

# 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 1053**  
 Check if different than previously reported. (ACC) **BLOOMINGTON IN 47402**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00551853** 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  /  /  2018 through  /  /  2018

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 **WUSLICH, JEFF, , ,**

Signature of Treasurer **WUSLICH, JEFF, , ,** [Electronically Filed] Date  /  /  2019

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="2018"/>	<input type="text"/>	<input type="text" value="202548.96"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="12380.79"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="55000.00"/>	<input type="text" value="375252.45"/>
(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="67380.79"/>	<input type="text" value="577801.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="39043.42"/>	<input type="text" value="549464.04"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="28337.37"/>	<input type="text" value="28337.37"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

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).....	7000.00	47500.00
(ii) Unitemized .....	0.00	25.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7000.00	47525.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	48000.00	263500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	55000.00	311025.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	48444.95
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	782.50
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	15000.00
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)).....▶	55000.00	375252.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	55000.00	375252.45

**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 .....	44043.42	272964.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	44043.42	272964.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	- 5000.00	269500.00
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	7000.00
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)) ..	39043.42	549464.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39043.42	549464.04

**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) .....	55000.00	311025.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	55000.00	311025.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	44043.42	272964.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	782.50
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	44043.42	272181.54

**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 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. MCDANIEL, MALLOY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2407 CAMERON MILLS ROAD  
 City ALEXANDRIA State VA Zip Code 22302-7747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WEST FRONT STRATEGIES Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 30 / 2018  
**Transaction ID : SA11A.40162**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. MEHLMAN, BRUCE, P., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6629 LYBROOK CT  
 City BETHESDA State MD Zip Code 20817-3029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEHLMAN CASTAGNETTI ROSEN & THOMAS Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 19 / 2018  
**Transaction ID : SA11A.40175**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**C. WESTINE, LEZLEE, HIEGEL, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7108 THRASHER RD  
 City MCLEAN State VA Zip Code 22101-2013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PERSONAL CARE PRODUCTS COUNCIL Occupation (for Individual) PRESIDENT & CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 19 / 2018  
**Transaction ID : SA11A.40176**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<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 7 OF 19
	<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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NAME OF COMMITTEE (In Full)  
**OORAH! POLITICAL ACTION COMMITTEE**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**POKAGON BAND OF POTAWATOMI INDIANS**

Mailing Address 58620 SINK ROAD

City DOWAGIAC	State MI	Zip Code 49047-9329
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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 ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2018

**Transaction ID : SA11A.40159**

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
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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  
 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
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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  
 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).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7000.00

**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 8 OF 19
<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. AFLAC PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1932 WYNNTON ROAD

City COLUMBUS	State GA	Zip Code 31999-0001
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FEC ID number of contributing federal political committee. **C** C00034157

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2018

**Transaction ID : SA11C.40174**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. AIR METHODS CORPORATION PAC - AMPAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 4682

City ENGLEWOOD	State CO	Zip Code 80155-4682
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FEC ID number of contributing federal political committee. **C** C00529909

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  
12 / 02 / 2018

**Transaction ID : SA11C.40158**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**C. ALTRIA GROUP, INC. PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 CONSTITUTION AVENUE NW  
SUITE 400W

City WASHINGTON	State DC	Zip Code 20001-2155
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FEC ID number of contributing federal political committee. **C** C00089136

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2018

**Transaction ID : SA11C.40163**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4500.00
<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 9 OF 19
<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 DENTAL ASSOCIATION PAC**

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

Mailing Address 1111 14TH STREET NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20005-5627

FEC ID number of contributing federal political committee. **C** C00000729

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2018

**Transaction ID : SA11C.40213**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. DELOITTE FEDERAL PAC**

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

Mailing Address PO BOX 365

City WASHINGTON State DC Zip Code 20044-0365

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 20 / 2018

**Transaction ID : SA11C.40178**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C. FORD MOTOR COMPANY CIVIC ACTION FUND**

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

Mailing Address PO BOX 75000

City DETROIT State MI Zip Code 48275-0001

FEC ID number of contributing federal political committee. **C** C00046474

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  
12 / 31 / 2018

**Transaction ID : SA11C.40182**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 19
<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. GOOGLE INC. NETPAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25 MASSACHUSETTS AVE NW  
9TH FLOOR

