

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
MEGAPHONE

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00569517 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on **11** / **06** / **2018** in the State of

5. Covering Period **10** / **18** / **2018** through **11** / **26** / **2018**

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

Signature of Treasurer MCALPIN, LUKE, , , [Electronically Filed] Date **12** / **06** / **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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MEGAPHONE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		174810.82
(b) Cash on Hand at Beginning of Reporting Period.....	127549.50	
(c) Total Receipts (from Line 19)	29659.66	364225.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	157209.16	539036.15
7. Total Disbursements (from Line 31).....	41592.66	423419.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	115616.50	115616.50
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)	551293.24	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

MEGAPHONE

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	29659.66	362909.66
(ii) Unitemized	0.00	0.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	29659.66	362910.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	29659.66	362910.33
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	1315.00
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)).....▶	29659.66	364225.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	29659.66	364225.33

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	9483.00	44429.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	9483.00	44429.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	90000.00
24. Independent Expenditures (use Schedule E)	0.00	40277.66
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).....	32109.66	248712.66
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)) ..	41592.66	423419.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41592.66	423419.65

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	29659.66	362910.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29659.66	362910.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	9483.00	44429.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1315.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9483.00	43114.33

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

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

FOR LINE NUMBER: PAGE 6 OF 36
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 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)
MEGAPHONE

A. Quadvest
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 26926 FM 2978

City Magnolia	State TX	Zip Code 77354
------------------	-------------	-------------------

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 ▼
29659.66

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		18		2018

Transaction ID : SA11AI.5382

Amount of Each Receipt this Period

29659.66

 Memo Item

B.
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

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

SUBTOTAL of Receipts This Page (optional).....▶	29659.66
TOTAL This Period (last page this line number only).....▶	29659.66

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MEGAPHONE

A. Four One Three Communications LLC

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1153

City Austin State TX Zip Code 78767

Purpose of Disbursement Media Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2018

FEC Identification Number: C

Transaction ID : SB21B.5401

Amount of Each Disbursement this Period: 9337.01

Memo Item

B. WELLS FARGO BANK NA

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 6995

City PORTLAND State OR Zip Code 97228

Purpose of Disbursement Bank Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 18 / 2018

FEC Identification Number: C

Transaction ID : SB21B.5398

Amount of Each Disbursement this Period: 15.00

Memo Item

C. WELLS FARGO BANK NA

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 6995

City PORTLAND State OR Zip Code 97228

Purpose of Disbursement Bank Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 19 / 2018

FEC Identification Number: C

Transaction ID : SB21B.5399

Amount of Each Disbursement this Period: 30.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9382.01

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MEGAPHONE

Full Name (Last, First, Middle Initial) A. WELLS FARGO BANK NA		Date of Disbursement MM / DD / YYYY 10 / 26 / 2018
Mailing Address PO BOX 6995		FEC Identification Number C [] Transaction ID : SB21B.5397 Amount of Each Disbursement this Period [] 30.00
City PORTLAND	State OR	Zip Code 97228
Purpose of Disbursement Bank Fee		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. WELLS FARGO BANK NA		Date of Disbursement MM / DD / YYYY 11 / 01 / 2018
Mailing Address PO BOX 6995		FEC Identification Number C [] Transaction ID : SB21B.5403 Amount of Each Disbursement this Period [] 30.00
City PORTLAND	State OR	Zip Code 97228
Purpose of Disbursement Bank Fee		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) C. WELLS FARGO BANK NA		Date of Disbursement MM / DD / YYYY 11 / 08 / 2018
Mailing Address PO BOX 6995		FEC Identification Number C [] Transaction ID : SB21B.5402 Amount of Each Disbursement this Period [] 10.00
City PORTLAND	State OR	Zip Code 97228
Purpose of Disbursement Bank Fee		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	

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

[] 70.00

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

[] 9452.01

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

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

NAME OF COMMITTEE (In Full)
MEGAPHONE

A. Go Big Media Inc

Full Name (Last, First, Middle Initial)

Mailing Address 1350 Connecticut Ave NW
Ste 400

City Washington State DC Zip Code 20036

Purpose of Disbursement Nonfederal Production of TV Ad

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement 10 / 26 / 2018

FEC Identification Number C
Transaction ID : SB29.5395
Amount of Each Disbursement this Period 4995.00

Memo Item

B. Lawson Strategies LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1115 Kinney Ave
Unit 5

City Austin State TX Zip Code 78704

Purpose of Disbursement Nonfederal Design Print and Postage for Mailer

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement 10 / 19 / 2018

FEC Identification Number C
Transaction ID : SB29.5392
Amount of Each Disbursement this Period 27114.66

