

# 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

Nixon Peabody LLP PAC

ADDRESS (number and street) 1300 Clinton Square

Check if different than previously reported. (ACC) Rochester NY 14604

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

C C00404178  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 M M M / D D D / Y Y Y Y Y Y in the State of  

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

General (30G)  Runoff (30R)  Special (30S)

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

5. Covering Period M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2020 through M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2020

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

MULLEN, STEPHEN, B, ,

Type or Print Name of Treasurer

Signature of Treasurer MULLEN, STEPHEN, B, , [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 17 / 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.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Nixon Peabody LLP 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"/>		40898.28
(b) Cash on Hand at Beginning of Reporting Period.....	46650.81	
(c) Total Receipts (from Line 19) .....	6523.00	22921.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	53173.81	63819.28
7. Total Disbursements (from Line 31).....	10669.37	21314.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	42504.44	42504.44
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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

Write or Type Committee Name

**Nixon Peabody LLP PAC**

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).....	3455.00	11138.00
(ii) Unitemized .....	2068.00	10783.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5523.00	21921.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5523.00	21921.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	1000.00	1000.00
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)).....▶	6523.00	22921.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6523.00	22921.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1419.37	3834.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1419.37	3834.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9250.00	17250.00
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	229.85
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)) ..	10669.37	21314.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10669.37	21314.84

**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) .....	5523.00	21921.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5523.00	21921.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1419.37	3834.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1419.37	3834.99

**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 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**Nixon Peabody LLP PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ALLSWANG, DAVID, , ,**

Mailing Address 3930 ENFIELD AVENUE

City SKOKIE	State IL	Zip Code 60076
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NIXON PEABODY	Occupation (for Individual) ATTORNEY
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
243.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2020

**Transaction ID : SA11AI.5418**

Amount of Each Receipt this Period  
42.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ALLSWANG, DAVID, , ,**

Mailing Address 3930 ENFIELD AVENUE

City SKOKIE	State IL	Zip Code 60076
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NIXON PEABODY	Occupation (for Individual) ATTORNEY
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2020

**Transaction ID : SA11AI.5441**

Amount of Each Receipt this Period  
42.00

Memo Item

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

Mailing Address 3930 ENFIELD AVENUE

City SKOKIE	State IL	Zip Code 60076
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NIXON PEABODY	Occupation (for Individual) ATTORNEY
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
327.00

Date of Receipt  

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

**Transaction ID : SA11AI.5495**

Amount of Each Receipt this Period  
42.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	126.00
<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: PAGE 7 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Nixon Peabody LLP PAC**

**A. BAND, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13608 MOUNT PROSPECT DRIVE  
 City ROCKVILLE State MD Zip Code 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 08 / 08 / 2020  
**Transaction ID : SA11AI.5444**  
 Amount of Each Receipt this Period 95.00  
 Memo Item

**B. BAND, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13608 MOUNT PROSPECT DRIVE  
 City ROCKVILLE State MD Zip Code 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 03 / 2020  
**Transaction ID : SA11AI.5497**  
 Amount of Each Receipt this Period 95.00  
 Memo Item

**C. BURNHAM, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1003 KIEFER RIDGE DRIVE  
 City BALLWIN State MO Zip Code 63021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 08 / 08 / 2020  
**Transaction ID : SA11AI.5447**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**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: PAGE 8 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Nixon Peabody LLP PAC**

**A. COHEN, ALLAN, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 56 KATHLEEN DR  
 City SYOSSET State NY Zip Code 11791  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt 08 / 08 / 2020  
**Transaction ID : SA11AI.5448**  
 Amount of Each Receipt this Period 77.00  
 Memo Item

**B. CONNOLLY, SARAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 BEECH ROAD  
 City Weston State MA Zip Code 02493  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 296.00

Date of Receipt 08 / 08 / 2020  
**Transaction ID : SA11AI.5449**  
 Amount of Each Receipt this Period 148.00  
 Memo Item

**C. COONEY, MICHAEL, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 218 PARK STREET NE  
 City VIENNA State VA Zip Code 22180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 08 / 08 / 2020  
**Transaction ID : SA11AI.5450**  
 Amount of Each Receipt this Period 64.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 289.00  
**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: PAGE 9 OF 22  
(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
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NAME OF COMMITTEE (In Full)  
**Nixon Peabody LLP PAC**

**A. FEIRMAN, STEVEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1101 HALESWORTH DRIVE

City POTOMAC	State MD	Zip Code 20854
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NIXON PEABODY LLP	Occupation (for Individual) ATTORNEY
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
224.00

