

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 OORAH! POLITICAL ACTION COMMITTEE

ADDRESS (number and street) PO BOX 3743 Check if different than previously reported. (ACC) CARMEL IN 46082

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00551853 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 02 / 01 / 2020 through 02 / 29 / 2020

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

Signature of Treasurer WUSLICH, JEFF, , , [Electronically Filed] Date 03 / 10 / 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

OORAH! POLITICAL ACTION COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="215570.40"/>	<input type="text" value="215570.40"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="207290.42"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="12500.00"/>	<input type="text" value="15000.00"/>
(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="219790.42"/>	<input type="text" value="230570.40"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6925.60"/>	<input type="text" value="17705.58"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="212864.82"/>	<input type="text" value="212864.82"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

OORAH! POLITICAL ACTION COMMITTEE

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).....	5000.00	7500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5000.00	7500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	7500.00	7500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	12500.00	15000.00
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.).....	0.00	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)).....▶	12500.00	15000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12500.00	15000.00

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	6925.60	17705.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6925.60	17705.58
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)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6925.60	17705.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6925.60	17705.58

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)	12500.00	15000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12500.00	15000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6925.60	17705.58
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6925.60	17705.58

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 10
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
OORAH! POLITICAL ACTION COMMITTEE

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

Mailing Address 1957 W 34TH AVE

City DENVER State CO Zip Code 80211-3419

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

Name of Employer (for Individual) UPSTREAM REHABILITATION Occupation (for Individual) CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2020

Transaction ID : SA11A.46095

Amount of Each Receipt this Period
5000.00

Memo Item CONTRIBUTION

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 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 Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 10
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OORAH! POLITICAL ACTION COMMITTEE

A. AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS PAC - AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 317 MASSACHUSETTS AVENUE NE
FLOOR 1

City WASHINGTON	State DC	Zip Code 20002-5769
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00343137

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2020

Transaction ID : SA11C.46110

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

B. AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1445 NEW YORK AVENUE NW SUITE 800

City WASHINGTON	State DC	Zip Code 20005-2125
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00359539

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2020

Transaction ID : SA11C.46111

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

C. COUNCIL OF INSURANCE AGENTS & BROKERS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 701 PENNSYLVANIA AVE NW STE 750

City WASHINGTON	State DC	Zip Code 20004-2661
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FEC ID number of contributing federal political committee. **C** C00039578

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2020

Transaction ID : SA11C.47455

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
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 8 OF 10
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OORAH! POLITICAL ACTION COMMITTEE

A. GENERAL DYNAMICS CORPORATION PAC

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

Mailing Address 11011 SUNSET HILLS ROAD

City RESTON	State VA	Zip Code 20190-5311
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FEC ID number of contributing federal political committee. **C** C00078451

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

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	28	/	2020

Transaction ID : SA11C.47454

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

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
-----	---	-----	---	---------

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).....	1500.00
TOTAL This Period (last page this line number only).....	7500.00

**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)
OORAH! POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 4017 BUENA VISTA ST UNIT 109

City DALLAS State TX Zip Code 75204

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2020

FEC Identification Number

C
Transaction ID : SB21B.I9457
Amount of Each Disbursement this Period
200.30

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 4017 BUENA VISTA ST UNIT 109

City DALLAS State TX Zip Code 75204

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2020

FEC Identification Number

C
Transaction ID : SB21B.I9468
Amount of Each Disbursement this Period
200.30

Memo Item

Full Name (Last, First, Middle Initial)

C. BROGHAMER CONSULTING LLC

Mailing Address 502 MONROE ST

City NEWPORT State KY Zip Code 41071-2006

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2020

FEC Identification Number

C
Transaction ID : SB21B.I9459
Amount of Each Disbursement this Period
1525.00

Memo Item

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

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

1925.60

**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)
OORAH! POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. LIMESTONE STRATEGIES

Mailing Address 5750 CASTLE CREEK PKWY N DR
SUITE 367

City INDIANAPOLIS State IN Zip Code 46250

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 06 / 2020

FEC Identification Number

C

Transaction ID : SB21B.I9460
Amount of Each Disbursement this Period

5000.00

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

5000.00

6925.60