

# 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**  
**SCIENCE TRUTH AND EXPERTISE MATTER PAC**

ADDRESS (number and street) **PO Box 131**  
Check if different than previously reported. (ACC) **Downers Grove IL 60515**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00747642** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  **11** /  **03** /  **2020** in the State of  **IL**

5. Covering Period  **10** /  **01** /  **2020** through  **11** /  **23** /  **2020**

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

Signature of Treasurer *Scheffki, Michelle, , ,* [Electronically Filed] Date  **12** /  **03** /  **2020**

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**SCIENCE TRUTH AND EXPERTISE MATTER 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="2020"/>	<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="0.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="16960.00"/>	<input type="text" value="16960.00"/>
(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="16960.00"/>	<input type="text" value="16960.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8524.43"/>	<input type="text" value="8524.43"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="8435.57"/>	<input type="text" value="8435.57"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

**SCIENCE TRUTH AND EXPERTISE MATTER 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).....	6900.00	6900.00
(ii) Unitemized .....	60.00	60.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6960.00	6960.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	16960.00	16960.00
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)).....▶	16960.00	16960.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	16960.00	16960.00

**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 .....	524.43	524.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	524.43	524.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	8000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(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)).....	0.00	0.00
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)) ..	8524.43	8524.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8524.43	8524.43

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	16960.00	16960.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16960.00	16960.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	524.43	524.43
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	524.43	524.43

**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 16
<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)  
**SCIENCE TRUTH AND EXPERTISE MATTER PAC**

**A. Diaz, Evelyn, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4538 West Schubert Avenue

City Chicago	State IL	Zip Code 60639
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Heartland Alliance	Occupation (for Individual) Nonprofit Administration
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2020

**Transaction ID : SA11AI.4145**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Contribution via ActBlue

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

Mailing Address PO Box 441146

City Somerville	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2020

**Transaction ID : SA11AI.4145.0**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Contribution via ActBlue

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

Mailing Address 503 N Bruner

City Hinsdale	State IL	Zip Code 60521
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Midwest Hand Surgery	Occupation (for Individual) Surgeon
---	--

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		2020

**Transaction ID : SA11AI.4140**

Amount of Each Receipt this Period  
500.00

Memo Item  
Contribution via ActBlue

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> 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 16
	<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)  
**SCIENCE TRUTH AND EXPERTISE MATTER PAC**

**A. ActBlue**

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

Mailing Address PO Box 441146

City Somerville	State MA	Zip Code 02144
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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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2020

**Transaction ID : SA11AI.4140.0**

Amount of Each Receipt this Period  
500.00

Memo Item  
Contribution via ActBlue

**B. Girard, Jeffrey, , ,**

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

Mailing Address 13258 Wedgewood Dr

City Elgin	State IL	Zip Code 60124
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Not employed	Occupation (for Individual) Not employed
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2020

**Transaction ID : SA11AI.4142**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Contribution via ActBlue

**C. ActBlue**

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

Mailing Address PO Box 441146

City Somerville	State MA	Zip Code 02144
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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 ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2020

**Transaction ID : SA11AI.4142.0**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Contribution via ActBlue

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> 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 16
<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)  
**SCIENCE TRUTH AND EXPERTISE MATTER PAC**

**A. Nedza, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 812 S Clay  
 City Hinsdale State IL Zip Code 60521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wellpoint Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2020  
**Transaction ID : SA11AI.4148**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Contribution via ActBlue

**B. ActBlue**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 441146  
 City Somerville State MA Zip Code 02144  
 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 ▼ 3000.00

Date of Receipt 10 / 22 / 2020  
**Transaction ID : SA11AI.4148.0**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Contribution via ActBlue

**C. Schumacher, Kathy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 439 Elm Street  
 City Glen Ellyn State IL Zip Code 60137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) McDermott Will & Emery Occupation (for Individual) Lawyer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 29 / 2020  
**Transaction ID : SA11AI.4156**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Contribution via ActBlue

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> 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 16
	<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)  
**SCIENCE TRUTH AND EXPERTISE MATTER PAC**

**A. ActBlue**

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

Mailing Address PO Box 441146

City Somerville	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2020

**Transaction ID : SA11AI.4156.0**

Amount of Each Receipt this Period  
500.00

Memo Item  
Contribution via ActBlue

**B. Sosnick, Tom, , ,**

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

Mailing Address 5301 S University

City Chicago	State IL	Zip Code 60615
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Univ of Chicago	Occupation (for Individual) University
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2020

**Transaction ID : SA11AI.4158**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Contribution via ActBlue

**C. ActBlue**

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

Mailing Address PO Box 441146

City Somerville	State MA	Zip Code 02144
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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 ▼  
6900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2020

**Transaction ID : SA11AI.4158.0**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Contribution via ActBlue

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> 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 16
<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)  
**SCIENCE TRUTH AND EXPERTISE MATTER PAC**

**A. Stowell, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 301 Woodley Rd  
 City Winnetka State IL Zip Code 60093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not employed Occupation (for Individual) Not employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 22 / 2020  
**Transaction ID : SA11AI.4152**  
 Amount of Each Receipt this Period 900.00  
 Memo Item  
 Contribution via ActBlue