Date of Receipt  
MM / DD / YYYY  
08 / 08 / 2020

**Transaction ID : SA11AI.5453**

Amount of Each Receipt this Period  
33.00

Memo Item

**B. FEIRMAN, STEVEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1101 HALESWORTH DRIVE

City POTOMAC	State MD	Zip Code 20854
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NIXON PEABODY LLP	Occupation (for Individual) ATTORNEY
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
257.00

Date of Receipt  
MM / DD / YYYY  
09 / 03 / 2020

**Transaction ID : SA11AI.5499**

Amount of Each Receipt this Period  
33.00

Memo Item

**C. GIBLIN, THOMAS, A, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 AVERY STREET, UNIT 31C

City BOSTON	State MA	Zip Code 02111
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NIXON PEABODY LLP	Occupation (for Individual) ATTORNEY
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
413.00

Date of Receipt  
MM / DD / YYYY  
08 / 08 / 2020

**Transaction ID : SA11AI.5456**

Amount of Each Receipt this Period  
127.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	193.00
<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: PAGE 10 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Nixon Peabody LLP PAC**

**A. GILBERT, ADAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 60 COWDIN CIRCLE  
 City CHAPPAQUA State NY Zip Code 10514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt 08 / 08 / 2020  
**Transaction ID : SA11AI.5457**  
 Amount of Each Receipt this Period 77.00  
 Memo Item

**B. GILBERT, ADAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 60 COWDIN CIRCLE  
 City CHAPPAQUA State NY Zip Code 10514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 09 / 03 / 2020  
**Transaction ID : SA11AI.5500**  
 Amount of Each Receipt this Period 77.00  
 Memo Item

**C. HARRIS, KARI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 PECK AVENUE  
 City WELLESLEY HILLS State MA Zip Code 02481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 248.00

Date of Receipt 08 / 08 / 2020  
**Transaction ID : SA11AI.5459**  
 Amount of Each Receipt this Period 6.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 160.00  
**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 11 OF 22
<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

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NAME OF COMMITTEE (In Full)  
**Nixon Peabody LLP PAC**

**A. KUENSTER, JENNIFER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 CREST VIEW DRIVE  
 City ORINDA State CA Zip Code 94563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 298.00

Date of Receipt 08 / 08 / 2020  
**Transaction ID : SA11AI.5465**  
 Amount of Each Receipt this Period 149.00  
 Memo Item

**B. LYNCH, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 188 82ND STREET  
 City BROOKLYN State NY Zip Code 11209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.00

Date of Receipt 08 / 08 / 2020  
**Transaction ID : SA11AI.5468**  
 Amount of Each Receipt this Period 69.00  
 Memo Item

**C. LYNCH, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 188 82ND STREET  
 City BROOKLYN State NY Zip Code 11209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt 09 / 03 / 2020  
**Transaction ID : SA11AI.5504**  
 Amount of Each Receipt this Period 69.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	287.00
<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 22
	<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	

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NAME OF COMMITTEE (In Full)  
**Nixon Peabody LLP PAC**

**A. MORENO, EVELYN, V, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 CATLIN ROAD

City BROOKLINE	State MA	Zip Code 02445
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NIXON PEABODY LLP	Occupation (for Individual) ATTORNEY
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
316.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2020

**Transaction ID : SA11AI.5470**

Amount of Each Receipt this Period  
115.00

Memo Item

**B. ORTEGO, JOSEPH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 109 FIFTH STREET

City GARDEN CITY	State NY	Zip Code 11530
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NIXON PEABODY LLP	Occupation (for Individual) ATTORNEY
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
834.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2020

**Transaction ID : SA11AI.5428**

Amount of Each Receipt this Period  
417.00

Memo Item

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

Mailing Address 109 FIFTH STREET

City GARDEN CITY	State NY	Zip Code 11530
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NIXON PEABODY LLP	Occupation (for Individual) ATTORNEY
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1274.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2020

**Transaction ID : SA11AI.5472**

Amount of Each Receipt this Period  
440.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	972.00
<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 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Nixon Peabody LLP PAC**

**A. PARTIGAN, JOHN, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1803 CLOVERLAWN COURT  
 City MCLEAN State VA Zip Code 22101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 277.00

Date of Receipt **07 / 09 / 2020**  
**Transaction ID : SA11AI.5429**  
 Amount of Each Receipt this Period 54.00  
 Memo Item

