

FEC Commission
Mr. Quy Vuong
Campaign Senior Finance Analyst

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

2018 FEB -2 PM 2:53

January 30, 2018

Re: Committee FEC ID Number C00635717


Dear Mr. Vuong,

Thank you very much for your help and support yesterday helping me navigate the filing of our first campaign report. Hopefully our efforts complied with the reporting requirements. Our biggest mission was to file it on time and as accurately as possible.

Enclosed is our 2017 Report.

Much appreciation.

Best,
Rachel Gunther
562 252 5105



RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION
2018 FEB -9 PM 12:08

2018 FEB -9 PM 12:08

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

2018 FEB -2 PM 12:53
Office Use Only

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

12FE4M5

MAKE CALIFORNIA GREAT PAC

ADDRESS (number and street)

2973 HARBOR BLVD. #621

Check if different than previously reported. (ACC)

COSTA MESA

CA

92626-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00653717

C00635717

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)
- ☐ Convention (12C)
- ☐ Special (12S)

Election on

MM / DD / YYYY

in State of

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

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

Election on

MM / DD / YYYY

in the State of

5. Covering Period

09 / 06 / 2017

through

12 / 31 / 2017

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

JOHN M. YOUNG

Signature of Treasurer



Date

01 / 30 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only

FEC FORM 3X
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

MAKE CALIFORNIA GREAT PAC

Report Covering the Period:

From:

MM / DD / YYYY
09 / 06 / 2017

To:

MM / DD / YYYY
12 / 31 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1599		1599 -
(b) Cash on Hand at Beginning of Reporting Period.....	000	
(c) Total Receipts (from Line 19).....	707137	707137
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	707137	867037
7. Total Disbursements (from Line 31).....	761790	761790
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	5347	105247
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0000 -	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	1100 -	



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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

MAKE CALIFORNIA GREAT PAC

Report Covering the Period:

From:

09' 06' 2017

To:

12' 31' 2017

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).....

20.00 -

0

(ii) Unitemized.....

5071.37

1146.60

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

7071.37

1146.60

(b) Political Party Committees.....

0

0

(c) Other Political Committees (such as PACs).....

0

0

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

7071.37

1146.60

12. Transfers From Affiliated/Other

Party Committees.....

0

0

13. All Loans Received.....

11.00 -

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0

0

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5).....

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

8171.37

1146.60

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

8171.37

1146.60

2018-02-09 00:00:00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)
(i) Federal Share

0

0

- (ii) Non-Federal Share

561,790

45,218

- (b) Other Federal Operating Expenditures

0

0

- (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))

561,790

45,218

22. Transfers to Affiliated/Other Party Committees

0

0

23. Contributions to Federal Candidates/Committees and Other Political Committees

0

0

24. Independent Expenditures (use Schedule E)

261,790

0

25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)

0

0

26. Loan Repayments Made

0.00

0

27. Loans Made

0

0

28. Refunds of Contributions To:
(a) Individuals/Persons Other Than Political Committees

0

0

- (b) Political Party Committees

0

0

- (c) Other Political Committees (such as PACs)

0

0

- (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))

0

0

29. Other Disbursements (Including Non-Federal Donations)

2,000.00

0

30. Federal Election Activity (52 U.S.C. § 30101(20))

- (a) Allocated Federal Election Activity (from Schedule H6)

- (i) Federal Share

0

0

- (ii) "Levin" Share

0

0

- (b) Federal Election Activity Paid Entirely With Federal Funds

0

0

- (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))

0

0

31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..

761,790

45,218

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)

200.00

45,218

NOT FOR FILING WITH THE COMMISSION

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	70 71 37	1 1 4 6 60
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	70 71 37	1 1 4 6 60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0	0

20180220 10:00:00

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 OF

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

MAKE CALIFORNIA GREAT PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name JOHN MAC PHERSON YOUNG		Date of Receipt 09 / 08 / 2017
Mailing Address 2973 HARBOR BL.		Amount of Each Receipt this Period 2000 - <input checked="" type="checkbox"/> Memo Item
City COSTA MESA	State CA Zip Code 92626	
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt
Mailing Address		
City	State Zip Code	Amount of Each Receipt this Period <input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 		

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt
Mailing Address		
City	State Zip Code	Amount of Each Receipt this Period <input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 		

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

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

2000 -
2000 -

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)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

MAKE CALIFORNIA GREAT PAC

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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).....▶

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE 1 OF 1

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

MAKE CALIFORNIA GREAT PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

GUNTHER, RACHEL C.

