

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

SHIVA 4 SENATE

ADDRESS (number and street)

701 CONCORD AVENUE

Check if different than previously reported. (ACC)

CAMBRIDGE

MA

02138

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00638148

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

MA

00

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)

Termination Report (TER)

(b) 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

/

/

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

/

/

in the State of

5. Covering Period

M M / D D / Y Y Y Y

08 / 16 / 2018

through

M M / D D / Y Y Y Y

09 / 30 / 2018

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

MARSTON, CHRIS, , ,

Type or Print Name of Treasurer

Signature of Treasurer

MARSTON, CHRIS, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10 / 15 / 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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
SHIVA 4 SENATE

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	20891.64	4993936.46
(b) Total Contribution Refunds (from Line 20(d))	10.00	5510.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	20881.64	4988426.46
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	27125.56	4895822.42
(b) Total Offsets to Operating Expenditures (from Line 14).....	63.91	1601.71
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	27061.65	4894220.71
8. Cash on Hand at Close of Reporting Period (from Line 27).....	94205.75	
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).....	0.00	

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 3 (Revised 05/2016)

Write or Type Committee Name

SHIVA 4 SENATE

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5825.00	103491.00
(ii) Unitemized.....	8799.98	88111.68
(iii) TOTAL of contributions from individuals ▶	14624.98	191602.68
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	6266.66	4802333.78
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	20891.64	4993936.46
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	63.91	1601.71
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	20955.55	4995538.17

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 29

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	27125.56	4895822.42
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	10.00	5510.00
(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 20(a), (b), and (c)).....	10.00	5510.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	27135.56	4901332.42

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	100385.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	20955.55
25. SUBTOTAL (add Line 23 and Line 24).....	121341.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	27135.56
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	94205.75

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 29	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

NAME OF COMMITTEE (In Full)
SHIVA 4 SENATE

Full Name (Last, First, Middle Initial) balasubramani, vishwanath, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 25 / 2018	
Mailing Address 10203 Winding Glen			Transaction ID : SA11AI.15908	
City Katy	State TX	Zip Code 77494	Amount of Each Receipt this Period _____ 500.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Helix ESG		Occupation Project Manager Wells Engineering		
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 500.00		

Full Name (Last, First, Middle Initial) Bilich, Matthew, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 20 / 2018	
Mailing Address 130 Pleasant View Dr			Transaction ID : SA11AI.16282	
City Oliver Springs	State TN	Zip Code 37840	Amount of Each Receipt this Period _____ 50.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Dann Ocean Towing		Occupation Tugboat Captain		
Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 225.00		

Full Name (Last, First, Middle Initial) BOWDEN, RONALD, A, ,			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 08 / 2018	
Mailing Address 46 SOMERSET AVENUE			Transaction ID : SA11AI.16245	
City RIVERSIDE	State RI	Zip Code 02915	Amount of Each Receipt this Period _____ 100.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 1350.00		

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 650.00
TOTAL This Period (last page this line number only)..... ▶	_____

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

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

FOR LINE NUMBER: PAGE 6 OF 29
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SHIVA 4 SENATE

A. Full Name (Last, First, Middle Initial)
brinkman, lloyd D, , ,
 Mailing Address 2501 tydings cove
 City austin State TX Zip Code 78730
 FEC ID number of contributing federal political committee. C
 Name of Employer Self Occupation manager
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 07 2018
Transaction ID : SA11AI.15959
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
hood, bud, , ,
 Mailing Address 34204 pacific coast hwy
 City dana point State CA Zip Code 92629
 FEC ID number of contributing federal political committee. C
 Name of Employer none Occupation none
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 07 2018
Transaction ID : SA11AI.15953
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Kavulich, Marc, , ,
 Mailing Address 200 Sheffield Circle
 City Stratford State CT Zip Code 06614
 FEC ID number of contributing federal political committee. C
 Name of Employer retired Occupation retired
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 06 2018
Transaction ID : SA11AI.16214
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 29	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
SHIVA 4 SENATE

A. Full Name (Last, First, Middle Initial)
Lawsky, Teresa, , ,

Mailing Address 472 Holly Street

City Laguna Beach	State CA	Zip Code 92651
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Business
--------------------------	------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2018