**B. PARTIGAN, JOHN, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1803 CLOVERLAWN COURT  
 City MCLEAN State VA Zip Code 22101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 331.00

Date of Receipt **08 / 08 / 2020**  
**Transaction ID : SA11AI.5473**  
 Amount of Each Receipt this Period 54.00  
 Memo Item

**C. PARTIGAN, JOHN, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1803 CLOVERLAWN COURT  
 City MCLEAN State VA Zip Code 22101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt **09 / 03 / 2020**  
**Transaction ID : SA11AI.5505**  
 Amount of Each Receipt this Period 54.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	162.00
<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 14 OF 22
	<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	

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NAME OF COMMITTEE (In Full)  
**Nixon Peabody LLP PAC**

**A. PRICE, RICHARD, M, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9117 ROUEN DRIVE

City POTOMAC	State MD	Zip Code 20854
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NIXON PEABODY LLP	Occupation (for Individual) ATTORNEY
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
438.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2020

**Transaction ID : SA11AI.5476**

Amount of Each Receipt this Period  
82.00

Memo Item

**B. PURSLEY, DENISE, D, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 237 RIVIERA DRIVE WEST

City MASSAPEQUA	State NY	Zip Code 11758
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NIXON PEABODY LLP	Occupation (for Individual) ATTORNEY
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
629.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2020

**Transaction ID : SA11AI.5477**

Amount of Each Receipt this Period  
192.00

Memo Item

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

Mailing Address 41 STONEWALL LANE

City DELMAR	State NY	Zip Code 12054
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NIXON PEABODY LLP	Occupation (for Individual) ATTORNEY
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
233.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2020

**Transaction ID : SA11AI.5480**

Amount of Each Receipt this Period  
60.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	334.00
<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 15 OF 22
	<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	

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NAME OF COMMITTEE (In Full)  
**Nixon Peabody LLP PAC**

**A. ROTHCHILD, BARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 LASALLE AVENUE  
 City CRANFORD State NJ Zip Code 07016  
 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 ▼ 204.00

Date of Receipt 09 / 03 / 2020  
**Transaction ID : SA11AI.5508**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. SUSSMAN, MONICA, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7924 LAKENHEATH WAY  
 City POTOMAC State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 NIXON PEABODY LLP ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 09 / 2020  
**Transaction ID : SA11AI.5435**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**C. SUSSMAN, MONICA, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7924 LAKENHEATH WAY  
 City POTOMAC State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 NIXON PEABODY LLP ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 08 / 08 / 2020  
**Transaction ID : SA11AI.5488**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	195.00
<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: PAGE 16 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Nixon Peabody LLP PAC**

**A. SUSSMAN, MONICA, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7924 LAKENHEATH WAY  
 City POTOMAC State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt 09 / 03 / 2020  
**Transaction ID : SA11AI.5511**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**B. TAUBIN, MICHAEL, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 180 EAST END AVENUE  
 City NEW YORK State NY Zip Code 10128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 246.00

Date of Receipt 08 / 08 / 2020  
**Transaction ID : SA11AI.5489**  
 Amount of Each Receipt this Period 123.00  
 Memo Item

**C. YOWELL, AARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 176 LEFFERTS AVE  
 City BROOKLYN State NY Zip Code 11225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 08 / 2020  
**Transaction ID : SA11AI.5493**  
 Amount of Each Receipt this Period 119.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 322.00  
**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: PAGE 17 OF 22  
(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
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NAME OF COMMITTEE (In Full)  
**Nixon Peabody LLP PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ZUBIAGO, STEPHEN, D, ,**

Mailing Address **56 MIST OAK DRIVE**

City <b>EACH GREENWICH</b>	State <b>RI</b>	Zip Code <b>02818</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>NIXON PEABODY LLU</b>	Occupation (for Individual) <b>ATTORNEY</b>
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**311.00**

Date of Receipt  
**08 / 08 / 2020**

**Transaction ID : SA11AI.5494**

Amount of Each Receipt this Period  
**115.00**

Memo Item

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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
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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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>115.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>3455.00</b>

**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 22
<input 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 checked="" type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Nixon Peabody LLP PAC**

**A. RICHARD E NEAL FOR CONGRESS COMMITTEE**

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

Mailing Address 76 MAGNOLIA TERRACE

City SPRINGFIELD	State MA	Zip Code 01108
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00226522

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	/	D D	/	Y Y Y Y
09		03		2020

