

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**
MEGAPHONE

ADDRESS (number and street) **PO BOX 341028**
 Check if different than previously reported. (ACC) **AUSTIN TX 78734**

2. **FEC IDENTIFICATION NUMBER** **C** **C00569517** 3. IS THIS REPORT **NEW (N)** OR **AMENDED (A)**

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

5. Covering Period **08** / **01** / **2017** through **08** / **31** / **2017**

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

Signature of Treasurer MCALPIN, LUKE, , , [Electronically Filed] Date **09** / **20** / **2017**

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

MEGAPHONE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		103171.21
(b) Cash on Hand at Beginning of Reporting Period.....	73622.32	
(c) Total Receipts (from Line 19)	0.00	200000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	73622.32	303171.21
7. Total Disbursements (from Line 31).....	18177.00	247725.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	55445.32	55445.32
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	412419.52	

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

MEGAPHONE

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).....	0.00	200000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	200000.00
(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)	0.00	200000.00
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)).....▶	0.00	200000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	200000.00

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	18177.00	73111.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	18177.00	73111.89
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)	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	174614.00
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)) ..	18177.00	247725.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18177.00	247725.89

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)	0.00	200000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	200000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	18177.00	73111.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18177.00	73111.89

**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

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)
MEGAPHONE

A. RightSide Compliance

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 341027

City Austin State TX Zip Code 78734

Purpose of Disbursement
Compliance Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 16 / 2017

FEC Identification Number

C

Transaction ID : SB21B.5110

Amount of Each Disbursement this Period

4358.32

Memo Item

B. RightSide Compliance

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 341027

City Austin State TX Zip Code 78734

Purpose of Disbursement
Compliance Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 16 / 2017

FEC Identification Number

C

Transaction ID : SB21B.5111

Amount of Each Disbursement this Period

299.18

Memo Item

C. The Gober Group

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 341016

City Austin State TX Zip Code 78734

Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 16 / 2017

FEC Identification Number

C

Transaction ID : SB21B.5112

Amount of Each Disbursement this Period

3165.39

Memo Item

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

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

7822.89

**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)
MEGAPHONE

Full Name (Last, First, Middle Initial) A. The Gober Group		Date of Disbursement MM / DD / YYYY 08 / 16 / 2017
Mailing Address PO Box 341016		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5113 Amount of Each Disbursement this Period 6884.11
City Austin	State TX	Zip Code 78734
Purpose of Disbursement Legal Services		Category/ Type [REDACTED]
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. Thompson and Horton LLP		Date of Disbursement MM / DD / YYYY 08 / 08 / 2017
Mailing Address 3200 Southwest Freeway Ste 2000		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5105 Amount of Each Disbursement this Period 3460.00
City Houston	State TX	Zip Code 77027
Purpose of Disbursement Legal Services		Category/ Type [REDACTED]
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) C. WELLS FARGO BANK NA		Date of Disbursement MM / DD / YYYY 08 / 08 / 2017
Mailing Address PO BOX 6995		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5106 Amount of Each Disbursement this Period 10.00
City PORTLAND	State OR	Zip Code 97228
Purpose of Disbursement Bank Fee		Category/ Type [REDACTED]
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	

SUBTOTAL of Disbursements This Page (optional).....▶	10354.11
TOTAL This Period (last page this line number only).....▶	18177.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 8 OF 17
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 4358.32	Transaction ID : SD10.4663	
Amount Incurred This Period 0.00	Payment This Period 4358.32	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 2327.50	Transaction ID : SD10.4677	
Amount Incurred This Period 0.00	Payment This Period 299.18	Outstanding Balance at Close of This Period 2028.32

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 6580.00	Transaction ID : SD10.4724	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6580.00

1) SUBTOTALS This Period This Page (optional)..... ▶	8608.32
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 9 OF 17
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 857.50	Transaction ID : SD10.4744	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 857.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 1242.50	Transaction ID : SD10.4756	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1242.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 11637.50	Transaction ID : SD10.4825	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 11637.50

1) SUBTOTALS This Period This Page (optional)..... ▶	13737.50
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 10 OF 17
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 5530.00	Transaction ID : SD10.4855	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5530.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 16800.00	Transaction ID : SD10.4980	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 16800.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 7472.50	Transaction ID : SD10.4981	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7472.50

1) SUBTOTALS This Period This Page (optional)..... ▶	29802.50
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 11 OF 17
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 1575.00	Transaction ID : SD10.4995	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1575.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 2415.00	Transaction ID : SD10.5024	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2415.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 1792.31	Transaction ID : SD10.5034	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1792.31

1) SUBTOTALS This Period This Page (optional)..... ▶	5782.31
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)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period <input type="text" value="3062.50"/>	Transaction ID : SD10.5037	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3062.50"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period <input type="text" value="4455.00"/>	Transaction ID : SD10.5067	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4455.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period <input type="text" value="1777.50"/>	Transaction ID : SD10.5070	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1777.50"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="9295.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 1462.50	Transaction ID : SD10.5103	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1462.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RightSide Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5108	
Amount Incurred This Period 2115.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2115.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 3165.39	Transaction ID : SD10.4823	
Amount Incurred This Period 0.00	Payment This Period 3165.39	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	3577.50
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 14 OF 17
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 12143.00	Transaction ID : SD10.4853	
Amount Incurred This Period 0.00	Payment This Period 6884.11	Outstanding Balance at Close of This Period 5258.89

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 10994.00	Transaction ID : SD10.4982	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10994.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 8162.50	Transaction ID : SD10.4983	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8162.50

1) SUBTOTALS This Period This Page (optional)..... ▶	24415.39
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 15 OF 17
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period <input type="text" value="890.50"/>	Transaction ID : SD10.5004	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="890.50"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period <input type="text" value="332.00"/>	Transaction ID : SD10.5021	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="332.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period <input type="text" value="923.50"/>	Transaction ID : SD10.5038	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="923.50"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="2146.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 17
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 7369.00	Transaction ID : SD10.5039	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7369.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 10049.50	Transaction ID : SD10.5066	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10049.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 200.00	Transaction ID : SD10.5071	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 200.00

1) SUBTOTALS This Period This Page (optional)..... ▶	17618.50
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 17 OF 17
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
MEGAPHONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period		Transaction ID : SD10.5101	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
436.50	0.00	436.50	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tusk Digital			Nature of Debt (Purpose): Website Development and Design
Mailing Address 718 7th St NW 2nd Floor			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period		Transaction ID : SD10.4139	
297000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	297000.00	

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)..... ▶	297436.50
2) TOTALS This Period (last page this line number only)..... ▶	412419.52
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	412419.52