

# 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.   
**FIGHT FOR TOMORROW**

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

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

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

5. Covering Period  /  /  through  /  /

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

Signature of Treasurer MATT L MACKOWIAK [Electronically Filed] Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**FIGHT FOR TOMORROW**

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="2016"/>	<input type="text" value="2073.92"/>	<input type="text" value="2073.92"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="18.99"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="20000.30"/>	<input type="text" value="20000.37"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="20019.29"/>	<input type="text" value="22074.29"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="19975.60"/>	<input type="text" value="22030.60"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="43.69"/>	<input type="text" value="43.69"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="15451.46"/>	

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

FIGHT FOR TOMORROW

Report Covering the Period: From: 04 / 01 / 2016 To: 06 / 30 / 2016

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	20000.00	20000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	20000.00	20000.00
(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) .....	20000.00	20000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.30	0.37
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))..... ▶	20000.30	20000.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	20000.30	20000.37

**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 .....	3070.00	5125.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3070.00	5125.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	16905.60	16905.60
25. Coordinated Party Expenditures (2 U.S.C. §441a(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 .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	19975.60	22030.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19975.60	22030.60

**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) .....	20000.00	20000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20000.00	20000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	3070.00	5125.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3070.00	5125.00

**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 20
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

**A. Forrest Lucas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3199 Harrison Way  
City Corydon State IN Zip Code 47112  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lucas Oil Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 05 / 2016  
**Transaction ID : SA11AI.7189**  
Amount of Each Receipt this Period  
10000.00  
 Memo Item

**B. Forrest Lucas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3199 Harrison Way  
City Corydon State IN Zip Code 47112  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lucas Oil Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 20000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 27 / 2016  
**Transaction ID : SA11AI.7211**  
Amount of Each Receipt this Period  
10000.00  
 Memo Item

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period  
 Memo Item

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

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

Full Name (Last, First, Middle Initial)

**A. Matt Mackowiak**

Mailing Address 2610 Northeast Drive

City Austin State TX Zip Code 78723

Purpose of Disbursement  
PAC Management and Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2016

Transaction ID : SB21B.7252

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Potomac Strategy Group LLC**

Mailing Address 807 Brazos Street

City Austin State TX Zip Code 78701

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2016

Transaction ID : SB21B.7226

Amount of Each Disbursement this Period

2200.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Vaughn Building**

Mailing Address 807 Brazos St

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Office Space Rent

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2016

Transaction ID : SB21B.7212

Amount of Each Disbursement this Period

600.00

Memo Item

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

3050.00

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

3050.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 8 OF 20
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

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

Outstanding Balance Beginning This Period <input type="text" value="165.00"/>	<b>Transaction ID : SD10.4107</b>	
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="165.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="2722.50"/>	<b>Transaction ID : SD10.6938</b>	
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="2722.50"/>

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

Outstanding Balance Beginning This Period <input type="text" value="630.00"/>	<b>Transaction ID : SD10.7016</b>	
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="630.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="3517.50"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> 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 9 OF 20
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

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

Outstanding Balance Beginning This Period 330.00	Transaction ID : SD10.7017	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 330.00

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

Outstanding Balance Beginning This Period 409.00	Transaction ID : SD10.7018	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 409.00

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

Outstanding Balance Beginning This Period 60.00	Transaction ID : SD10.7061	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 60.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	799.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

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

Outstanding Balance Beginning This Period 1400.00	Transaction ID : SD10.7020	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1400.00

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

Outstanding Balance Beginning This Period 52.50	Transaction ID : SD10.7021	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 52.50

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

Outstanding Balance Beginning This Period 520.00	Transaction ID : SD10.7069	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 520.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1972.50
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 20
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

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

Outstanding Balance Beginning This Period 1260.00	Transaction ID : SD10.7070	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1260.00

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

Outstanding Balance Beginning This Period 297.50	Transaction ID : SD10.7086	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 297.50

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

Outstanding Balance Beginning This Period 857.50	Transaction ID : SD10.7087	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 857.50

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	2415.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 20
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

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

Outstanding Balance Beginning This Period 547.49	<b>Transaction ID : SD10.7088</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 547.49

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

Outstanding Balance Beginning This Period 87.50	<b>Transaction ID : SD10.7089</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 87.50

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

Outstanding Balance Beginning This Period 17.50	<b>Transaction ID : SD10.7091</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 17.50

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	652.49
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 20
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

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

Outstanding Balance Beginning This Period 192.50	<b>Transaction ID : SD10.7092</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 192.50

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

Outstanding Balance Beginning This Period 1565.00	<b>Transaction ID : SD10.7094</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1565.00

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

Outstanding Balance Beginning This Period 367.50	<b>Transaction ID : SD10.7095</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 367.50

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	2125.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 14 OF 20
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

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

Outstanding Balance Beginning This Period <input type="text" value="52.50"/>	<b>Transaction ID : SD10.7096</b>	
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="52.50"/>

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

Outstanding Balance Beginning This Period <input type="text" value="52.50"/>	<b>Transaction ID : SD10.7097</b>	
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="52.50"/>

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

Outstanding Balance Beginning This Period <input type="text" value="175.00"/>	<b>Transaction ID : SD10.7098</b>	
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="175.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="280.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> 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 20
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

