

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

Run with Pride

ADDRESS (number and street) PO Box 413003

Check if different than previously reported. (ACC) Kansas City MO 64141

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

C C00658211

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

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

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

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

5. Covering Period M M / D D / Y Y Y Y Y Y 07 / 01 / 2018 through M M / D D / Y Y Y Y Y Y 09 / 30 / 2018

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

Watts, Mike, , ,

Type or Print Name of Treasurer _____

Signature of Treasurer Watts, Mike, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 10 / 15 / 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									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Run with Pride

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" value="1666.89"/>	<input type="text" value="1666.89"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="258.31"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11414.63"/>	<input type="text" value="51538.22"/>
(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="11672.94"/>	<input type="text" value="53205.11"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11490.87"/>	<input type="text" value="53023.04"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="182.07"/>	<input type="text" value="182.07"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Run with Pride

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).....	0.00	0.00
(ii) Unitemized	50.00	50.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	50.00	50.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	1364.63	2488.22
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1414.63	2538.22
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	10000.00	49000.00
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)).....▶	11414.63	51538.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	11414.63	51538.22

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	11490.87	53023.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	11490.87	53023.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11490.87	53023.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11490.87	53023.04

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1414.63	2538.22
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1414.63	2538.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	11490.87	53023.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	11490.87	53023.04

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

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

FOR LINE NUMBER: PAGE 6 OF 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Run with Pride

A. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 441146
 City SOMERVILLE State MA Zip Code 02144
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1128.39

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2018
Transaction ID : SA11C.4326
 Amount of Each Receipt this Period
 4.80
 Memo Item Contributions

B. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 441146
 City SOMERVILLE State MA Zip Code 02144
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1133.19

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2018
Transaction ID : SA11C.4331
 Amount of Each Receipt this Period
 4.80
 Memo Item Contributions

C. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 441146
 City SOMERVILLE State MA Zip Code 02144
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 1137.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2018
Transaction ID : SA11C.4328
 Amount of Each Receipt this Period
 4.80
 Memo Item Contributions

SUBTOTAL of Receipts This Page (optional).....▶ 14.40
TOTAL This Period (last page this line number only).....▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : SA11C.4326

No individual contribution above \$200.

Form/Schedule: SA11C

Transaction ID: SA11C.4331

No individual contribution above \$200.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : SA11C.4328

No individual contribution above \$200.

Form/Schedule:

Transaction ID:

**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 27
<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)
Run with Pride

A. ACTBLUE

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

Mailing Address P.O. BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.21

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 16 / 2018

Transaction ID : SA11C.4332

Amount of Each Receipt this Period
212.22

Memo Item Contributions

B. ACTBLUE

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

Mailing Address P.O. BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1364.61

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 19 / 2018

Transaction ID : SA11C.4329

Amount of Each Receipt this Period
14.40

Memo Item Contributions

C. ACTBLUE

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

Mailing Address P.O. BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1694.01

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 24 / 2018

Transaction ID : SA11C.4333

Amount of Each Receipt this Period
329.40

Memo Item Contributions

SUBTOTAL of Receipts This Page (optional).....	556.02
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : SA11C.4332

No individual contribution above \$200.

Form/Schedule: SA11C

Transaction ID: SA11C.4329

No individual contribution above \$200.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : SA11C.4333

No individual contribution above \$200.

Form/Schedule:

Transaction ID:

**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 27
<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)
Run with Pride

A. ACTBLUE

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

Mailing Address P.O. BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1718.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2018

Transaction ID : SA11C.4330

Amount of Each Receipt this Period
24.01

Memo Item Contributions

B. ACTBLUE

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

Mailing Address P.O. BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1742.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2018

Transaction ID : SA11C.4335

Amount of Each Receipt this Period
24.01

Memo Item Contributions

C. ACTBLUE

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

Mailing Address P.O. BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2349.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : SA11C.4336

Amount of Each Receipt this Period
607.25

Memo Item Contributions

SUBTOTAL of Receipts This Page (optional).....▶	655.27
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : SA11C.4330

No individual contribution above \$200.