City WASHINGTON	State DC	Zip Code 20001-1430
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FEC ID number of contributing federal political committee. **C** C00428623

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2018

**Transaction ID : SA11C.40165**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 1350 I STREET NW SUITE 1210

City WASHINGTON	State DC	Zip Code 20005-3305
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FEC ID number of contributing federal political committee. **C** C00010983

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  
12 / 31 / 2018

**Transaction ID : SA11C.40181**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**C. MACANDREWS & FORBES INCORPORATED PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 E 62ND STREET

City NEW YORK	State NY	Zip Code 10065-8014
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FEC ID number of contributing federal political committee. **C** C00432856

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2018

**Transaction ID : SA11C.40172**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 19
<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. MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY PAC (MMPAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1295 STATE STREET

City SPRINGFIELD	State MA	Zip Code 01111-0001
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FEC ID number of contributing federal political committee. **C** C00118943

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
12	/	16	/	2018

**Transaction ID : SA11C.40164**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. MICROSOFT CORPORATION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 16011 NE 36TH WAY # 97017

City REDMOND	State WA	Zip Code 98052-6301
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FEC ID number of contributing federal political committee. **C** C00227546

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2018

**Transaction ID : SA11C.40179**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. NATIONAL EMERGENCY MEDICINE PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1125 EXECUTIVE CIRCLE

City IRVING	State TX	Zip Code 75038-2522
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FEC ID number of contributing federal political committee. **C** C00140061

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2018

**Transaction ID : SA11C.40173**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 19
<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. NATIONAL MULTIFAMILY HOUSING COUNCIL PAC - NMHC**

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

Mailing Address 1775 EYE ST. NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20006-2424

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
12 / 31 / 2018  
**Transaction ID : SA11C.40180**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**B. PERSONAL CARE PRODUCTS COUNCIL POLITICAL ACTION CO**

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

Mailing Address 1620 L STREET NW  
SUITE 1200

City WASHINGTON State DC Zip Code 20036-5670

FEC ID number of contributing federal political committee. **C** C00113845

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3500.00

Date of Receipt  
12 / 19 / 2018  
**Transaction ID : SA11C.40177**

Amount of Each Receipt this Period  
3500.00

Memo Item  
CONTRIBUTION

**C. TWENTY-FIRST CENTURY FOX, INC. PAC**

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

Mailing Address 400 NORTH CAPITOL ST NW

City WASHINGTON State DC Zip Code 20001-

FEC ID number of contributing federal political committee. **C** C00330019

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
12 / 31 / 2018  
**Transaction ID : SA11C.40184**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10500.00
<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 13 OF 19  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A. UNITEDHEALTH GROUP PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 PENNSYLVANIA AVE NW STE 200  
 City WASHINGTON State DC Zip Code 20004-3610  
 FEC ID number of contributing federal political committee. **C** C00274431  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11C.40183**  
 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 M / D 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 M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	48000.00

**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. AMTRAK**

Mailing Address 60 MASSACHUSETTS AVENUE NE

City  
WASHINGTON

State  
DC

Zip Code  
20002-4285

Purpose of Disbursement  
TRAVEL

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  
12 / 12 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.I8471**  
Amount of Each Disbursement this Period  
173.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BISTRO CACAO**

Mailing Address 320 MASS. AVE, NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
FOOD/BEVERAGE

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  
12 / 19 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.I8487**  
Amount of Each Disbursement this Period  
77.90

Memo Item

Full Name (Last, First, Middle Initial)

**C. BROGHAMER CONSULTING LLC**

Mailing Address 411 WALNUT STREET PMB 300

City  
GREEN COVE SPRINGS

State  
FL

Zip Code  
32043-2006

Purpose of Disbursement  
COMPLIANCE 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  
12 / 04 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.I8463**  
Amount of Each Disbursement this Period  
3039.74