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

Outstanding Balance Beginning This Period 70.00	<b>Transaction ID : SD10.7099</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 70.00

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

Outstanding Balance Beginning This Period 1225.00	<b>Transaction ID : SD10.7202</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1225.00

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

Outstanding Balance Beginning This Period 647.50	<b>Transaction ID : SD10.7203</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 647.50

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1942.50
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 20
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**FIGHT FOR TOMORROW**

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

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.7253</b>	
Amount Incurred This Period 1522.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 1522.50

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

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.7254</b>	
Amount Incurred This Period 210.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 210.00

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

Outstanding Balance Beginning This Period 14.97	<b>Transaction ID : SD10.7201</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 14.97

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1747.47
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	15451.46
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	15451.46



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>FIGHT FOR TOMORROW</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00549279
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Left Hand Design</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 04 / 26 / 2016
Mailing Address 7233 Manchaca Rd No 37	Amount <span style="border: 1px solid black; padding: 2px;">649.50</span>
City State Zip Code Austin TX 78745	
Purpose of Expenditure Design of Federal Mailer	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate ERIN HOUCHIN	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 04 / 26 / 2016
Name of Federal Candidate ERIN HOUCHIN	Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">8452.80</span>	

Full Name of Payee <b>Left Hand Design</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 04 / 26 / 2016
Mailing Address 7233 Manchaca Rd No 37	Amount <span style="border: 1px solid black; padding: 2px;">216.50</span>
City State Zip Code Austin TX 78745	
Purpose of Expenditure Design of Federal Mailer	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate TREY HOLLINGSWORTH	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 04 / 26 / 2016
Name of Federal Candidate TREY HOLLINGSWORTH	Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">8669.30</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">866.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MATT L MACKOWIAK [Electronically Filed]

Signature Date M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
FIGHT FOR TOMORROW
FEC IDENTIFICATION NUMBER
C C00549279
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Left Hand Design
Mailing Address
7233 Manchaca Rd
No 37
City
Austin State
TX Zip Code
78745
Purpose of Expenditure
Design of Federal Mailer
Category/Type
Name of Federal Candidate
ERIN HOUCHIN
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
16797.35

Date of Public Distribution/Dissemination
04 / 30 / 2016
Amount
324.75
Transaction ID : SE.7229
Date of Disbursement or Obligation
04 / 29 / 2016
Office Sought:
House
District: 09
State: IN
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Left Hand Design
Mailing Address
7233 Manchaca Rd
No 37
City
Austin State
TX Zip Code
78745
Purpose of Expenditure
Design of Federal Mailer
Category/Type
Name of Federal Candidate
TREY HOLLINGSWORTH
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
16905.60

Date of Public Distribution/Dissemination
04 / 30 / 2016
Amount
108.25
Transaction ID : SE.7230
Date of Disbursement or Obligation
04 / 29 / 2016
Office Sought:
House
District: 09
State: IN
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 433.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
MATT L MACKOWIAK
[Electronically Filed]
Date 07 / 14 / 2016
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>FIGHT FOR TOMORROW</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00549279
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Thomas Graphics Inc</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 04 / 26 / 2016
Mailing Address PO Box 142226	Amount <span style="border: 1px solid black; padding: 2px;">5852.47</span>
City State Zip Code Austin TX 78714	
Purpose of Expenditure Mail List Rental, Mailer Distribution and Postage	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate ERIN HOUCHIN	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 04 / 25 / 2016
Name of Federal Candidate ERIN HOUCHIN	Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">5852.47</span>	

Full Name of Payee <b>Thomas Graphics Inc</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 04 / 26 / 2016
Mailing Address PO Box 142226	Amount <span style="border: 1px solid black; padding: 2px;">1950.83</span>
City State Zip Code Austin TX 78714	
Purpose of Expenditure Mail List Rental, Mailer Distribution and Postage	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate TREY HOLLINGSWORTH	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 04 / 25 / 2016
Name of Federal Candidate TREY HOLLINGSWORTH	Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">7803.30</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">7803.30</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MATT L MACKOWIAK [Electronically Filed]

Signature Date M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>FIGHT FOR TOMORROW</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00549279
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Thomas Graphics Inc</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 04 / 30 / 2016
Mailing Address PO Box 142226	Amount <span style="border: 1px solid black; padding: 2px;">5852.47</span>
City State Zip Code Austin TX 78714	
Purpose of Expenditure Mail List Rental, Mailer Distribution and Postage	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate ERIN HOUCHIN	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 04 / 28 / 2016
Name of Federal Candidate ERIN HOUCHIN	Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">14521.77</span>	

Full Name of Payee <b>Thomas Graphics Inc</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 04 / 30 / 2016
Mailing Address PO Box 142226	Amount <span style="border: 1px solid black; padding: 2px;">1950.83</span>
City State Zip Code Austin TX 78714	
Purpose of Expenditure Mail List Rental, Mailer Distribution and Postage	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate TREY HOLLINGSWORTH	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 04 / 28 / 2016
Name of Federal Candidate TREY HOLLINGSWORTH	Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">16472.60</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">7803.30</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">16905.60</span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*MATT L MACKOWIAK*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2016