Transaction ID : SA11AI.16034

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Morrill, Christopher, , ,

Mailing Address 2100 4th St #268

City San Rafael	State CA	Zip Code 94901
--------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 23 / 2018

Transaction ID : SA11AI.16156

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
O'Keefe, William, , ,

Mailing Address 820 Laguna honda Blvd

City San Francisco	State CA	Zip Code 94127
-----------------------	-------------	-------------------

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

Name of Employer O'Keefe's, Inc.	Occupation Executive
-------------------------------------	-------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2018

Transaction ID : SA11AI.16286

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	3250.00
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 29
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SHIVA 4 SENATE

A. Full Name (Last, First, Middle Initial)
Plate, Jack, , ,

Mailing Address 14445 E Chciago Rd

City Cement City State MI Zip Code 49233

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

Name of Employer Ross Design & Engineering Occupation President/Owner

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2018

Transaction ID : SA11AI.16258

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Poulter, Michael D, , ,

Mailing Address 234 W Avenue L

City San Angelo State TX Zip Code 76903

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

Name of Employer Acme Millwork, Inc Occupation Manager

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2018

Transaction ID : SA11AI.15902

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
VISCOVICH, PAUL, , ,

Mailing Address 319 LAKE CREST CT

City WESTON State FL Zip Code 33326

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

Name of Employer SELF Occupation WRITER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2018

Transaction ID : SA11AI.16051

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 9 OF 29	
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SHIVA 4 SENATE

A. Full Name (Last, First, Middle Initial)
Ware, Sandra, D, ,

Mailing Address 4801 Texas Ave., SE

City Washington	State DC	Zip Code 20019
--------------------	-------------	-------------------

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

Name of Employer US Government	Occupation Librarian
-----------------------------------	-------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 475.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2018

Transaction ID : SA11AI.16296

Amount of Each Receipt this Period
 75.00

Memo Item

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

Mailing Address

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

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="checkbox"/> 75.00
TOTAL This Period (last page this line number only)..... ▶	<input type="checkbox"/> 5825.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 29	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
SHIVA 4 SENATE

Full Name (Last, First, Middle Initial) A. Ayyadurai, Shiva, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 30 / 2018	
Mailing Address 69 Snake Hill Road			Transaction ID : SA11D.16349	
City Belmont	State MA	Zip Code 02478	Amount of Each Receipt this Period 6266.66	
FEC ID number of contributing federal political committee. C S8MA00268			<input type="checkbox"/> Memo Item	
Name of Employer CytoSolve, Inc.		Occupation Chairman & CEO		
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4796020.52		

Full Name (Last, First, Middle Initial) B.			Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address				
City	State	Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼		

Full Name (Last, First, Middle Initial) C.			Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address				
City	State	Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼		

SUBTOTAL of Receipts This Page (optional)..... ▶	6266.66
TOTAL This Period (last page this line number only)..... ▶	6266.66

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 29			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
SHIVA 4 SENATE

Full Name (Last, First, Middle Initial) A. ANSWERFIRST		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2018
Mailing Address 1602 NORTH 21 ST STREET		FEC Identification Number C
City TAMPA	State FL	Zip Code 33605
Purpose of Disbursement Phone Service		Amount of Each Disbursement this Period 221.80
Candidate Name		Transaction ID : SB17.16375
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. City of Marlborough		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2018
Mailing Address 140 Main Street		FEC Identification Number C
City Marlborough,	State MA	Zip Code 01752
Purpose of Disbursement Parade Fee		Amount of Each Disbursement this Period 350.00
Candidate Name		Transaction ID : SB17.16392
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. DCCI		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2018
Mailing Address 701 CONCORD AVE		FEC Identification Number C
City CAMBRIDGE	State MA	Zip Code 02478
Purpose of Disbursement Rent		Amount of Each Disbursement this Period 6266.66
Candidate Name		Transaction ID : SB17.16350
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	6838.46
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 29			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
SHIVA 4 SENATE

