

**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

Ultraviolet PAC

ADDRESS (number and street)

700 13th Street, NW

Suite 600

Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00629477

3. IS THIS  
REPORTNEW  
(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

M M / D D / Y Y Y Y Y Y  
11 06 2018in the  
State of

DC

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

General (30G)



Runoff (30R)



Special (30S)

Election on

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

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y  
10 01 2018

through

M M / D D / Y Y Y Y Y Y  
10 17 2018

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

Thomas, Shaunna, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Thomas, Shaunna, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
10 25 2018

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Ultraviolet PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2018

To:

M M	/	D D	/	Y Y Y Y Y
10		17		2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2018</td></tr></table>	Y	Y	Y	Y	Y	2018						<table><tr><td colspan="5">172510.29</td></tr></table>	172510.29				
Y	Y	Y	Y	Y													
2018																	
172510.29																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">212198.29</td></tr></table>	212198.29															
212198.29																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">20978.50</td></tr></table>	20978.50					<table><tr><td colspan="5">149555.37</td></tr></table>	149555.37									
20978.50																	
149555.37																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">233176.79</td></tr></table>	233176.79					<table><tr><td colspan="5">322065.66</td></tr></table>	322065.66									
233176.79																	
322065.66																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">2350.80</td></tr></table>	2350.80					<table><tr><td colspan="5">91239.67</td></tr></table>	91239.67									
2350.80																	
91239.67																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">230825.99</td></tr></table>	230825.99					<table><tr><td colspan="5">230825.99</td></tr></table>	230825.99									
230825.99																	
230825.99																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Ultraviolet PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		01		2018

To:

M M	/	D D	/	Y Y Y Y
10		17		2018

**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).....

12680.00

102215.00

(ii) Unitemized .....

8298.50

47340.37

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

20978.50

149555.37

(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) .....

20978.50

149555.37

## 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)) .....

20978.50

149555.37

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

20978.50

149555.37

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1718.21	81831.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1718.21	81831.53
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) .....	599.89	7405.44
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	470.00
(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	470.00
29. Other Disbursements (Including Non-Federal Donations).....	32.70	1532.70
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)) ..	2350.80	91239.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2350.80	91239.67

**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) .....	20978.50	149555.37
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	470.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20978.50	149085.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	1718.21	81831.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	1718.21	81831.53

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

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

FOR LINE NUMBER: PAGE 6 OF 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Ultraviolet PAC

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

A. Nesler, Cheryl, , ,

Mailing Address 68-1025 N Kaniku Dr  
Apt 619

City  
Kamuela

State  
HI

Zip Code  
96743-8782

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 05 / 2018

Transaction ID : VTE5PV3ADD6

Amount of Each Receipt this Period

30.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

B. ActBlue

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10978.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2018

Transaction ID : VTE5PV3ADD6E

Amount of Each Receipt this Period

30.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Adamson, Judith, , ,

Mailing Address 3714 Hamilton St

City

Philadelphia

State

PA

Zip Code

19104-2314

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Research for Action

Occupation (for Individual)  
Managing Director & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 05 / 2018

Transaction ID : VTE5PV3A8Q6

Amount of Each Receipt this Period

75.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

105.00

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 17

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Ultraviolet PAC**

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

**A. ActBlue**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10978.50

Date of Receipt

MM / DD / YYYY  
10 / 15 / 2018

**Transaction ID : VTE5PV3A8Q6E**

Amount of Each Receipt this Period

75.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**B. Beeker, Ruth, , ,**

Mailing Address 3250 E Hawthorne St

City

Tucson

State

AZ

Zip Code

85716-4223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY  
10 / 05 / 2018

**Transaction ID : VTE5PV3A8W6**

Amount of Each Receipt this Period

75.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

**C. ActBlue**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

10978.50

Date of Receipt

MM / DD / YYYY  
10 / 15 / 2018

**Transaction ID : VTE5PV3A8W6E**

Amount of Each Receipt this Period

75.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

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

75.00

# **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 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ultraviolet PAC

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

A. Aberly, Naomi, D., ,

Mailing Address 8 Mount Vernon Pl

City  
BostonState  
MAZip Code  
02108-1406FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/AOccupation (for Individual)  
Volunteer

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  
09 / 28 / 2018

Transaction ID : VTE5PTS2ZA7

Amount of Each Receipt this Period

2500.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

B. ActBlue

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10978.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 05 / 2018