Mailing Address

8062 E. ROSINA ST.

City

LONG BEACH

State

CA

ZIP Code

90808

Original Amount of Loan

11.00

Cumulative Payment To Date

5

Balance Outstanding at Close of This Period

11.00

TERMS

Date Incurred

12/04/2017

Date Due

12/04/2018

Interest Rate

0.3% (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

11.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full) <div style="text-align: center; font-size: 1.2em;">MAKE CALIFORNIA GREAT PAC</div>			FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.1em;">C00635717</div>		
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan <div style="border: 1px solid black; height: 20px;"></div>		Interest Rate (APR) <div style="border: 1px solid black; height: 20px;"></div> %	
Mailing Address		Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>		Date Due <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	
City	State	Zip Code			
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>					
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>		Total Outstanding Balance: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>			
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				What is the value of this collateral? <div style="border: 1px solid black; height: 20px;"></div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				What is the estimated value? <div style="border: 1px solid black; height: 20px;"></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>			Location of account: Address: _____ City, State, Zip: _____		
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.					
G. COMMITTEE TREASURER Typed Name Signature				DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.					
AUTHORIZED REPRESENTATIVE Typed Name Signature				DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	
Title					

20110101 10:00:00 AM

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate
 schedule(s)
 for each
 numbered line)

PAGE OF
 FOR LINE NUMBER:
 (check only one) ☐ 9 ☐ 10

NAME OF COMMITTEE (In Full)