Full Name (Last, First, Middle Initial) A. Design A Shirt LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2018		
Mailing Address 901 ScottsdaleRoad			FEC Identification Number C		
City Tempe	State AZ	Zip Code 85281	Amount of Each Disbursement this Period 63.91		
Purpose of Disbursement Campaign Apparel		Category/ Type	Transaction ID : SB17.16389		
Candidate Name		<input type="checkbox"/> Memo Item			
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:					

Full Name (Last, First, Middle Initial) B. Design A Shirt LLC			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2018		
Mailing Address 901 ScottsdaleRoad			FEC Identification Number C		
City Tempe	State AZ	Zip Code 85281	Amount of Each Disbursement this Period 87.45		
Purpose of Disbursement Campaign Apparel		Category/ Type	Transaction ID : SB17.16393		
Candidate Name		<input type="checkbox"/> Memo Item			
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:					

Full Name (Last, First, Middle Initial) c. Design A Shirt LLC			Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2018		
Mailing Address 901 ScottsdaleRoad			FEC Identification Number C		
City Tempe	State AZ	Zip Code 85281	Amount of Each Disbursement this Period 193.76		
Purpose of Disbursement Campaign Apparel		Category/ Type	Transaction ID : SB17.16398		
Candidate Name		<input type="checkbox"/> Memo Item			
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:					

SUBTOTAL of Disbursements This Page (optional).....▶	345.12
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 29			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
SHIVA 4 SENATE

Full Name (Last, First, Middle Initial) A. Design A Shirt LLC			Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2018		
Mailing Address 901 Scottsdale Road			FEC Identification Number C		
City Tempe	State AZ	Zip Code 85281	Amount of Each Disbursement this Period 64.60		
Purpose of Disbursement Campaign Apparel		Category/ Type	Transaction ID : SB17.16399		
Candidate Name		<input type="checkbox"/> Memo Item			
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:					

Full Name (Last, First, Middle Initial) B. Fred Ricci Tool Co			Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2018		
Mailing Address 165 Dyerville Avenue Suite 2			FEC Identification Number C		
City Johnston	State RI	Zip Code 02919	Amount of Each Disbursement this Period 2295.00		
Purpose of Disbursement Printing		Category/ Type	Transaction ID : SB17.16386		
Candidate Name		<input type="checkbox"/> Memo Item			
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:					

Full Name (Last, First, Middle Initial) C. Fred Ricci Tool Co			Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2018		
Mailing Address 165 Dyerville Avenue Suite 2			FEC Identification Number C		
City Johnston	State RI	Zip Code 02919	Amount of Each Disbursement this Period 1200.00		
Purpose of Disbursement Printing		Category/ Type	Transaction ID : SB17.16390		
Candidate Name		<input type="checkbox"/> Memo Item			
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:					

SUBTOTAL of Disbursements This Page (optional).....▶	3559.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SHIVA 4 SENATE

Full Name (Last, First, Middle Initial) A. Fred Ricci Tool Co		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2018
Mailing Address 165 Dyerville Avenue Suite 2		FEC Identification Number C
City Johnston	State RI	Zip Code 02919
Purpose of Disbursement Printing	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 10000.00	
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) ▼	Transaction ID : SB17.16396
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Fred Ricci Tool Co		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2018
Mailing Address 165 Dyerville Avenue Suite 2		FEC Identification Number C
City Johnston	State RI	Zip Code 02919
Purpose of Disbursement Printing	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 372.00	
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) ▼	Transaction ID : SB17.16397
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Girgorio, Richard, , ,		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2018
Mailing Address 184 Thorndike St,		FEC Identification Number C
City Cambridge	State MA	Zip Code 02141
Purpose of Disbursement Mileage Reimbursement	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 288.38	
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) ▼	Transaction ID : SB17.16428
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	10660.38
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SHIVA 4 SENATE

Full Name (Last, First, Middle Initial) A. India Association of Greater Boston		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2018
Mailing Address P.O. Box 1345		FEC Identification Number C
City Burlington,	State MA	Zip Code 01803
Purpose of Disbursement Event Sponsorship		Amount of Each Disbursement this Period 250.00
Candidate Name	Category/ Type	Transaction ID : SB17.16388
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. P & M Service Centre		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2018
Mailing Address 82 Concord Ave		FEC Identification Number C
City Belmont	State MA	Zip Code 02478
Purpose of Disbursement Gas		Amount of Each Disbursement this Period 128.41
Candidate Name	Category/ Type	Transaction ID : SB17.16353
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. QUICKBOOKS		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2018
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement Accounting Software		Amount of Each Disbursement this Period 63.75
Candidate Name	Category/ Type	Transaction ID : SB17.16355
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	442.16
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 29			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
SHIVA 4 SENATE