**Transaction ID : SA16.5513**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.**

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

Mailing Address

City	State	Zip Code
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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
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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
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Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	1000.00

**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 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)  
**Nixon Peabody LLP PAC**

Full Name (Last, First, Middle Initial)

**A. JP MORGAN CHASE BANK**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	2	0

Mailing Address CHASE SQUARE

City ROCHESTER State NY Zip Code 14692

FEC Identification Number

C [REDACTED]

Purpose of Disbursement BANK FEE

001

Transaction ID : SB21B.5398

Candidate Name

Amount of Each Disbursement this Period

[REDACTED] 79.39

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. JP MORGAN CHASE BANK**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	2	0

Mailing Address CHASE SQUARE

City ROCHESTER State NY Zip Code 14692

FEC Identification Number

C [REDACTED]

Purpose of Disbursement BANK FEE

001

Transaction ID : SB21B.5399

Candidate Name

Amount of Each Disbursement this Period

[REDACTED] 85.46

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. JP MORGAN CHASE BANK**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	2	0

Mailing Address CHASE SQUARE

City ROCHESTER State NY Zip Code 14692

FEC Identification Number

C [REDACTED]

Purpose of Disbursement BANK FEE

001

Transaction ID : SB21B.5400

Candidate Name

Amount of Each Disbursement this Period

[REDACTED] 108.40

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

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

[REDACTED] 273.25

**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

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NAME OF COMMITTEE (In Full)  
**Nixon Peabody LLP PAC**

**A. NIXON PEABODY LLP**

Full Name (Last, First, Middle Initial)

Mailing Address 1300 CLINTON SQUARE

City ROCHESTER State NY Zip Code 14604

Purpose of Disbursement PROFESSIONAL FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
08 / 05 / 2020

FEC Identification Number: C

Transaction ID : SB21B.5401

Amount of Each Disbursement this Period: 1125.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1398.25

**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

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NAME OF COMMITTEE (In Full)  
**Nixon Peabody LLP PAC**

Full Name (Last, First, Middle Initial)  
**A. BECKY GROSSMAN FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	16	/	2020

Mailing Address PO BOX 590686

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB23.5404**

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

City NEWTON CENTER State MA Zip Code 02459

Purpose of Disbursement

**011**  
Category/  
Type

Candidate Name  
**GROSSMAN, REBECCA WALKER**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: MA District: 04

Full Name (Last, First, Middle Initial)  
**B. BLUMENAUER FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	29	/	2020

Mailing Address 901 SE OAK STREET SUITE 105

FEC Identification Number

**C** C00307314

**Transaction ID : SB23.5410**

Amount of Each Disbursement this Period

[REDACTED] 250.00

Memo Item

City PORTLAND State OR Zip Code 97214

Purpose of Disbursement

**011**  
Category/  
Type

Candidate Name  
**BLUMENAUER, EARL, , ,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: OR District: 03

Full Name (Last, First, Middle Initial)  
**C. NATALIA LINOS FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	30	/	2020

Mailing Address 336 WASHINGTON ST. #3

FEC Identification Number

**C** C00745687

**Transaction ID : SB23.5414**

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

City BROOKLINE State MA Zip Code 02445

Purpose of Disbursement

**011**  
Category/  
Type

Candidate Name  
**LINOS, NATALIA, , ,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: MA District: 04

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

[REDACTED] 3750.00

**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 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

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NAME OF COMMITTEE (In Full)  
**Nixon Peabody LLP PAC**

Full Name (Last, First, Middle Initial) <b>A. RICHARD E NEAL FOR CONGRESS COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2020
Mailing Address 76 MAGNOLIA TERRACE		FEC Identification Number C C00226522 <b>Transaction ID : SB23.5408</b>
City SPRINGFIELD	State MA	Zip Code 01108
Purpose of Disbursement		Amount of Each Disbursement this Period 5000.00
Candidate Name <b>NEAL, RICHARD E MR., , ,</b>		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MA	District: 01	

Full Name (Last, First, Middle Initial) <b>B. TOM REED FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020
Mailing Address PO BOX 10847		FEC Identification Number C C00464032 <b>Transaction ID : SB23.5417</b>
City ROCHESTER	State NY	Zip Code 14610
Purpose of Disbursement		Amount of Each Disbursement this Period 500.00
Candidate Name <b>REED, THOMAS W, , ,</b>		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY	District: 23	

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) ▼	<input type="checkbox"/> Memo Item
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9250.00