MAKE CALIFORNIA GREAT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

2018-2019-2020-2021-2022-2023-2024-2025-2026-2027-2028-2029-2030-2031-2032-2033-2034-2035-2036-2037-2038-2039-2040-2041-2042-2043-2044-2045-2046-2047-2048-2049-2050-2051-2052-2053-2054-2055-2056-2057-2058-2059-2060-2061-2062-2063-2064-2065-2066-2067-2068-2069-2070-2071-2072-2073-2074-2075-2076-2077-2078-2079-2080-2081-2082-2083-2084-2085-2086-2087-2088-2089-2090-2091-2092-2093-2094-2095-2096-2097-2098-2099-2100-2101-2102-2103-2104-2105-2106-2107-2108-2109-2110-2111-2112-2113-2114-2115-2116-2117-2118-2119-2120-2121-2122-2123-2124-2125-2126-2127-2128-2129-2130-2131-2132-2133-2134-2135-2136-2137-2138-2139-2140-2141-2142-2143-2144-2145-2146-2147-2148-2149-2150-2151-2152-2153-2154-2155-2156-2157-2158-2159-2160-2161-2162-2163-2164-2165-2166-2167-2168-2169-2170-2171-2172-2173-2174-2175-2176-2177-2178-2179-2180-2181-2182-2183-2184-2185-2186-2187-2188-2189-2190-2191-2192-2193-2194-2195-2196-2197-2198-2199-2200-2201-2202-2203-2204-2205-2206-2207-2208-2209-2210-2211-2212-2213-2214-2215-2216-2217-2218-2219-2220-2221-2222-2223-2224-2225-2226-2227-2228-2229-2230-2231-2232-2233-2234-2235-2236-2237-2238-2239-2240-2241-2242-2243-2244-2245-2246-2247-2248-2249-2250-2251-2252-2253-2254-2255-2256-2257-2258-2259-2260-2261-2262-2263-2264-2265-2266-2267-2268-2269-2270-2271-2272-2273-2274-2275-2276-2277-2278-2279-2280-2281-2282-2283-2284-2285-2286-2287-2288-2289-2290-2291-2292-2293-2294-2295-2296-2297-2298-2299-2300-2301-2302-2303-2304-2305-2306-2307-2308-2309-2310-2311-2312-2313-2314-2315-2316-2317-2318-2319-2320-2321-2322-2323-2324-2325-2326-2327-2328-2329-2330-2331-2332-2333-2334-2335-2336-2337-2338-2339-2340-2341-2342-2343-2344-2345-2346-2347-2348-2349-2350-2351-2352-2353-2354-2355-2356-2357-2358-2359-2360-2361-2362-2363-2364-2365-2366-2367-2368-2369-2370-2371-2372-2373-2374-2375-2376-2377-2378-2379-2380-2381-2382-2383-2384-2385-2386-2387-2388-2389-2390-2391-2392-2393-2394-2395-2396-2397-2398-2399-2400-2401-2402-2403-2404-2405-2406-2407-2408-2409-2410-2411-2412-2413-2414-2415-2416-2417-2418-2419-2420-2421-2422-2423-2424-2425-2426-2427-2428-2429-2430-2431-2432-2433-2434-2435-2436-2437-2438-2439-2440-2441-2442-2443-2444-2445-2446-2447-2448-2449-2450-2451-2452-2453-2454-2455-2456-2457-2458-2459-2460-2461-2462-2463-2464-2465-2466-2467-2468-2469-2470-2471-2472-2473-2474-2475-2476-2477-2478-2479-2480-2481-2482-2483-2484-2485-2486-2487-2488-2489-2490-2491-2492-2493-2494-2495-2496-2497-2498-2499-2500-2501-2502-2503-2504-2505-2506-2507-2508-2509-2510-2511-2512-2513-2514-2515-2516-2517-2518-2519-2520-2521-2522-2523-2524-2525-2526-2527-2528-2529-2530-2531-2532-2533-2534-2535-2536-2537-2538-2539-2540-2541-2542-2543-2544-2545-2546-2547-2548-2549-2550-2551-2552-2553-2554-2555-2556-2557-2558-2559-2560-2561-2562-2563-2564-2565-2566-2567-2568-2569-2570-2571-2572-2573-2574-2575-2576-2577-2578-2579-2580-2581-2582-2583-2584-2585-2586-2587-2588-2589-2590-2591-2592-2593-2594-2595-2596-2597-2598-2599-2600-2601-2602-2603-2604-2605-2606-2607-2608-2609-2610-2611-2612-2613-2614-2615-2616-2617-2618-2619-2620-2621-2622-2623-2624-2625-2626-2627-2628-2629-2630-2631-2632-2633-2634-2635-2636-2637-2638-2639-2640-2641-2642-2643-2644-2645-2646-2647-2648-2649-2650-2651-2652-2653-2654-2655-2656-2657-2658-2659-2660-2661-2662-2663-2664-2665-2666-2667-2668-2669-2670-2671-2672-2673-2674-2675-2676-2677-2678-2679-2680-2681-2682-2683-2684-2685-2686-2687-2688-2689-2690-2691-2692-2693-2694-2695-2696-2697-2698-2699-2700-2701-2702-2703-2704-2705-2706-2707-2708-2709-2710-2711-2712-2713-2714-2715-2716-2717-2718-2719-2720-2721-2722-2723-2724-2725-2726-2727-2728-2729-2730-2731-2732-2733-2734-2735-2736-2737-2738-2739-2740-2741-2742-2743-2744-2745-2746-2747-2748-2749-2750-2751-2752-2753-2754-2755-2756-2757-2758-2759-2760-2761-2762-2763-2764-2765-2766-2767-2768-2769-2770-2771-2772-2773-2774-2775-2776-2777-2778-2779-2780-2781-2782-2783-2784-2785-2786-2787-2788-2789-2790-2791-2792-2793-2794-2795-2796-2797-2798-2799-2800-2801-2802-2803-2804-2805-2806-2807-2808-2809-2810-2811-2812-2813-2814-2815-2816-2817-2818-2819-2820-2821-2822-2823-2824-2825-2826-2827-2828-2829-2830-2831-2832-2833-2834-2835-2836-2837-2838-2839-2840-2841-2842-2843-2844-2845-2846-2847-2848-2849-2850-2851-2852-2853-2854-2855-2856-2857-2858-2859-2860-2861-2862-2863-2864-2865-2866-2867-2868-2869-2870-2871-2872-2873-2874-2875-2876-2877-2878-2879-2880-2881-2882-2883-2884-2885-2886-2887-2888-2889-2890-2891-2892-2893-2894-2895-2896-2897-2898-2899-2900-2901-2902-2903-2904-2905-2906-2907-2908-2909-2910-2911-2912-2913-2914-2915-2916-2917-2918-2919-2920-2921-2922-2923-2924-2925-2926-2927-2928-2929-2930-2931-2932-2933-2934-2935-2936-2937-2938-2939-2940-2941-2942-2943-2944-2945-2946-2947-2948-2949-2950-2951-2952-2953-2954-2955-2956-2957-2958-2959-2960-2961-2962-2963-2964-2965-2966-2967-2968-2969-2970-2971-2972-2973-2974-2975-2976-2977-2978-2979-2980-2981-2982-2983-2984-2985-2986-2987-2988-2989-2990-2991-2992-2993-2994-2995-2996-2997-2998-2999-3000-3001-3002-3003-3004-3005-3006-3007-3008-3009-3010-3011-3012-3013-3014-3015-3016-3017-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4

