, DAVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 BROOKSTONE DR
 City FOREST State VA Zip Code 24551-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2016
Transaction ID : SA11AI.32401
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. L, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 368
 City DE KALB State TX Zip Code 75559-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF (BATES FAMILY FUNERAL HOME) Occupation (for Individual) FUNERAL DIRECTOR - PAST NFDA P
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2016
Transaction ID : SA11AI.32328
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Horizons PAC

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

Mailing Address 1545 CALLE SYMPATICO

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

Transaction ID : SA11AI.32311

Amount of Each Receipt this Period
100.00

Memo Item

B. LACKEY, DONNA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 EAST HIGHWAY 5 POBOX 350

City ROOPVILLE	State GA	Zip Code 30170-0000
-------------------	-------------	------------------------

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

Name of Employer (for Individual) CARROLL CHAMBER	Occupation (for Individual) SENIOR VP
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2016

Transaction ID : SA11AI.32330

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 786 HANOVER ST

City HANOVER	State MA	Zip Code 02339-0000
-----------------	-------------	------------------------

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

Name of Employer (for Individual) COMMONWEALTH OF MASSACHUSETTS	Occupation (for Individual) DIRECTOR HAZARDOU SMATERIALS
--	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2016

Transaction ID : SA11AI.32403

Amount of Each Receipt this Period
50.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 33
	<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

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NAME OF COMMITTEE (In Full)
American Horizons PAC

A. LAWRENCE, EDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2489 COUNTY ST.
 City DIGHTON State MA Zip Code 02715-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2016
Transaction ID : SA11AI.32183
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. LUKASAVICH, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 WEST BLEEKER ST. APT. 2
 City ASPEN State CO Zip Code 81611-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2016
Transaction ID : SA11AI.32388
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. LYLE, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11217 BLUE RIVER RD
 City KANSAS CITY State MO Zip Code 64131-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) VETERINARIAN
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2016
Transaction ID : SA11AI.32334
 Amount of Each Receipt this Period
 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Horizons PAC

A. MAHALL, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23124 ROBERTS RUN
 City BAY VILLAGE State OH Zip Code 44140-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 10 / 02 / 2016
Transaction ID : SA11AI.32442
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Mullen, Teri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27392 Tumbleweed Tr.
 City Valley Center State CA Zip Code 92082-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ARTISTIC ILLUMINATION Occupation (for Individual) BUSINESS OWNER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : SA11AI.32219
 Amount of Each Receipt this Period 250.00
 Memo Item

C. NELSON, GREG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 731 SOUTH FORTH AVENUE
 City YUMA State AZ Zip Code 85364-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) GOLF CART DEALER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 10 / 18 / 2016
Transaction ID : SA11AI.32214
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Horizons PAC

A. O'REILLY, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70-26 88 STREET
 City GLENDALE State NY Zip Code 11385-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) YERMANS IRISH PUB Occupation (for Individual) OWNER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt 10 / 09 / 2016
Transaction ID : SA11AI.32358
 Amount of Each Receipt this Period 100.00
 Memo Item

B. ORD, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1830 FLORINE COURT
 City SAINT CHARLES State MO Zip Code 63303-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMOSO PROPERTIES Occupation (for Individual) PROPERTY MANAGEMENT
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 10 / 17 / 2016
Transaction ID : SA11AI.32396
 Amount of Each Receipt this Period 50.00
 Memo Item

C. OVERTON, GRETCHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 411 WALNUT ST. #10800
 City GREEN COVE SPRINGS State FL Zip Code 32043-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt 10 / 18 / 2016
Transaction ID : SA11AI.32211
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Horizons PAC

A. PHILIPS, MARSHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1904 METAIRIE HEIGHTS AVE
 City METAIRIE State LA Zip Code 70001-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) PSYCHOLOGIST
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2016
Transaction ID : SA11AI.32483
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. PIPPIN, KEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 LITTLE VINE RD
 City HILLSVILLE State VA Zip Code 24343-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CAROLINA SOUTHERN RAILROAD Occupation (for Individual) PRESIDENT
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2016
Transaction ID : SA11AI.32417
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. POWERS, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 WAVERLY PLACE
 City LEBANON State TN Zip Code 37087-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) COMMERCIAL REALTY SERVICES Occupation (for Individual) REAL ESTATE DEVELOPER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2016
Transaction ID : SA11AI.32348
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	700.00
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 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Horizons PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
R., THOMAS, , ,

Mailing Address 1712 HERSCHEL

City ARLINGTON	State TX	Zip Code 76010-0000
-------------------	-------------	------------------------