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. RealValidation		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>27</td> <td></td> <td>2018</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	09		27		2018
M M	/	D D	/	Y Y Y Y									
09		27		2018									
Mailing Address 3001 N Rocky Point Dr E #200		FEC Identification Number											
City Tampa	State FL	Zip Code 33607	C										
Purpose of Disbursement Online App		Amount of Each Disbursement this Period											
Candidate Name		350.00											
Office Sought:	Disbursement For:	Transaction ID : SB17.16382											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item											
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. SHELL OIL		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>30</td> <td></td> <td>2018</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	08		30		2018
M M	/	D D	/	Y Y Y Y									
08		30		2018									
Mailing Address 910 LOUISIANA ST		FEC Identification Number											
City HOUSTON	State TX	Zip Code 77002	C										
Purpose of Disbursement Gas		Amount of Each Disbursement this Period											
Candidate Name		95.00											
Office Sought:	Disbursement For:	Transaction ID : SB17.16351											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item											
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. STRIPE		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>16</td> <td></td> <td>2018</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	08		16		2018
M M	/	D D	/	Y Y Y Y									
08		16		2018									
Mailing Address 185 BERRY STREET SUITE 550		FEC Identification Number											
City SAN FRANCISCO	State CA	Zip Code 94107	C										
Purpose of Disbursement CC Processing		Amount of Each Disbursement this Period											
Candidate Name		0.97											
Office Sought:	Disbursement For:	Transaction ID : SB17.16400											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item											
State: District:													

SUBTOTAL of Disbursements This Page (optional).....▶	445.97
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 29			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
SHIVA 4 SENATE

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2018
Mailing Address 185 BERRY STREET SUITE 550		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CC Processing		Amount of Each Disbursement this Period 3.20
Candidate Name	Category/Type	Transaction ID : SB17.16401
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2018
Mailing Address 185 BERRY STREET SUITE 550		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CC Processing		Amount of Each Disbursement this Period 2.78
Candidate Name	Category/Type	Transaction ID : SB17.16402
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2018
Mailing Address 185 BERRY STREET SUITE 550		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CC Processing		Amount of Each Disbursement this Period 8.96
Candidate Name	Category/Type	Transaction ID : SB17.16403
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	14.94
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 29			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
SHIVA 4 SENATE

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2018
Mailing Address 185 BERRY STREET SUITE 550		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CC Processing		Amount of Each Disbursement this Period 2.06
Candidate Name		Transaction ID : SB17.16404
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2018
Mailing Address 185 BERRY STREET SUITE 550		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CC Processing		Amount of Each Disbursement this Period 1.75
Candidate Name		Transaction ID : SB17.16405
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2018
Mailing Address 185 BERRY STREET SUITE 550		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CC Processing		Amount of Each Disbursement this Period 27.71
Candidate Name		Transaction ID : SB17.16406
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	31.52
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 29			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
SHIVA 4 SENATE

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2018
Mailing Address 185 BERRY STREET SUITE 550		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CC Processing		Amount of Each Disbursement this Period 38.98
Candidate Name	Category/ Type	Transaction ID : SB17.16407
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2018
Mailing Address 185 BERRY STREET SUITE 550		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CC Processing		Amount of Each Disbursement this Period 26.64
Candidate Name	Category/ Type	Transaction ID : SB17.16408
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2018
Mailing Address 185 BERRY STREET SUITE 550		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CC Processing		Amount of Each Disbursement this Period 0.45
Candidate Name	Category/ Type	Transaction ID : SB17.16409
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	66.07
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 29			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
SHIVA 4 SENATE