Transaction ID : VTE5PTS2ZA7E

Amount of Each Receipt this Period

2500.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

c. Gochman, Molly, , ,

Mailing Address PO Box 540205

City

Houston

State

TX

Zip Code

77254-0205

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-EmployedOccupation (for Individual)  
Artist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2018

Transaction ID : VTE5PTMRXF7

Amount of Each Receipt this Period

10000.00

☐ Memo Item

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

12500.00

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

12680.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 17

<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)

Ultraviolet PAC

Full Name (Last, First, Middle Initial)

**A. Amalgamated Bank**

Mailing Address 1825 K St NW

City  
WashingtonState  
DCZip Code  
20006-1202Purpose of Disbursement  
Bank Fee

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	6			2	0	1	8		

FEC Identification Number

C

Transaction ID : VTD6EAAJY1

Amount of Each Disbursement this Period

135.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	4			2	0	1	8		

FEC Identification Number

C

Transaction ID : VTD6EAA8WI

Amount of Each Disbursement this Period

107.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	7			2	0	1	8		

FEC Identification Number

C

Transaction ID : VTD6EAAJX'

Amount of Each Disbursement this Period

327.04

☐ Memo Item

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

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

569.68

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 17

<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)

Ultraviolet PAC

Full Name (Last, First, Middle Initial)

**A. The Movement Cooperative**Mailing Address 4 E 27th St  
Greeley Square StationCity  
New YorkState  
NYZip Code  
10001-7720Purpose of Disbursement  
Membership Dues

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2018

FEC Identification Number

C

Transaction ID : VTD6EAA9V)

Amount of Each Disbursement this Period

1125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M M M	/	D 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

Candidate Name

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

Date of Disbursement

M M M	/	D 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).....▶

1125.00

1694.68

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 11 OF 17

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Ultraviolet PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Alpha Mailbox

Nature of Debt (Purpose):  
Printing

Mailing Address 3172 N Rainbow Blvd

City  
Las VegasState  
NVZip Code  
89108-4534

Outstanding Balance Beginning This Period

71.10

Transaction ID : VTB7Y9HA6W0

Amount Incurred This Period

0.00

Payment This Period

71.10

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

OfficeMax/Depot

Nature of Debt (Purpose):  
Printing

Mailing Address 6600 N Military Trl

City  
Boca RatonState  
FLZip Code  
33496-2434

Outstanding Balance Beginning This Period

51.43

Transaction ID : VTB7Y9HA702

Amount Incurred This Period

0.00

Payment This Period

51.43

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FedEx Office

Nature of Debt (Purpose):  
Printing

Mailing Address 7900 Legacy Dr

City  
PlanoState  
TXZip Code  
75024-4089

Outstanding Balance Beginning This Period

72.49

Transaction ID : VTB7Y9HA6V4

Amount Incurred This Period

0.00

Payment This Period

72.49

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 12 OF 17

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Ultraviolet PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FedEx Office

Nature of Debt (Purpose):  
Printing

Mailing Address 7900 Legacy Dr

City  
PlanoState  
TXZip Code  
75024-4089

Outstanding Balance Beginning This Period

73.67

Transaction ID : VTB7Y9HA6Z4

Amount Incurred This Period

0.00

Payment This Period

73.67

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FedEx Office

Nature of Debt (Purpose):  
Printing

Mailing Address 7900 Legacy Dr

City  
PlanoState  
TXZip Code  
75024-4089

Outstanding Balance Beginning This Period

73.99

Transaction ID : VTB7Y9HA6Y6

Amount Incurred This Period

0.00

Payment This Period

73.99

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Copyworks

Nature of Debt (Purpose):  
Printing

Mailing Address 105 Welch Ave

City  
AmesState  
IAZip Code  
50014-7228

Outstanding Balance Beginning This Period

110.01

Transaction ID : VTB7Y9HA727

Amount Incurred This Period

0.00

Payment This Period

110.01

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 13 OF 17

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Ultraviolet PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FedEx Office