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

PAGE 1 OF 2
FOR LINE 24 OF FORM 3X

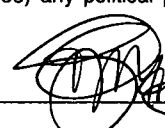
NAME OF COMMITTEE (In Full) MAKE CALIFORNIA GREAT PAC	FEC IDENTIFICATION NUMBER C00635717
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Full Name of Payee JOHN SANSFIELD			<input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination 10/13/2017		
Mailing Address 4216 S. MOONEY BLVD #136						Amount 1500.00		
City VISALIA		State CA		Zip Code 93277		Date of Disbursement or Obligation 10/13/2017		
Purpose of Expenditure LEGAL FEES				Category/Type				
Name of Federal Candidate: N/A				<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: <input type="checkbox"/> State: <input type="checkbox"/>		
Calendar Year-To-Date Per Election for Office Sought						Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee JOHN SANSFIELD			<input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination 12/13/2017		
Mailing Address 4216 S. MOONEY BLVD. #136						Amount 992.00		
City VISALIA		State CA		Zip Code 93277		Date of Disbursement or Obligation 12/13/2017		
Purpose of Expenditure LEGAL FEES				Category/Type				
Name of Federal Candidate: N/A				<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: <input type="checkbox"/> State: <input type="checkbox"/>		
Calendar Year-To-Date Per Election for Office Sought						Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	3594.00
(b) SUBTOTAL of Unitemized Independent Expenditures	4023.90
(c) TOTAL Independent Expenditures	7617.90

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.

Signature  Date **11/30/2018**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 2
 FOR LINE 24 OF FORM 3X

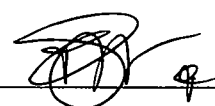
NAME OF COMMITTEE (In Full) MAKE CALIFORNIA GREAT PAC	FEC IDENTIFICATION NUMBER ▼ C00635717
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report	Amends report filed on <input type="checkbox"/> MM / <input type="checkbox"/> DD / <input type="checkbox"/> YYYY

Full Name of Payee GATEWAY GUARDIAN			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 11 / 08 / 2017	
Mailing Address PO BOX 4948			Amount 500.00		
City CERRITOS	State CA	Zip Code 90703	Date of Disbursement or Obligation 11 / 08 / 2017		
Purpose of Expenditure PUBLICATION			Category/Type		
Name of Federal Candidate: N/A			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee HINES DIGITAL			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 12 / 29 / 2017	
Mailing Address 6 HOLLIBEN COURT			Amount 600.00		
City SEVERNA PARK	State MD	Zip Code 21146	Date of Disbursement or Obligation 12 / 29 / 2017		
Purpose of Expenditure DIGITAL & ONLINE OUTREACH			Category/Type		
Name of Federal Candidate: N/A			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	3,594.00
(b) SUBTOTAL of Unitemized Independent Expenditures	4,023.90
(c) TOTAL Independent Expenditures	7,617.90

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.