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2018
Mailing Address 185 BERRY STREET SUITE 550		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CC Processing		Amount of Each Disbursement this Period 3.54
Candidate Name		Transaction ID : SB17.16410
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2018
Mailing Address 185 BERRY STREET SUITE 550		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CC Processing		Amount of Each Disbursement this Period 12.57
Candidate Name		Transaction ID : SB17.16411
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2018
Mailing Address 185 BERRY STREET SUITE 550		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CC Processing		Amount of Each Disbursement this Period 6.13
Candidate Name		Transaction ID : SB17.16412
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	22.24
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SHIVA 4 SENATE

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2018
Mailing Address 185 BERRY STREET SUITE 550		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CC Processing		Amount of Each Disbursement this Period 4.80
Candidate Name	Category/ Type	Transaction ID : SB17.16413
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2018
Mailing Address 185 BERRY STREET SUITE 550		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CC Processing		Amount of Each Disbursement this Period 0.39
Candidate Name	Category/ Type	Transaction ID : SB17.16414
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2018
Mailing Address 185 BERRY STREET SUITE 550		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CC Processing		Amount of Each Disbursement this Period 0.45
Candidate Name	Category/ Type	Transaction ID : SB17.16415
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	5.64
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SHIVA 4 SENATE

Full Name (Last, First, Middle Initial) A. STRIPE			Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2018	
Mailing Address 185 BERRY STREET SUITE 550			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94107	Amount of Each Disbursement this Period 88.21	
Purpose of Disbursement CC Processing		Category/ Type	Transaction ID : SB17.16416	
Candidate Name		<input type="checkbox"/> Memo Item		
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:				

Full Name (Last, First, Middle Initial) B. STRIPE			Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2018	
Mailing Address 185 BERRY STREET SUITE 550			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94107	Amount of Each Disbursement this Period 41.31	
Purpose of Disbursement CC Processing		Category/ Type	Transaction ID : SB17.16417	
Candidate Name		<input type="checkbox"/> Memo Item		
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:				

Full Name (Last, First, Middle Initial) C. STRIPE			Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2018	
Mailing Address 185 BERRY STREET SUITE 550			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94107	Amount of Each Disbursement this Period 2.47	
Purpose of Disbursement CC Processing		Category/ Type	Transaction ID : SB17.16418	
Candidate Name		<input type="checkbox"/> Memo Item		
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:				

SUBTOTAL of Disbursements This Page (optional).....▶	81.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 29			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
SHIVA 4 SENATE

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2018
Mailing Address 185 BERRY STREET SUITE 550		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CC Processing		Amount of Each Disbursement this Period 72.80
Candidate Name	Category/ Type	Transaction ID : SB17.16419
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2018
Mailing Address 185 BERRY STREET SUITE 550		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CC Processing		Amount of Each Disbursement this Period 1.03
Candidate Name	Category/ Type	Transaction ID : SB17.16420
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2018
Mailing Address 185 BERRY STREET SUITE 550		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CC Processing		Amount of Each Disbursement this Period 8.14
Candidate Name	Category/ Type	Transaction ID : SB17.16421
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	81.97
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 29			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
SHIVA 4 SENATE

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2018
Mailing Address 185 BERRY STREET SUITE 550		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CC Processing		Amount of Each Disbursement this Period 1.11
Candidate Name	Category/ Type	Transaction ID : SB17.16422
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2018
Mailing Address 185 BERRY STREET SUITE 550		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CC Processing		Amount of Each Disbursement this Period 2.20
Candidate Name	Category/ Type	Transaction ID : SB17.16423
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2018
Mailing Address 185 BERRY STREET SUITE 550		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CC Processing		Amount of Each Disbursement this Period 0.44
Candidate Name	Category/ Type	Transaction ID : SB17.16424
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3.75
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SHIVA 4 SENATE

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2018
Mailing Address 185 BERRY STREET SUITE 550		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CC Processing		Amount of Each Disbursement this Period 3.20
Candidate Name	Category/ Type	Transaction ID : SB17.16425
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2018
Mailing Address 185 BERRY STREET SUITE 550		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement CC Processing		Amount of Each Disbursement this Period 1.32
Candidate Name	Category/ Type	Transaction ID : SB17.16426
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Sullivan Tire		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2018
Mailing Address 271 Lee Burbank Hwy		FEC Identification Number C
City Revere	State MA	Zip Code 02169
Purpose of Disbursement Campaign Bus Repair		Amount of Each Disbursement this Period 499.49
Candidate Name	Category/ Type	Transaction ID : SB17.16352
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	504.01
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 29			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
SHIVA 4 SENATE