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	32109.66
TOTAL This Period (last page this line number only).....▶	32109.66

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 10 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

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

Outstanding Balance Beginning This Period 4500.82	Transaction ID : SD10.4724	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4500.82

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	6600.82
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
MEGAPHONE

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	33967.50
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
MEGAPHONE

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	11462.50
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 36
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

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

Outstanding Balance Beginning This Period <input type="text" value="1792.31"/>	Transaction ID : SD10.5034	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1792.31"/>

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="9309.81"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 14 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
MEGAPHONE

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

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

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

Outstanding Balance Beginning This Period <input type="text" value="1462.50"/>	Transaction ID : SD10.5103	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1462.50"/>

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

Outstanding Balance Beginning This Period <input type="text" value="2115.00"/>	Transaction ID : SD10.5108	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2115.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="5355.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

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

Outstanding Balance Beginning This Period 1012.50	Transaction ID : SD10.5109	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1012.50

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

Outstanding Balance Beginning This Period 742.50	Transaction ID : SD10.5120	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 742.50

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

Outstanding Balance Beginning This Period 1147.50	Transaction ID : SD10.5149	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1147.50

1) SUBTOTALS This Period This Page (optional)..... ▶	2902.50
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

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

Outstanding Balance Beginning This Period <input type="text" value="157.50"/>	Transaction ID : SD10.5150	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="157.50"/>

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

Outstanding Balance Beginning This Period <input type="text" value="697.50"/>	Transaction ID : SD10.5151	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="697.50"/>

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

Outstanding Balance Beginning This Period <input type="text" value="652.50"/>	Transaction ID : SD10.5152	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="652.50"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="1507.50"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

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

Outstanding Balance Beginning This Period 405.00	Transaction ID : SD10.5184	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 405.00

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

Outstanding Balance Beginning This Period 562.50	Transaction ID : SD10.5208	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 562.50

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

Outstanding Balance Beginning This Period 10170.00	Transaction ID : SD10.5210	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10170.00

1) SUBTOTALS This Period This Page (optional)..... ▶	11137.50
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

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

Outstanding Balance Beginning This Period 1282.50	Transaction ID : SD10.5209	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1282.50

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

Outstanding Balance Beginning This Period 225.00	Transaction ID : SD10.5211	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 225.00

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

Outstanding Balance Beginning This Period 4320.00	Transaction ID : SD10.5212	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4320.00

1) SUBTOTALS This Period This Page (optional)..... ▶	5827.50
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

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

Outstanding Balance Beginning This Period 2565.00	Transaction ID : SD10.5219	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2565.00

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

Outstanding Balance Beginning This Period 1147.50	Transaction ID : SD10.5320	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1147.50

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

Outstanding Balance Beginning This Period 2340.00	Transaction ID : SD10.5321	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2340.00

1) SUBTOTALS This Period This Page (optional)..... ▶	6052.50
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 36
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

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

Outstanding Balance Beginning This Period 2092.50	Transaction ID : SD10.5322	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2092.50

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

Outstanding Balance Beginning This Period 2610.00	Transaction ID : SD10.5324	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2610.00

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

Outstanding Balance Beginning This Period 135.00	Transaction ID : SD10.5347	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 135.00

1) SUBTOTALS This Period This Page (optional)..... ▶	4837.50
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 21 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

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

Outstanding Balance Beginning This Period 202.50	Transaction ID : SD10.5348	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 202.50

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

Outstanding Balance Beginning This Period 1057.50	Transaction ID : SD10.5349	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1057.50

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

Outstanding Balance Beginning This Period 697.50	Transaction ID : SD10.5359	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 697.50

1) SUBTOTALS This Period This Page (optional)..... ▶	1957.50
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 22 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

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

Outstanding Balance Beginning This Period <input type="text" value="202.50"/>	Transaction ID : SD10.5360	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="202.50"/>

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

Outstanding Balance Beginning This Period <input type="text" value="1597.50"/>	Transaction ID : SD10.5361	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1597.50"/>

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

Outstanding Balance Beginning This Period <input type="text" value="1012.50"/>	Transaction ID : SD10.5370	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1012.50"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="2812.50"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 23 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

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

Outstanding Balance Beginning This Period 967.50	Transaction ID : SD10.5375	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 967.50

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5406	
Amount Incurred This Period 3082.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 3082.50