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

Name of Employer (for Individual) PRINCE OF PEACE HOUSE OF PRAYER	Occupation (for Individual) PASTOR
--	---------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt
10 / 13 / 2016
Transaction ID : SA11AI.32382

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
REISS, UZZI, , ,

Mailing Address 414 NORTH CAMDEN SUIT 750

City BEVERLY HILLS	State CA	Zip Code 90210-0000
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) MD-ANTI AGING MEDICINE
---	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 09 / 2016
Transaction ID : SA11AI.32346

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address PO BOX 1327

City SCAPPOOSE	State OR	Zip Code 97056-0000
-------------------	-------------	------------------------

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1015.00

Date of Receipt
10 / 18 / 2016
Transaction ID : SA11AI.32408

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
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 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Horizons PAC

A. SMITH, MARSHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2322 NW 26TH PL
 City CAPE CORAL State FL Zip Code 33993-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2016
Transaction ID : SA11AI.32367
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. STEWART, SHANTANA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5515 HOWARD LANE
 City GLOUCESTER State VA Zip Code 23061-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NEAL' HUNTING&FISHING SUPPLIES Occupation (for Individual) OWNER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 13 / 2016
Transaction ID : SA11AI.32383
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. STJACQUES, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 489 BLUE HERON CT
 City WESTERVILLE State OH Zip Code 43082-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EXPRESS Occupation (for Individual) TECHNICAL DESIGNER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 13 / 2016
Transaction ID : SA11AI.32197
 Amount of Each Receipt this Period
 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	275.00
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 23 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Horizons PAC

A. THYFAULT, PAULA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 655 MICHIGAN AVE NE
 City WASHINGTON State DC Zip Code 20017-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) MEDICAL DOSIMETRIST
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2016
Transaction ID : SA11AI.32196
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. WEAVER, JOAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3446 OLD SALEM ROAD
 City PAMPLICO State SC Zip Code 29583-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) L DEAN WEAVER CO LLC Occupation (for Individual) HIGHWAY/HEAVY CONSTRUCTION
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2016
Transaction ID : SA11AI.32491
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. WIEFFERING, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2570 PINEVIEW
 City WEST BLOOMFIELD State MI Zip Code 48324-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JOHNSON CONTROLS Occupation (for Individual) PROJECT MANAGER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2016
Transaction ID : SA11AI.32262
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 24 OF 33
(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)
American Horizons PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZEISLOFT, CHARLES, , ,

Mailing Address **1699 CROWN POINT RD**

City THOROFARE	State NJ	Zip Code 08086-0000
--------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) ZEISLOFT TRUCKING LLC	Occupation (for Individual) OWNER
---	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1015.00

Date of Receipt
10 / 12 / 2016

Transaction ID : SA11AI.32376

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	7925.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Horizons PAC

Full Name (Last, First, Middle Initial) A. ActiveCampaign, Inc		Date of Disbursement MM / DD / YYYY 10 / 11 / 2016
Mailing Address 222 South Riverside Plaza Suite 810		FEC Identification Number C [REDACTED] Transaction ID : SB21B.32495 Amount of Each Disbursement this Period 985.00
City Chicago	State IL	Zip Code 60606
Purpose of Disbursement CRM Software	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. American ForVetsByVets, LLC		Date of Disbursement MM / DD / YYYY 10 / 03 / 2016
Mailing Address 4023 Kennett Pike #57569		FEC Identification Number C [REDACTED] Transaction ID : SB21B.32496 Amount of Each Disbursement this Period 295.10
City Wilmington	State DE	Zip Code 19087
Purpose of Disbursement Logo/Graphic Design	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. American ForVetsByVets, LLC		Date of Disbursement MM / DD / YYYY 10 / 04 / 2016
Mailing Address 4023 Kennett Pike #57569		FEC Identification Number C [REDACTED] Transaction ID : SB21B.32497 Amount of Each Disbursement this Period 500.00
City Wilmington	State DE	Zip Code 19087
Purpose of Disbursement Graphic Design	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1780.10
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Horizons PAC

Full Name (Last, First, Middle Initial)

A. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Processing Fees

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 01 / 2016

FEC Identification Number

Transaction ID : SB21B.32506
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Processing Fees

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 02 / 2016

FEC Identification Number

Transaction ID : SB21B.32507
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Processing Fees

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 03 / 2016

FEC Identification Number

Transaction ID : SB21B.32508
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Horizons PAC

Full Name (Last, First, Middle Initial)

A. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Processing Fees

001
 002
 003
Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 04 / 2016

FEC Identification Number

C
Transaction ID : SB21B.32509
Amount of Each Disbursement this Period
27.28

Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Processing Fees

001
 002
 003
Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2016

FEC Identification Number

C
Transaction ID : SB21B.32510
Amount of Each Disbursement this Period
70.28

Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Processing Fees

001
 002
 003
Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 06 / 2016

FEC Identification Number

C
Transaction ID : SB21B.32511
Amount of Each Disbursement this Period
10.82

Memo Item

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

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

108.38

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Horizons PAC

Full Name (Last, First, Middle Initial) A. Stripe, Inc.		Date of Disbursement MM / DD / YYYY 10 / 07 / 2016
Mailing Address 3180 18th Street Suite 100		FEC Identification Number C [REDACTED] Transaction ID : SB21B.32512
City San Francisco	State CA	Zip Code 94110
Purpose of Disbursement Credit Card Processing Fees		Amount of Each Disbursement this Period 5.71
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Stripe, Inc.		Date of Disbursement MM / DD / YYYY 10 / 08 / 2016
Mailing Address 3180 18th Street Suite 100		FEC Identification Number C [REDACTED] Transaction ID : SB21B.32513
City San Francisco	State CA	Zip Code 94110
Purpose of Disbursement Credit Card Processing Fees		Amount of Each Disbursement this Period 53.20
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Stripe, Inc.		Date of Disbursement MM / DD / YYYY 10 / 09 / 2016
Mailing Address 3180 18th Street Suite 100		FEC Identification Number C [REDACTED] Transaction ID : SB21B.32514
City San Francisco	State CA	Zip Code 94110
Purpose of Disbursement Credit Card Processing Fees		Amount of Each Disbursement this Period 39.93
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	98.84
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Horizons PAC

Full Name (Last, First, Middle Initial)

A. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

003
Category/
Type

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B.32515
Amount of Each Disbursement this Period
3.25

Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify)

003
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 11 / 2016

FEC Identification Number

C
Transaction ID : SB21B.32516
Amount of Each Disbursement this Period
6.48

Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

003
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 12 / 2016

FEC Identification Number

C
Transaction ID : SB21B.32517
Amount of Each Disbursement this Period
17.59

Memo Item

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

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

27.32

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Horizons PAC

Full Name (Last, First, Middle Initial)

A. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Processing Fees

003
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2016

FEC Identification Number

C
Transaction ID : SB21B.32518
Amount of Each Disbursement this Period
9.65

Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Processing Fees

003
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2016

FEC Identification Number

C
Transaction ID : SB21B.32519
Amount of Each Disbursement this Period
6.36

Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Processing Fees

003
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2016

FEC Identification Number

C
Transaction ID : SB21B.3252t
Amount of Each Disbursement this Period
64.03

Memo Item

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

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

80.04

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Horizons PAC

Full Name (Last, First, Middle Initial)

A. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

003
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2016

FEC Identification Number

C
Transaction ID : SB21B.32521
Amount of Each Disbursement this Period
38.20

Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify)

003
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2016

FEC Identification Number

C
Transaction ID : SB21B.32522
Amount of Each Disbursement this Period
21.44

Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

003
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2016

FEC Identification Number

C
Transaction ID : SB21B.32523
Amount of Each Disbursement this Period
63.23

Memo Item

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

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

122.87

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Horizons PAC

Full Name (Last, First, Middle Initial)

A. Stripe, Inc.

Mailing Address 3180 18th Street
Suite 100

City San Francisco State CA Zip Code 94110

Purpose of Disbursement
Credit Card Processing Fees

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

FEC Identification Number
C
Transaction ID : SB21B.32524
Amount of Each Disbursement this Period
9.43

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

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

FEC Identification Number
C
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

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

FEC Identification Number
C
Amount of Each Disbursement this Period

Memo Item

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

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

9.43
2275.08

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

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

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

Full Name of Payee <input type="checkbox"/> Memo Item Cartsoft, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 06 / 2016
Mailing Address 1111 Light St 4th Floor	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 12000.00 </div>
City Baltimore State MD Zip Code 21230	
Purpose of Expenditure Online Voter Contact Category/Type 004	
Name of Federal Candidate: TRUMP, DONALD, J, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 12000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> _____ </div>
City _____ State _____ Zip Code _____	
Purpose of Expenditure _____ Category/Type _____	
Name of Federal Candidate: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">12000.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">_____</div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">12000.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Haves, Ian, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
 Signature 10 / 26 / 2016