

# 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

E-PAC

ADDRESS (number and street) PO BOX 500

Check if different than previously reported. (ACC) GLEN FALLS NY 12801

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00570945 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:
- |   |                                      |                                       |  |
|---|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2)            | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3)            | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input checked="" type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on M M / D D / Y Y Y Y Y Y in the State of  

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 03 / 01 / 2020 through M M / D D / Y Y Y Y Y Y 03 / 31 / 2020

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

HOBBS, CABELL, , ,

Type or Print Name of Treasurer

Signature of Treasurer HOBBS, CABELL, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 04 / 14 / 2020

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

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**E-PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="187648.24"/>	<input type="text" value="187648.24"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="56753.62"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="123496.42"/>	<input type="text" value="153748.27"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="180250.04"/>	<input type="text" value="341396.51"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="28586.00"/>	<input type="text" value="189732.47"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="151664.04"/>	<input type="text" value="151664.04"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**E-PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y 03 / 01 / 2020 To: M M / D D / Y Y Y Y 03 / 31 / 2020

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).....	20000.00	42250.00
(ii) Unitemized .....	1306.96	2308.81
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	21306.96	44558.81
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	83500.00	90500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	104806.96	135058.81
12. Transfers From Affiliated/Other Party Committees.....	18689.46	18689.46
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)).....▶	123496.42	153748.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	123496.42	153748.27

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	18586.00	54732.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	18586.00	54732.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	135000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	28586.00	189732.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28586.00	189732.47

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	104806.96	135058.81
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	104806.96	135058.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	18586.00	54732.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	18586.00	54732.47

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 26
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. SCHWAB, CHARLES, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 193861  
 City SAN FRANCISCO State CA Zip Code 94119-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHARLES SCHWAB CORP Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 09 / 2020  
**Transaction ID : SA11A.120238**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**B. WINRED**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 9891  
 City ARLINGTON State VA Zip Code 22219-1891  
 FEC ID number of contributing federal political committee. **C** C00694323  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 6053.81

Date of Receipt 03 / 10 / 2020  
**Transaction ID : SA11C.12349836**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION  
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**C. GEDULDIG, COURTNEY, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1423 SPRING VALE AVENUE  
 City MCLEAN State VA Zip Code 22101-3528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) S&P GLOBAL Occupation (for Individual) EVP PUBLIC AFFAIRS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 10 / 2020  
**Transaction ID : SA11A.123524**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION  
 EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**E-PAC**

**A. FAISON, JAY, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1355 GREENWOOD CLFS  
 SUITE 301  
 City CHARLOTTE State NC Zip Code 28204-2981  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CLEARPATH FOUNDATION Occupation (for Individual) MANAGING PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 13 / 2020  
**Transaction ID : SA11A.123496**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**B. WINRED**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 9891  
 City ARLINGTON State VA Zip Code 22219-1891  
 FEC ID number of contributing federal political committee. **C** C00694323  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 6053.81

Date of Receipt 03 / 17 / 2020  
**Transaction ID : SA11C.12396454**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION  
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**C. HAVERLY, VICTOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 307 ALISO STREET  
 City VENTURA State CA Zip Code 93001-2103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HAVERLY SYSTEMS INC Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 17 / 2020  
**Transaction ID : SA11A.123967**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION  
 EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 26
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6053.81

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 24 / 2020  
**Transaction ID : SA11C.12897579**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**B. GLACKIN, BRIAN, J., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1113 BEVERLEY DRIVE

City ALEXANDRIA	State VA	Zip Code 22302-2423
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)  
THE LIVINGSTON GROUP DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 24 / 2020  
**Transaction ID : SA11A.128976**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C. SINGER, PAUL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1 WEST 81ST STREET

City NEW YORK	State NY	Zip Code 10024-6048
------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)  
ELLIOTT MANAGEMENT CORP. EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2020  
**Transaction ID : SA11A.128972**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7000.00
<b>TOTAL</b> This Period (last page this line number only).....	20000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
**E-PAC**