Memo Item

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

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

3290.64

**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) <b>A. BROGHAMER CONSULTING LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 23 / 2018
Mailing Address 411 WALNUT STREET PMB 300		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I8478</b> Amount of Each Disbursement this Period [ ] 1500.00
City GREEN COVE SPRINGS	State FL	Zip Code 32043-2006
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement MM / DD / YYYY 12 / 10 / 2018
Mailing Address 1593 SPRING HILL ROAD, SUITE 400		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I8468</b> Amount of Each Disbursement this Period [ ] 125.00
City TYSONS CORNER	State VA	Zip Code 22182
Purpose of Disbursement SOFTWARE		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. DELTA AIR LINES</b>		Date of Disbursement MM / DD / YYYY 12 / 11 / 2018
Mailing Address P.O. BOX 20706		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I8469</b> Amount of Each Disbursement this Period [ ] 426.20
City ATLANTA	State GA	Zip Code 30320-6001
Purpose of Disbursement TRAVEL		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 2051.20
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. EC CONSULTING, LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 23 / 2018	
Mailing Address 526 6TH STREET SE			
City WASHINGTON	State DC	Zip Code 20003-2705	
Purpose of Disbursement FINANCE CONSULTING		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number <b>C</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period 14624.17		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. EC CONSULTING, LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 28 / 2018	
Mailing Address 526 6TH STREET SE			
City WASHINGTON	State DC	Zip Code 20003-2705	
Purpose of Disbursement FINANCE CONSULTING		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number <b>C</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period 14624.16		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. MIGHT AND MAIN, LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 04 / 2018	
Mailing Address 1821 E RUBY LANE			
City BLOOMINGTON	State IN	Zip Code 47401-6054	
Purpose of Disbursement FINANCE CONSULTING		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number <b>C</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period 1000.00		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	30248.33
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. O'DONNELL AND ASSOCIATES, LTD.**

Mailing Address 829 EMERALD DRIVE

City  
ALEXANDRIA

State  
VA

Zip Code  
22308

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			23			2018			

FEC Identification Number

**C** [ ]

**Transaction ID : SB21B.I8479**

Amount of Each Disbursement this Period

[ ] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. RPM ITALIAN**

Mailing Address 650 K ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20001

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2018			

FEC Identification Number

**C** [ ]

**Transaction ID : SB21B.I8460**

Amount of Each Disbursement this Period

[ ] 372.95

Memo Item

Full Name (Last, First, Middle Initial)

**C. SOCKO STRATEGIES, LLC**

Mailing Address 2438 TUNLAW ROAD NW

City  
WASHINGTON

State  
DC

Zip Code  
20007

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			23			2018			

FEC Identification Number

**C** [ ]

**Transaction ID : SB21B.I8480**

Amount of Each Disbursement this Period

[ ] 2500.00

Memo Item

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

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

[ ] 5372.95

[ ]

**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. SOCKO STRATEGIES, LLC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			28			2018			

Mailing Address 2438 TUNLAW ROAD NW

FEC Identification Number

**C** [ ]

**Transaction ID : SB21B.I8490**  
Amount of Each Disbursement this Period

[ ] 2500.00

Memo Item

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement  
FINANCE CONSULTING

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. SWEET AND SAVORY CATERING**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			23			2018			

Mailing Address 4340 W. 96TH ST SUITE #104

FEC Identification Number

**C** [ ]

**Transaction ID : SB21B.I8481**  
Amount of Each Disbursement this Period

[ ] 416.94

Memo Item

City INDIANAPOLIS State IN Zip Code 46268

Purpose of Disbursement  
CATERING

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. THE MONOCLE RESTAURANT**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			23			2018			

Mailing Address 107 D STREET NE

FEC Identification Number

**C** [ ]

**Transaction ID : SB21B.I8488**  
Amount of Each Disbursement this Period

[ ] 37.34

Memo Item

City WASHINGTON State DC Zip Code 20002-5657

Purpose of Disbursement  
FOOD/BEVERAGE

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

[ ] 2954.28

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

[ ] 43917.40

**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)  
**OORAH! POLITICAL ACTION COMMITTEE**

**A. MCSALLY FOR SENATE INC**

Full Name (Last, First, Middle Initial)

Mailing Address 2141 E CAMELBACK ROAD STE 250

City PHOENIX State AZ Zip Code 85016

Purpose of Disbursement VOID: POLITICAL CONTRIBUTION

Candidate Name MCSALLY, MARTHA, , ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) RECOUNT

State: AZ District:

Date of Disbursement: 12 / 17 / 2018

FEC Identification Number: C00666040

Transaction ID : SB23.I8485

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

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement:

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:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	- 5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	- 5000.00