Form/Schedule: SA11C

Transaction ID: SA11C.4335

No individual contribution above \$200.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : SA11C.4336

No individual contribution above \$200.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 15 OF 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Run with Pride

A. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 441146
 City SOMERVILLE State MA Zip Code 02144
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2358.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2018
Transaction ID : SA11C.4337
 Amount of Each Receipt this Period
 9.60
 Memo Item Contributions

B. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 441146
 City SOMERVILLE State MA Zip Code 02144
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2416.49

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2018
Transaction ID : SA11C.4338
 Amount of Each Receipt this Period
 57.61
 Memo Item Contributions

C. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 441146
 City SOMERVILLE State MA Zip Code 02144
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 2488.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2018
Transaction ID : SA11C.4339
 Amount of Each Receipt this Period
 71.73
 Memo Item Contributions

SUBTOTAL of Receipts This Page (optional).....▶	138.94
TOTAL This Period (last page this line number only).....▶	1364.63

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : SA11C.4337

No individual contribution above \$200.

Form/Schedule: SA11C

Transaction ID: SA11C.4338

No individual contribution above \$200.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : SA11C.4339

No individual contribution above \$200.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 27
<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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Run with Pride

A. DR MATT HEINZ FOR ARIZONA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 57698

City TUCSON	State AZ	Zip Code 85732
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FEC ID number of contributing federal political committee. **C** C00647727

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
39000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		02		2018

Transaction ID : SA17.4324

Amount of Each Receipt this Period
5000.00

Memo Item
Fundraising Consulting

B. DR MATT HEINZ FOR ARIZONA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 57698

City TUCSON	State AZ	Zip Code 85732
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FEC ID number of contributing federal political committee. **C** C00647727

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
44000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		02		2018

Transaction ID : SA17.4325

Amount of Each Receipt this Period
5000.00

Memo Item
Fundraising Consulting

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	10000.00
TOTAL This Period (last page this line number only).....	10000.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA17

Transaction ID : SA17.4324

Payment for services rendered.

Form/Schedule: SA17

Transaction ID: SA17.4325

Payments for services rendered.

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 20 OF 27

<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)
Run with Pride

Full Name (Last, First, Middle Initial) A. Central Bank			Date of Disbursement MM / DD / YYYY 07 / 03 / 2018		
Mailing Address 401 N Maguire St					
City Warrensburg		State MO	Zip Code 64093		
Purpose of Disbursement Bank Fee				001 Category/Type	
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					
			FEC Identification Number C Transaction ID : SB21B.4344 Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Central Bank			Date of Disbursement MM / DD / YYYY 08 / 03 / 2018		
Mailing Address 401 N Maguire St					
City Warrensburg		State MO	Zip Code 64093		
Purpose of Disbursement Bank Fee				001 Category/Type	
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					
			FEC Identification Number C Transaction ID : SB21B.4354 Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Central Bank			Date of Disbursement MM / DD / YYYY 08 / 09 / 2018		
Mailing Address 401 N Maguire St					
City Warrensburg		State MO	Zip Code 64093		
Purpose of Disbursement Bank Fee				001 Category/Type	
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					
			FEC Identification Number C Transaction ID : SB21B.4359 Amount of Each Disbursement this Period 48.75 <input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional)..... ▶	68.75
TOTAL 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)
Run with Pride

A. Central Bank

Full Name (Last, First, Middle Initial)

Mailing Address 401 N Maguire St

City Warrensburg State MO Zip Code 64093

Purpose of Disbursement Bank Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 27 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4364

Amount of Each Disbursement this Period: 15.00

Memo Item

B. Central Bank

Full Name (Last, First, Middle Initial)

Mailing Address 401 N Maguire St

City Warrensburg State MO Zip Code 64093

Purpose of Disbursement Bank Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 10 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4374

Amount of Each Disbursement this Period: 48.75

Memo Item

C. Grijalva, Lili, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2201 N Columbus Blvd

City Tucson State AZ Zip Code 85012

Purpose of Disbursement General Consulting Services

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 07 / 2018

FEC Identification Number: C

Transaction ID : SB21B.4372

Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 563.75

TOTAL 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)

Run with Pride

Full Name (Last, First, Middle Initial)