**A. ALLY FINANCIAL INC. ADVOCACY POLITICAL ACTION COMMITTEE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 MASSACHUSETTS AVE, N.W.  
 SUITE 350  
 City WASHINGTON State DC Zip Code 20001-7404  
 FEC ID number of contributing federal political committee. **C** C00579540  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2020  
**Transaction ID : SA11C.120232**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
**CONTRIBUTION**

**B. AMERICAN FAMILY PHYSICIANS PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1133 CONNECTICUT AVENUE NORTHWEST  
 SUITE 1100  
 City WASHINGTON State DC Zip Code 20036-4342  
 FEC ID number of contributing federal political committee. **C** C00411553  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2020  
**Transaction ID : SA11C.120224**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
**CONTRIBUTION**

**C. BLUEPAC- BLUE CROSS BLUE SHIELD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G STREET NORTHWEST  
 City WASHINGTON State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C** C00194746  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2020  
**Transaction ID : SA11C.120228**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
**E-PAC**

**A. COMMUNITY ACTION PROGRAM PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 78214

City WASHINGTON	State DC	Zip Code 20013-9214
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00163048

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2020

**Transaction ID : SA11C.120233**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. CRH AMERICAS, INC. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 800 MAINE AVENUE SUITE 800

City WASHINGTON	State DC	Zip Code 20024-2806
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00346353

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2020

**Transaction ID : SA11C.120237**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. DELOITTE FEDERAL PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 365

City WASHINGTON	State DC	Zip Code 20044-0365
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00211318

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2020

**Transaction ID : SA11C.120229**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
**E-PAC**

**A. ELECTING MAJORITY MAKING EFFECTIVE REPUBLICANS PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 183

City ANOKA	State MN	Zip Code 55303-0183
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00592089

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
03		09		2020

**Transaction ID : SA11C.120235**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. GAP INC. POLITICAL ACTION COMMITTEE; THE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2 FOLSOM STREET  
13TH FLOOR

City SAN FRANCISCO	State CA	Zip Code 94105-1205
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00257246

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
03		09		2020

**Transaction ID : SA11C.120239**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. JP MORGAN CHASE & CO. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 601 PENNSYLVANIA AVENUE, NORTHWEST  
7TH FLOOR

City WASHINGTON	State DC	Zip Code 20004-2601
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00128512

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
03		09		2020

**Transaction ID : SA11C.120230**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
**E-PAC**

**A. MAJORITY COMMITTEE PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 10134

City BAKERSFIELD	State CA	Zip Code 93389-0134
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00428052

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2020

**Transaction ID : SA11C.120236**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. NATIONAL MULTIFAMILY HOUSING COUNCIL PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1775 EYE STREET NORTHWEST SUITE1100

City WASHINGTON	State DC	Zip Code 20006-2424
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00130773

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2020

**Transaction ID : SA11C.120234**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. RAYTHEON COMPANY PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1100 WILSON BOULEVARD SUITE 1500

City ARLINGTON	State VA	Zip Code 22209-3900
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00097568

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2020

**Transaction ID : SA11C.120226**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
**E-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. THE FREEDOM PROJECT</b>		Date of Receipt
Mailing Address 320 FIRST STREET SOUTHEAST		<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2020"/>
City WASHINGTON	State DC	Zip Code 20003-1838
FEC ID number of contributing federal political committee. <b>C</b> C00305805		<b>Transaction ID : SA11C.120227</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. THE HOME DEPOT INC. PAC</b>		Date of Receipt
Mailing Address 1155 F STREET, NORTHWEST SUITE 400		<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2020"/>
City WASHINGTON	State DC	Zip Code 20004-1346
FEC ID number of contributing federal political committee. <b>C</b> C00284885		<b>Transaction ID : SA11C.120225</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. THE WILLIAMS COMPANIES INC PAC</b>		Date of Receipt
Mailing Address ONE WILLIAMS CENTER 47TH FLOOR		<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2020"/>
City TULSA	State OK	Zip Code 74172-0140
FEC ID number of contributing federal political committee. <b>C</b> C00040394		<b>Transaction ID : SA11C.120231</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="12500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 14 OF 26  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS PAC (AICP)**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 LEIGH FARM ROAD  
 City DURHAM State NC Zip Code 27707-8110  
 FEC ID number of contributing federal political committee. **C** C00077321  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11C.123495**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
**CONTRIBUTION**