Signature  Date **01 / 30 / 2018**

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

PAGE	OF
FOR LINE 25 OF FORM 3X	

NAME OF COMMITTEE (In Full) <div style="text-align: center; font-size: 1.2em; font-weight: bold;">MAKE CALIFORNIA GREAT PAC</div>									
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:				Full Name of Subordinate Committee Mailing Address <div style="display: flex; justify-content: space-between;"> City State ZIP Code </div>					
Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item Mailing Address <div style="display: flex; justify-content: space-between;"> City State Zip Code </div> <div style="display: flex;"> <div style="flex: 1;">Name of Federal Candidate Supported</div> <div style="flex: 1;">Office Sought:</div> <div style="flex: 1;">House Senate Presidential</div> <div style="flex: 1;">State: _____ District: _____</div> </div> <div style="display: flex; align-items: center;"> Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; width: 200px; height: 20px; margin-left: 10px;"></div> </div>				Purpose of Expenditure <div style="border: 1px solid black; width: 50px; height: 20px; margin-left: auto;"></div> Category/Type		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div>		Amount <div style="border: 1px solid black; width: 200px; height: 20px;"></div>	
Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item Mailing Address <div style="display: flex; justify-content: space-between;"> City State Zip Code </div> <div style="display: flex;"> <div style="flex: 1;">Name of Federal Candidate Supported</div> <div style="flex: 1;">Office Sought:</div> <div style="flex: 1;">House Senate Presidential</div> <div style="flex: 1;">State: _____ District: _____</div> </div> <div style="display: flex; align-items: center;"> Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; width: 200px; height: 20px; margin-left: 10px;"></div> </div>				Purpose of Expenditure <div style="border: 1px solid black; width: 50px; height: 20px; margin-left: auto;"></div> Category/Type		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div>		Amount <div style="border: 1px solid black; width: 200px; height: 20px;"></div>	
Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item Mailing Address <div style="display: flex; justify-content: space-between;"> City State Zip Code </div> <div style="display: flex;"> <div style="flex: 1;">Name of Federal Candidate Supported</div> <div style="flex: 1;">Office Sought:</div> <div style="flex: 1;">House Senate Presidential</div> <div style="flex: 1;">State: _____ District: _____</div> </div> <div style="display: flex; align-items: center;"> Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; width: 200px; height: 20px; margin-left: 10px;"></div> </div>				Purpose of Expenditure <div style="border: 1px solid black; width: 50px; height: 20px; margin-left: auto;"></div> Category/Type		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div>		Amount <div style="border: 1px solid black; width: 200px; height: 20px;"></div>	
Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item Mailing Address <div style="display: flex; justify-content: space-between;"> City State Zip Code </div> <div style="display: flex;"> <div style="flex: 1;">Name of Federal Candidate Supported</div> <div style="flex: 1;">Office Sought:</div> <div style="flex: 1;">House Senate Presidential</div> <div style="flex: 1;">State: _____ District: _____</div> </div> <div style="display: flex; align-items: center;"> Aggregate General Election Expenditure for this Candidate ▶ <div style="border: 1px solid black; width: 200px; height: 20px; margin-left: 10px;"></div> </div>				Purpose of Expenditure <div style="border: 1px solid black; width: 50px; height: 20px; margin-left: auto;"></div> Category/Type		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div>		Amount <div style="border: 1px solid black; width: 200px; height: 20px;"></div>	

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

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

10

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

MAKE CALIFORNIA GREAT PAC

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Indicate ratio below

Federal..... %

Nonfederal %

This ratio applies to (check all that apply):

Administrative ☒ Generic Voter Drive ☒ Public Communications Referencing Party Only ☐

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

MAKE CALIFORNIA GREAT PAC

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<p>ACTIVITY OR EVENT IDENTIFIER <u>RECALL BROWN RALLY</u></p> <p>ACTIVITY IS: <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL % <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> %</p>	<p>NONFEDERAL % <div style="border: 1px solid black; padding: 2px; display: inline-block;">100</div> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL % <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> %</p>	<p>NONFEDERAL % <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL % <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> %</p>	<p>NONFEDERAL % <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL % <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> %</p>	<p>NONFEDERAL % <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL % <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> %</p>	<p>NONFEDERAL % <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL % <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> %</p>	<p>NONFEDERAL % <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> %</p>

2010-01-01 10:00:00

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE OF
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

MAKE CALIFORNIA GREAT PAC

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

BREAKDOWN OF TRANSFER RECEIVED

I) Total Administrative

II) Generic Voter Drive

III) Exempt Activities

IV) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE OF
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

make california great pac

A. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC			
Mailing Address			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Date <div style="border: 1px solid black; width: 30px; text-align: center;">MM</div> / <div style="border: 1px solid black; width: 30px; text-align: center;">DD</div> / <div style="border: 1px solid black; width: 60px; text-align: center;">YYYY</div>			
City		State				Zip Code
Purpose of Disbursement:						
Activity or Event Identifier:						
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT <div style="border: 1px solid black; height: 20px; width: 100%;"></div>						

B. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC			
Mailing Address			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Date <div style="border: 1px solid black; width: 30px; text-align: center;">MM</div> / <div style="border: 1px solid black; width: 30px; text-align: center;">DD</div> / <div style="border: 1px solid black; width: 60px; text-align: center;">YYYY</div>			
City		State				Zip Code
Purpose of Disbursement:						
Activity or Event Identifier:						
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT <div style="border: 1px solid black; height: 20px; width: 100%;"></div>						

C. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC			
Mailing Address			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Date <div style="border: 1px solid black; width: 30px; text-align: center;">MM</div> / <div style="border: 1px solid black; width: 30px; text-align: center;">DD</div> / <div style="border: 1px solid black; width: 60px; text-align: center;">YYYY</div>			
City		State				Zip Code
Purpose of Disbursement:						
Activity or Event Identifier:						
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT <div style="border: 1px solid black; height: 20px; width: 100%;"></div>						

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

(To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE 18b OF FORM 3X	

MAKE CALIFORNIA GREAT PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<div> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>	

I) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

II) Voter ID

Total Amount Transferred for Voter ID

VOTER ID

III) GOTV

Total Amount Transferred for GOTV

GOTV

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

10

10

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<div> <div>M M</div> <div>/</div> <div>D D</div> <div>/</div> <div>Y Y Y Y Y Y</div> </div>	

i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

ii) Voter ID

Total Amount Transferred for Voter ID

VOTER ID

III) GOTV

Total Amount Transferred for GOTV

GOTV

[illegible]

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)****TOTAL** This Period (Voter Registration).....