Nature of Debt (Purpose):  
Printing

Mailing Address 7900 Legacy Dr

City  
PlanoState  
TXZip Code  
75024-4089

Outstanding Balance Beginning This Period

87.35

Transaction ID : VTB7Y9HA6X8

Amount Incurred This Period

0.00

Payment This Period

87.35

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

OfficeMax/Depot

Nature of Debt (Purpose):  
Printing

Mailing Address 6600 N Military Trl

City  
Boca RatonState  
FLZip Code  
33496-2434

Outstanding Balance Beginning This Period

59.85

Transaction ID : VTB7Y9HA719

Amount Incurred This Period

0.00

Payment This Period

59.85

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

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

 PAGE 14 OF 17  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Ultraviolet PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00629477	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>Alpha Mailbox</b>			<input type="checkbox"/> Memo Item		
Mailing Address 3172 N Rainbow Blvd			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 10 / 2018		
City Las Vegas	State NV	Zip Code 89108-4534	Amount <span style="border: 1px solid black; padding: 2px;">71.10</span>		
Purpose of Expenditure Printing (Previously Reported)		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : VTD6EAAP3S0 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 16 / 2018		
Name of Federal Candidate: Heller, Dean, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NV		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">967.26</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>FedEx Office</b>			<input type="checkbox"/> Memo Item		
Mailing Address 7900 Legacy Dr			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 10 / 2018		
City Plano	State TX	Zip Code 75024-4089	Amount <span style="border: 1px solid black; padding: 2px;">73.67</span>		
Purpose of Expenditure Printing (Previously Reported)		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : VTD6EAAP3R2 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 16 / 2018		
Name of Federal Candidate: Heller, Dean, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NV		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">967.26</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">144.77</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
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.					
Thomas, Shaunna, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 25 / 2018	

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

 PAGE 15 OF 17  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Ultraviolet PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00629477	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>FedEx Office</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 30 / 2018		
Mailing Address 7900 Legacy Dr			Amount <span style="border: 1px solid black; padding: 2px;">73.99</span>		
City Plano	State TX	Zip Code 75024-4089	Transaction ID : VTD6EAP3Q4		
Purpose of Expenditure Printing (Previously Reported)		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 16 / 2018		
Name of Federal Candidate: Lewis, Jason, M., ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">73.99</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>OfficeMax/Depot</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 10 / 2018		
Mailing Address 6600 N Military Trl			Amount <span style="border: 1px solid black; padding: 2px;">51.43</span>		
City Boca Raton	State FL	Zip Code 33496-2434	Transaction ID : VTD6EAP3W4		
Purpose of Expenditure Printing (Previously Reported)		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 16 / 2018		
Name of Federal Candidate: King, Steve, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">911.44</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">125.42</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Thomas, Shaunna, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 25 / 2018	

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

 PAGE 16 OF 17  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Ultraviolet PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00629477       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>FedEx Office</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>7900 Legacy Dr</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">87.35</div>	
City <b>Plano</b>	State <b>TX</b>	Zip Code <b>75024-4089</b>	<b>Transaction ID : VTD6EAAP3P6</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>Printing (Previously Reported)</b>		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <b>Handel, Karen, C., ,</b>			Office Sought: <input checked="" type="checkbox"/> House District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">837.35</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>OfficeMax/Depot</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>6600 N Military Trl</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">59.85</div>	
City <b>Boca Raton</b>	State <b>FL</b>	Zip Code <b>33496-2434</b>	<b>Transaction ID : VTD6EAAP3V6</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>Printing (Previously Reported)</b>		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <b>Jordan, James, D., ,</b>			Office Sought: <input checked="" type="checkbox"/> House District: <b>04</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>OH</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1059.85</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	147.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

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.

Thomas, Shaunna, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature



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

 PAGE 17 OF 17  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Ultraviolet PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00629477		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		
Full Name of Payee <b>Copyworks</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 10 / 2018		
Mailing Address 105 Welch Ave			Amount <span style="border: 1px solid black; padding: 2px;">110.01</span>		
City Ames	State IA	Zip Code 50014-7228	Transaction ID : VTD6EAAP3Z7		
Purpose of Expenditure Printing (Previously Reported)		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 16 / 2018		
Name of Federal Candidate: King, Steve, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">911.44</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>FedEx Office</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 10 / 2018		
Mailing Address 7900 Legacy Dr			Amount <span style="border: 1px solid black; padding: 2px;">72.49</span>		
City Plano	State TX	Zip Code 75024-4089	Transaction ID : VTD6EAAP3N8		
Purpose of Expenditure Printing (Previously Reported)		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 16 / 2018		
Name of Federal Candidate: Heller, Dean, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">967.26</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">182.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">599.89</span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Thomas, Shaunna, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 25 / 2018		