**B. TOYOTA MOTOR NORTH AMERICA, INC PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7TH STREET, NORTHWEST, SUITE 1  
 City WASHINGTON State DC Zip Code 20004-2801  
 FEC ID number of contributing federal political committee. **C** C00542365  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11C.123497**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
**CONTRIBUTION**

**C. AMERICAN BANKERS ASSOCIATION PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1120 CONNECTICUT AVENUE NORTHWEST  
 City WASHINGTON State DC Zip Code 20036-3902  
 FEC ID number of contributing federal political committee. **C** C00004275  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2020  
**Transaction ID : SA11C.123927**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
**E-PAC**

**A. EYE OF THE TIGER PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 2485

City SPRINGFIELD	State VA	Zip Code 22152-0485
FEC ID number of contributing federal political committee. <b>C</b> C00467431		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2020  
**Transaction ID : SA11C.123925**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. PG&E CORPORATION EMPLOYEES ENERGY PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 77 BEALE STREET, MAIL CODE: B29H

City SAN FRANCISCO	State CA	Zip Code 94105-
FEC ID number of contributing federal political committee. <b>C</b> C00177469		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2020  
**Transaction ID : SA11C.123926**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. UPS PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 55 GLENLAKE PARKWAY NORTHEAST

City ATLANTA	State GA	Zip Code 30328-3474
FEC ID number of contributing federal political committee. <b>C</b> C00064766		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2020  
**Transaction ID : SA11C.123924**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
**E-PAC**

**A. BLUEPAC- BLUE CROSS BLUE SHIELD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1310 G STREET NORTHWEST

City WASHINGTON	State DC	Zip Code 20005-3000
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00194746

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2020  
**Transaction ID : SA11C.128973**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. CHARTER COMMUNICATIONS INC PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 400 ATLANTIC STREET  
10TH FLOOR

City STAMFORD	State CT	Zip Code 06901-3512
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00426775

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2020  
**Transaction ID : SA11C.128974**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7500.00
<b>TOTAL</b> This Period (last page this line number only).....	83500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. GREAT NEW YORK FUND**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 341027

City AUSTIN	State TX	Zip Code 78734-0018
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00729400

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6392.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2020

**Transaction ID : SA12.136177**

Amount of Each Receipt this Period  
5000.00

Memo Item  
TRANSFER  
REIMBURSEMENT OF JFC EXPENSE ADVANCE

**B. ELISE VICTORY FUND**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 500

City GLENS FALLS	State NY	Zip Code 12801-0500
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00630632

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
12297.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2020

**Transaction ID : SA12.132964**

Amount of Each Receipt this Period  
12297.32

Memo Item  
TRANSFER

**C. HEYGI, ALBERT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 245 PARK AVE 39TH FLOOR

City NEW YORK	State NY	Zip Code 10167-4000
------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)  
FIRST FINANCIAL BANK BANKER

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2020

**Transaction ID : SA.112892.3.013**

Amount of Each Receipt this Period  
5000.00

Memo Item  
TRANSFER  
TRANSFER FROM ELISE VICTORY FUND

<b>SUBTOTAL</b> of Receipts This Page (optional).....	17297.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. KALIKOW, MARY, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 PARK AVENUE  
 City NEW YORK State NY Zip Code 10178-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 28 / 2020  
**Transaction ID : SA.116209.3.013**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

**B. KALIKOW, PETER, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 PARK AVENUE 25TH FLOOR  
 City NEW YORK State NY Zip Code 10178-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) H.J. KALIKOW CO MMP Occupation (for Individual) REAL ESTATE EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 28 / 2020  
**Transaction ID : SA.116208.3.013**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

**C. LOEB, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 HUDSON YARDS  
 City NEW YORK State NY Zip Code 10001-2163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THIRD POINT, LLC Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 09 / 2020  
**Transaction ID : SA.120091.3.013**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM ELISE VICTORY FUND