The diagram shows a rectangular frame with a grid of nodes. The top and bottom horizontal members have 8 nodes each, and the vertical members have 4 nodes each. The nodes are connected by horizontal and vertical lines, forming a grid. The frame is labeled with 'a' and 'b' dimensions.

TOTAL This Period (Voter ID)**TOTAL This Period (GOTV).....**

A diagram of a rectangular frame structure. It consists of two horizontal rails, one at the top and one at the bottom. Between these rails, there are 12 vertical supports or posts. The top rail has a small circular feature at each support point. The bottom rail has a similar feature, but some of them are slightly offset or different in shape. The entire structure is enclosed in a rectangular border.

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

--

SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY
(To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE 30a OF FORM 3X	

NAME OF COMMITTEE (In Full)
MAKE CALIFORNIA GREAT PAC

A. Full Name (Last, First, Middle Initial) / Full Organization Name				<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
					<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
					<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Mailing Address				Allocated Activity or Event Year-To-Date		
City	State	Zip Code		Date		
			Category/Type	MM / DD / YYYY		
Purpose of Disbursement						
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT
B. Full Name (Last, First, Middle Initial) / Full Organization Name				<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
					<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
					<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Mailing Address				Allocated Activity or Event Year-To-Date		
City	State	Zip Code		Date		
			Category/Type	MM / DD / YYYY		
Purpose of Disbursement						
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name				<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
					<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
					<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Mailing Address				Allocated Activity or Event Year-To-Date		
City	State	Zip Code		Date		
			Category/Type	MM / DD / YYYY		
Purpose of Disbursement						
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE		LEVIN SHARE		TOTAL AMOUNT

TOTAL This Period for the Levin Share

--	--

NOT FOR CIRCULATION

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)

MAKE CALIFORNIA GREAT PAC

NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS		
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
(e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS		
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND		
(for Column B, use cash as of January 1st)		
8. RECEIPTS		
(from Line 3)		
9. SUBTOTAL		
(Add Lines 7 and 8)		
10. DISBURSEMENTS		
(From Line 6)		
11. ENDING CASH ON HAND		
(Subtract Line 10 From Line 9)		

SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS

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

FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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NAME OF COMMITTEE (In Full)

MAKE CALIFORNIA GREAT PAC

A. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y		
Mailing Address					
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement					
B. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y		
Mailing Address					
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement					
C. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y		
Mailing Address					
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement					
D. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y		
Mailing Address					
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement					
E. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y		
Mailing Address					
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement					
SUBTOTAL of Disbursements This Page (optional).....					
TOTAL This Period (last page this line number only).....					

NOT FOR CIRCULATION

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1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

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☐ Sunday/Holiday Delivery Required (additional fee, where available)
☐ Sunday/Holiday Delivery Required (additional fee, where available)
☐ 10:30 AM Delivery Required (additional fee, where available)
*Refer to USPS.com® or local Post Office® for availability.

TO: (PLEASE PRINT)

Mr. Miguel Rodriguez
300 E. Kings Rd
Long Beach, CA 90808
PHONE (562) 292-1305

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90808-1305

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PO ZIP Code	<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
Scheduled Delivery Date (MM/DD/YYYY)	9/22/18 1/31/18			
Date Accepted (MM/DD/YYYY)	Scheduled Delivery Time	Insurance Fee	COD Fee	
1/30/18	<input type="checkbox"/> 10:30 AM <input checked="" type="checkbox"/> 12 NOON <input type="checkbox"/> 3:00 PM	\$	\$	
Time Accepted	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee	
<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	\$	\$	\$	
Special Handling/Fragile	Sunday/Holiday Premium Fee	Total Postage & Fees		
\$	\$	24.70		
Weight	Flat Rate	Acceptance Employee Initials	Employee Signature	
4.5 lbs	0.25	ML	NL	

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YYYY)	Time	Employee Signature
1-31-18	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	NL
Delivery Attempt (MM/DD/YYYY)	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

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(3/2015)