A. MailChimp

Mailing Address 675 Ponce de Leon Ave NE

City
Atlanta

State
GA

Zip Code
30308

Purpose of Disbursement
Email Software

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4345

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. MailChimp

Mailing Address 675 Ponce de Leon Ave NE

City
Atlanta

State
GA

Zip Code
30308

Purpose of Disbursement
Software

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4356

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. MailChimp

Mailing Address 675 Ponce de Leon Ave NE

City
Atlanta

State
GA

Zip Code
30308

Purpose of Disbursement
Software

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4368

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item

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

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

4	5	0	0	.	0	0
---	---	---	---	---	---	---

4	5	0	0	.	0	0
---	---	---	---	---	---	---

**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)
Run with Pride

Full Name (Last, First, Middle Initial)

A. Throne Strategies

Mailing Address PO Box 413003

City Kansas City State MO Zip Code 64141

Purpose of Disbursement
Fundraising Consulting

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4343
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Throne Strategies

Mailing Address PO Box 413003

City Kansas City State MO Zip Code 64141

Purpose of Disbursement
Fundraising Consulting Services

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4346
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Throne Strategies

Mailing Address PO Box 413003

City Kansas City State MO Zip Code 64141

Purpose of Disbursement
Fundraising Consulting Services

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4353
Amount of Each Disbursement this Period

Memo Item

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

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.4343

Payment for services rendered.

Form/Schedule:

Transaction ID:

**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)
Run with Pride

Full Name (Last, First, Middle Initial)

A. Throne Strategies

Mailing Address PO Box 413003

City Kansas City State MO Zip Code 64141

Purpose of Disbursement Fundraising Consulting Services

001
Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
08 / 08 / 2018

FEC Identification Number
C
Transaction ID : SB21B.4357
Amount of Each Disbursement this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Throne Strategies

Mailing Address PO Box 413003

City Kansas City State MO Zip Code 64141

Purpose of Disbursement Fundraising Consulting Services

001
Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify)

Date of Disbursement
MM / DD / YYYY
08 / 20 / 2018

FEC Identification Number
C
Transaction ID : SB21B.4361
Amount of Each Disbursement this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Throne Strategies

Mailing Address PO Box 413003

City Kansas City State MO Zip Code 64141

Purpose of Disbursement Fundraising Consulting Services

001
Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
08 / 27 / 2018

FEC Identification Number
C
Transaction ID : SB21B.4365
Amount of Each Disbursement this Period
25.00

Memo Item

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

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

525.00

**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)

Run with Pride

Full Name (Last, First, Middle Initial)

A. Throne Strategies

Mailing Address PO Box 413003

City
Kansas City

State
MO

Zip Code
64141

Purpose of Disbursement
Fundraising Consulting Services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4366

Amount of Each Disbursement this Period

[REDACTED] 250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Throne Strategies

Mailing Address PO Box 413003

City
Kansas City

State
MO

Zip Code
64141

Purpose of Disbursement
Fundraising Consulting Services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4367

Amount of Each Disbursement this Period

[REDACTED] 35.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Watts, Mike, , ,

Mailing Address PO Box 413003

City
Kansas City

State
MO

Zip Code
64141

Purpose of Disbursement
Management Consulting Services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4350

Amount of Each Disbursement this Period

[REDACTED] 250.00

Memo Item

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

[REDACTED] 535.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
Run with Pride

Full Name (Last, First, Middle Initial) A. Watts, Mike, , ,		Date of Disbursement MM / DD / YYYY 07 / 27 / 2018
Mailing Address PO Box 413003		FEC Identification Number C Transaction ID : SB21B.4352 Amount of Each Disbursement this Period 200.00
City Kansas City	State MO	
Zip Code 64141		Memo Item <input type="checkbox"/>
Purpose of Disbursement Management Consulting Services		
Candidate Name		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Watts, Mike, , ,		Date of Disbursement MM / DD / YYYY 08 / 06 / 2018
Mailing Address PO Box 413003		FEC Identification Number C Transaction ID : SB21B.4355 Amount of Each Disbursement this Period 500.00
City Kansas City	State MO	
Zip Code 64141		Memo Item <input type="checkbox"/>
Purpose of Disbursement Management Consulting Services		
Candidate Name		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	
Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

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

700.00
11342.50