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**E-PAC**

**A. GREAT NEW YORK FUND**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 341027

City AUSTIN	State TX	Zip Code 78734-0018
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00729400

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6392.14

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		31		2020

**Transaction ID : SA12.129117**

Amount of Each Receipt this Period  
1392.14

Memo Item  
TRANSFER  
TRANSFER OF JOINT FUNDRAISING PROCEEDS

**B. OZMEN, FATIH, M., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 444 SALOMON CIR

City SPARKS	State NV	Zip Code 89434-9651
----------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)  
SIERRA NEVADA CORPORATION OWNER & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		31		2020

**Transaction ID : SA12.129118**

Amount of Each Receipt this Period  
2200.00

Memo Item  
TRANSFER  
JFC ATTRIB: GREAT NEW YORK FUND

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1392.14
<b>TOTAL</b> This Period (last page this line number only).....	18689.46

**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)  
**E-PAC**

<p><b>A. BB&amp;T</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2200 WILSON BLVD SUITE 100</p> <p>City ARLINGTON State VA Zip Code 22201</p> <p>Purpose of Disbursement BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>			<p>Date of Disbursement</p> <p>MM / DD / YYYY 03 / 02 / 2020</p>		
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>FEC Identification Number</p> <p><b>C</b></p> <p>Transaction ID : SB21B.1234</p> <p>Amount of Each Disbursement this Period</p> <p>15.00</p> <p><input type="checkbox"/> Memo Item</p>		

<p><b>B. WHEELERHOUSE LLC</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 415 WARNER STREET NW</p> <p>City WASHINGTON State DC Zip Code 20001</p> <p>Purpose of Disbursement FACILITY RENTAL/FOOD/BEVERAGES/FINANCE CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>			<p>Date of Disbursement</p> <p>MM / DD / YYYY 03 / 02 / 2020</p>		
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>FEC Identification Number</p> <p><b>C</b></p> <p>Transaction ID : SB21B.1246</p> <p>Amount of Each Disbursement this Period</p> <p>15779.46</p> <p><input type="checkbox"/> Memo Item</p>		

<p><b>C. BB&amp;T</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2200 WILSON BLVD SUITE 100</p> <p>City ARLINGTON State VA Zip Code 22201</p> <p>Purpose of Disbursement BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>			<p>Date of Disbursement</p> <p>MM / DD / YYYY 03 / 03 / 2020</p>		
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>FEC Identification Number</p> <p><b>C</b></p> <p>Transaction ID : SB21B.1235</p> <p>Amount of Each Disbursement this Period</p> <p>1.00</p> <p><input type="checkbox"/> Memo Item</p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶</p>	<p>15795.46</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>	<p></p>

**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)  
**E-PAC**

Full Name (Last, First, Middle Initial)

**A. GOOGLE**

Mailing Address 1600 AMPHITHEATRE PARKWAY

City  
MOUNTAIN VIEW

State  
CA

Zip Code  
94043

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			03			20	20		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.1250

Amount of Each Disbursement this Period

[REDACTED] 30.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**

Mailing Address 1776 WILSON BLVD #530

City  
ARLINGTON

State  
VA

Zip Code  
22209

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			03			20	20		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.1238

Amount of Each Disbursement this Period

[REDACTED] 1.13

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR

City  
DALLAS

State  
TX

Zip Code  
75201

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			04			20	20		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.1243

Amount of Each Disbursement this Period

[REDACTED] 86.10

Memo Item

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

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

[REDACTED] 117.23

[REDACTED]