**B. ActBlue**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 441146  
 City Somerville State MA Zip Code 02144  
 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 ▼ 5400.00

Date of Receipt 10 / 22 / 2020  
**Transaction ID : SA11AI.4152.0**  
 Amount of Each Receipt this Period 900.00  
 Memo Item  
 Contribution via ActBlue

**C. Winterfield, Carolyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 514 South Garfield Street  
 City Hinsdale State IL Zip Code 60521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NA Occupation (for Individual) NA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 22 / 2020  
**Transaction ID : SA11AI.4150**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item  
 Contribution via ActBlue

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2400.00
<b>TOTAL</b> 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 16  
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SCIENCE TRUTH AND EXPERTISE MATTER PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. ActBlue**

Mailing Address PO Box 441146

City Somerville	State MA	Zip Code 02144
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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 ▼  
4500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10	/	22	/	2020

**Transaction ID : SA11AI.4150.0**

Amount of Each Receipt this Period  
1500.00

Memo Item  
Contribution via ActBlue

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	6900.00

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

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

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NAME OF COMMITTEE (In Full)  
**SCIENCE TRUTH AND EXPERTISE MATTER PAC**

**A. 314 ACTION FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 14560

City WASHINGTON	State DC	Zip Code 20044
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00633248

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

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		29		2020

**Transaction ID : SA11C.4126**

Amount of Each Receipt this Period  
5000.00

Memo Item Contribution

**B. NEW DEMOCRAT COALITION ACTION FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 233 PENNSYLVANIA AVE SE  
2ND FLOOR

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00409730

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

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		08		2020

**Transaction ID : SA11C.4101**

Amount of Each Receipt this Period  
5000.00

Memo Item Contribution

**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  

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

Amount of Each Receipt this Period

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	10000.00

**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)  
**SCIENCE TRUTH AND EXPERTISE MATTER PAC**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement MM / DD / YYYY 10 / 22 / 2020	
Mailing Address PO Box 441146		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4128</b> Amount of Each Disbursement this Period [ ] 215.28	
City Somerville,	State MA	Zip Code 02144	Category/ Type [ ]
Purpose of Disbursement Merchant fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement MM / DD / YYYY 10 / 29 / 2020	
Mailing Address PO Box 441146		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4129</b> Amount of Each Disbursement this Period [ ] 59.25	
City Somerville,	State MA	Zip Code 02144	Category/ Type [ ]
Purpose of Disbursement Merchant fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 274.53
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 274.53

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCIENCE TRUTH AND EXPERTISE MATTER PAC**

Full Name (Last, First, Middle Initial)  
**A. ANDY KIM FOR CONGRESS**

Mailing Address PO BOX 211

City MARLTON State NJ Zip Code 08053

Purpose of Disbursement Contribution

Candidate Name

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

Disbursement For: 2020  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2020

FEC Identification Number

C C00648220

Transaction ID : SB23.4121

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. DEBBIE FOR CONGRESS**

Mailing Address PO BOX 566442

City MIAMI State FL Zip Code 33256

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: FL District: 26

Disbursement For: 2020  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2020

FEC Identification Number

C C00652065

Transaction ID : SB23.4115

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. HOOSIERS FOR HALE**

Mailing Address PO BOX 40925

City INDIANAPOLIS State IN Zip Code 46240

Purpose of Disbursement Contributoin

Candidate Name

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

Disbursement For: 2020  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2020

FEC Identification Number

C C00711887

Transaction ID : SB23.4111

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCIENCE TRUTH AND EXPERTISE MATTER PAC**

**A. KENNEDY FOR MASSACHUSETTS**

Full Name (Last, First, Middle Initial)

Mailing Address 124 WASHINGTON STREET  
SUITE 101

City FOXBORO State MA Zip Code 02035

Purpose of Disbursement Contribution - Debt retirement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: MA District: 00

Date of Disbursement: 10 / 19 / 2020

FEC Identification Number: C00512970  
**Transaction ID : SB23.4109**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. KIND FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 184

City LA CROSSE State WI Zip Code 54602

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: WI District: 03

Date of Disbursement: 10 / 23 / 2020

FEC Identification Number: C00312017  
**Transaction ID : SB23.4117**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. LAUREN UNDERWOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 13400 S ROUTE 59  
STE 116 BOX 248

City PLAINFIELD State IL Zip Code 60585

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: IL District: 14

Date of Disbursement: 10 / 19 / 2020

FEC Identification Number: C00652719  
**Transaction ID : SB23.4107**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCIENCE TRUTH AND EXPERTISE MATTER PAC**

**A. SCHUPP FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 410064

City CREVE COEUR State MO Zip Code 63141

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: MO District: 02

Date of Disbursement: 10 / 23 / 2020

FEC Identification Number: C00729558

Transaction ID : SB23.4113

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. TOM MALINOWSKI FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 263

City SOMERVILLE State NJ Zip Code 08876

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: NJ District: 07

Date of Disbursement: 10 / 23 / 2020

FEC Identification Number: C00656686

Transaction ID : SB23.4119

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8000.00