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5407	
Amount Incurred This Period 1147.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 1147.50

1) SUBTOTALS This Period This Page (optional)..... ▶	5197.50
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 24 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
MEGAPHONE

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5408	
Amount Incurred This Period 1777.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 1777.50

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	18030.39
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 25 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

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

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

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

Outstanding Balance Beginning This Period 890.50	Transaction ID : SD10.5004	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 890.50

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

Outstanding Balance Beginning This Period 332.00	Transaction ID : SD10.5021	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 332.00

1) SUBTOTALS This Period This Page (optional)..... ▶	9385.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 26 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

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

Outstanding Balance Beginning This Period 923.50	Transaction ID : SD10.5038	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 923.50

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	18342.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 27 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

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

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

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

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

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

Outstanding Balance Beginning This Period 15428.50	Transaction ID : SD10.5121	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 15428.50

1) SUBTOTALS This Period This Page (optional)..... ▶	16065.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 28 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

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

Outstanding Balance Beginning This Period 4980.00	Transaction ID : SD10.5153	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4980.00

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

Outstanding Balance Beginning This Period 401.50	Transaction ID : SD10.5155	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 401.50

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

Outstanding Balance Beginning This Period 160.50	Transaction ID : SD10.5156	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 160.50

1) SUBTOTALS This Period This Page (optional)..... ▶	5542.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 29 OF 36
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

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

Outstanding Balance Beginning This Period <input type="text" value="54000.00"/>	Transaction ID : SD10.5163	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="54000.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="107.00"/>	Transaction ID : SD10.5180	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="107.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="107.00"/>	Transaction ID : SD10.5181	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="107.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="54214.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 30 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
MEGAPHONE

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

Outstanding Balance Beginning This Period 1690.00	Transaction ID : SD10.5204	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1690.00

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

Outstanding Balance Beginning This Period 14.97	Transaction ID : SD10.5205	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 14.97

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

Outstanding Balance Beginning This Period 1979.50	Transaction ID : SD10.5207	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1979.50

1) SUBTOTALS This Period This Page (optional)..... ▶	3684.47
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 31 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

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

Outstanding Balance Beginning This Period 53.50	Transaction ID : SD10.5220	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 53.50

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

Outstanding Balance Beginning This Period 240.00	Transaction ID : SD10.5221	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 240.00

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

Outstanding Balance Beginning This Period 160.50	Transaction ID : SD10.5315	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 160.50

1) SUBTOTALS This Period This Page (optional)..... ▶	454.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 32 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
MEGAPHONE

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

Outstanding Balance Beginning This Period <input type="text" value="7750.00"/>	Transaction ID : SD10.5316	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="7750.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="217.50"/>	Transaction ID : SD10.5325	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="217.50"/>

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

Outstanding Balance Beginning This Period <input type="text" value="829.50"/>	Transaction ID : SD10.5326	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="829.50"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="8797.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 33 OF 36
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

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

Outstanding Balance Beginning This Period 160.50	Transaction ID : SD10.5327	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 160.50

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

Outstanding Balance Beginning This Period 327.50	Transaction ID : SD10.5328	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 327.50

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

Outstanding Balance Beginning This Period 1551.50	Transaction ID : SD10.5329	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1551.50

1) SUBTOTALS This Period This Page (optional)..... ▶	2039.50
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 34 OF 36
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

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

Outstanding Balance Beginning This Period 481.50	Transaction ID : SD10.5345	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 481.50

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

Outstanding Balance Beginning This Period 231.25	Transaction ID : SD10.5346	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 231.25

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

Outstanding Balance Beginning This Period 261.00	Transaction ID : SD10.5362	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 261.00

1) SUBTOTALS This Period This Page (optional)..... ▶	973.75
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 35 OF 36
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MEGAPHONE

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

Outstanding Balance Beginning This Period <input type="text" value="55.50"/>	Transaction ID : SD10.5368	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="55.50"/>

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

Outstanding Balance Beginning This Period <input type="text" value="3557.00"/>	Transaction ID : SD10.5369	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3557.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.5413	
Amount Incurred This Period <input type="text" value="1044.50"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1044.50"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="4657.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 36 OF 36
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<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
MEGAPHONE

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5414	
Amount Incurred This Period 3181.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3181.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tusk Digital			Nature of Debt (Purpose): Website Development and Design
Mailing Address 777 6th St. NW 11th Floor			
City Washington	State DC	Zip Code 20001	

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	300181.00
2) TOTALS This Period (last page this line number only)..... ▶	551293.24
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	551293.24