**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)  
**E-PAC**

Full Name (Last, First, Middle Initial) <b>A. NORTH COUNTRY STRATEGIES LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2020
Mailing Address 123 YORK AVENUE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.1248</b> Amount of Each Disbursement this Period [ ] 1000.00
City SARATOGA SPRINGS	State NY	Zip Code 12866
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: [ ] District: [ ]	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. BB&amp;T</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2020
Mailing Address 2200 WILSON BLVD SUITE 100		FEC Identification Number C [ ] <b>Transaction ID : SB21B.1236</b> Amount of Each Disbursement this Period [ ] 1.00
City ARLINGTON	State VA	Zip Code 22201
Purpose of Disbursement BANK FEES		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: [ ] District: [ ]	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement MM / DD / YYYY 03 / 10 / 2020
Mailing Address 1593 SPRING HILL ROAD STE 400		FEC Identification Number C [ ] <b>Transaction ID : SB21B.1245</b> Amount of Each Disbursement this Period [ ] 250.00
City TYSONS CORNER	State VA	Zip Code 22182
Purpose of Disbursement DATABASE MANAGEMENT SVC		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: [ ] District: [ ]	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1251.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**E-PAC**

Full Name (Last, First, Middle Initial) <b>A. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 10 / 2020
Mailing Address 1776 WILSON BLVD #530		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.1239</b> Amount of Each Disbursement this Period [REDACTED] 109.84
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement CREDIT CARD MERCHANT 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	

Full Name (Last, First, Middle Initial) <b>B. ANEDOT</b>		Date of Disbursement MM / DD / YYYY 03 / 11 / 2020
Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.1244</b> Amount of Each Disbursement this Period [REDACTED] 9.01
City DALLAS	State TX	Zip Code 75201
Purpose of Disbursement CREDIT CARD MERCHANT 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	

Full Name (Last, First, Middle Initial) <b>C. COMPLIANCE CONSULTING CO OF VIRGINIA LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 12 / 2020
Mailing Address PO BOX 365		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.1237</b> Amount of Each Disbursement this Period [REDACTED] 1055.00
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement COMPLIANCE CONSULTING/POSTAGE		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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1173.85
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**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)  
**E-PAC**

Full Name (Last, First, Middle Initial) <b>A. CAPITOL HILL CLUB</b>		Date of Disbursement MM / DD / YYYY 03 / 17 / 2020
Mailing Address 300 FIRST STREET SE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.1247</b> Amount of Each Disbursement this Period [REDACTED] 84.80
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement FOOD/BEVERAGES		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>B. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 17 / 2020
Mailing Address 1776 WILSON BLVD #530		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.1240</b> Amount of Each Disbursement this Period [REDACTED] 42.36
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement CREDIT CARD MERCHANT 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	

Full Name (Last, First, Middle Initial) <b>C. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2020
Mailing Address 1776 WILSON BLVD #530		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.1241</b> Amount of Each Disbursement this Period [REDACTED] 80.70
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement CREDIT CARD MERCHANT 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)..... ▶

[REDACTED] 207.86

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

[REDACTED]



**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)  
**E-PAC**

Full Name (Last, First, Middle Initial) <b>A. INTUIT</b>		Date of Disbursement MM / DD / YYYY 03 / 26 / 2020
Mailing Address 2700 COAST AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.1249</b>
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement SUBSCRIPTIONS		Amount of Each Disbursement this Period [ ] 40.00
Candidate Name		Category/Type [ ]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2020
Mailing Address 1776 WILSON BLVD #530		FEC Identification Number C [ ] <b>Transaction ID : SB21B.1242</b>
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Amount of Each Disbursement this Period [ ] 0.60
Candidate Name		Category/Type [ ]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	40.60
<b>TOTAL</b> This Period (last page this line number only).....▶	18586.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**E-PAC**

Full Name (Last, First, Middle Initial) <b>A. ELISE FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2020
Mailing Address PO BOX 500		FEC Identification Number <b>C</b> C00547893 <b>Transaction ID : SB23.1251</b> Amount of Each Disbursement this Period 5000.00
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name <b>STEFANIK, ELISE, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2020	State: NY District: 21	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. ELISE FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2020
Mailing Address PO BOX 500		FEC Identification Number <b>C</b> C00547893 <b>Transaction ID : SB23.1252</b> Amount of Each Disbursement this Period 5000.00
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name <b>STEFANIK, ELISE, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2020	State: NY District: 21	<input type="checkbox"/> Memo Item
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

10000.00

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

10000.00