Full Name (Last, First, Middle Initial) A. SurveyMonkey		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2018
Mailing Address 1 Curiosity Way		FEC Identification Number C
City San Mateo	State CA	Zip Code 94403
Purpose of Disbursement Online App		Amount of Each Disbursement this Period 384.00
Candidate Name	Category/ Type	Transaction ID : SB17.16395
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Taylor Rental		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2018
Mailing Address 352 McGrath Hwy		FEC Identification Number C
City Somerville	State MA	Zip Code 02143
Purpose of Disbursement Event Rental		Amount of Each Disbursement this Period 900.00
Candidate Name	Category/ Type	Transaction ID : SB17.16367
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Taylor Rental		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2018
Mailing Address 352 McGrath Hwy		FEC Identification Number C
City Somerville	State MA	Zip Code 02143
Purpose of Disbursement Event Rental		Amount of Each Disbursement this Period 369.85
Candidate Name	Category/ Type	Transaction ID : SB17.16380
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1653.85
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 29			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
SHIVA 4 SENATE

Full Name (Last, First, Middle Initial) A. THE HOME DEPOT		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2018
Mailing Address 2455 PACES FERRY RD SE		FEC Identification Number C
City ATLANTA	State GA Zip Code 30339	
Purpose of Disbursement Office Supplies		Amount of Each Disbursement this Period 156.87
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) ▼	Transaction ID : SB17.16368 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. THE HOME DEPOT		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2018
Mailing Address 2455 PACES FERRY RD SE		FEC Identification Number C
City ATLANTA	State GA Zip Code 30339	
Purpose of Disbursement Office Supplies		Amount of Each Disbursement this Period 101.96
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) ▼	Transaction ID : SB17.16369 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. THE HOME DEPOT		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2018
Mailing Address 2455 PACES FERRY RD SE		FEC Identification Number C
City ATLANTA	State GA Zip Code 30339	
Purpose of Disbursement Office Supplies		Amount of Each Disbursement this Period 348.14
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) ▼	Transaction ID : SB17.16371 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	606.97
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 29			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
SHIVA 4 SENATE

Full Name (Last, First, Middle Initial) A. THE HOME DEPOT		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2018
Mailing Address 2455 PACES FERRY RD SE		FEC Identification Number C
City ATLANTA	State GA	Zip Code 30339
Purpose of Disbursement Office Supplies	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 253.47	
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) ▼	Transaction ID : SB17.16372
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. THE HOME DEPOT		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2018
Mailing Address 2455 PACES FERRY RD SE		FEC Identification Number C
City ATLANTA	State GA	Zip Code 30339
Purpose of Disbursement Office Supplies	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 113.08	
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) ▼	Transaction ID : SB17.16373
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. THE HOME DEPOT		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2018
Mailing Address 2455 PACES FERRY RD SE		FEC Identification Number C
City ATLANTA	State GA	Zip Code 30339
Purpose of Disbursement Office Supplies	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 68.21	
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) ▼	Transaction ID : SB17.16381
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	434.76
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SHIVA 4 SENATE

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2018
Mailing Address 475 L'ENFANT PLAZA		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20260
Purpose of Disbursement Postage		Amount of Each Disbursement this Period 116.06
Candidate Name		Transaction ID : SB17.16374
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Whole Food Market		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2018
Mailing Address 200 Alewife Brook Parkway		FEC Identification Number C
City Cambridge	State MA	Zip Code 02138
Purpose of Disbursement Food/Beverages		Amount of Each Disbursement this Period 287.13
Candidate Name		Transaction ID : SB17.16357
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. ZAPIER INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2018
Mailing Address 548 MARKET ST		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94104
Purpose of Disbursement Online App		Amount of Each Disbursement this Period 25.00
Candidate Name		Transaction ID : SB17.16354
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	428.19
TOTAL This Period (last page this line number only).....▶	26227.59