

# 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

POWER TO IMPEACH

ADDRESS (number and street)

PO BOX 15537

Check if different than previously reported. (ACC)

WASHINGTON

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00638163

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)
  - Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
  - Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)  General (12G)  Runoff (12R)
  - Convention (12C)  Special (12S)

Election on [MM] / [DD] / [YYYY] in the 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

[MM] / [DD] / [YYYY] 07 / 01 / 2019 through [MM] / [DD] / [YYYY] 12 / 31 / 2019

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

Thornton, Matthew, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Thornton, Matthew, , ,

[Electronically Filed]

Date

[MM] / [DD] / [YYYY] 01 / 30 / 2020

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

Office Use Only

FEC FORM 3X Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**POWER TO IMPEACH**

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="2019"/>	<input type="text" value="2393.77"/>	<input type="text" value="2393.77"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7079.84"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="33609.25"/>	<input type="text" value="51423.22"/>
(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="40689.09"/>	<input type="text" value="53816.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="33404.77"/>	<input type="text" value="46532.67"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="7284.32"/>	<input type="text" value="7284.32"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name  
**POWER TO IMPEACH**

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).....	1710.00	3530.00
(ii) Unitemized .....	31899.25	47893.22
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	33609.25	51423.22
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	33609.25	51423.22
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.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	33609.25	51423.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	33609.25	51423.22

**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 .....	33404.77	46532.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	33404.77	46532.67
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)) ..	33404.77	46532.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33404.77	46532.67

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	33609.25	51423.22
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	33609.25	51423.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	33404.77	46532.67
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	33404.77	46532.67

**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 21
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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)  
**POWER TO IMPEACH**

**A. Aker, Katherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10402 McClemon Avenue  
 City Los Angeles State CA Zip Code 91042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt **12 / 09 / 2019**  
**Transaction ID : SA11AI.6254**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Coe, Michael D., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 376 Saint Ronan Street  
 City New Haven State CT Zip Code 06511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt **07 / 16 / 2019**  
**Transaction ID : SA11AI.6474**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Coe, Michael D., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 376 Saint Ronan Street  
 City New Haven State CT Zip Code 06511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **08 / 16 / 2019**  
**Transaction ID : SA11AI.6475**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	520.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**POWER TO IMPEACH**

**A. Coe, Michael D., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 376 Saint Ronan Street  
 City New Haven State CT Zip Code 06511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 16 / 2019  
**Transaction ID : SA11AI.6476**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Cunningham, Bonnie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 399 Swiss Hill Road North  
 City Jeffersonville State NY Zip Code 12748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self employed Occupation (for Individual) Physical Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 17 / 2019  
**Transaction ID : SA11AI.6509**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Cunningham, Bonnie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 399 Swiss Hill Road North  
 City Jeffersonville State NY Zip Code 12748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self employed Occupation (for Individual) Physical Therapist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 17 / 2019  
**Transaction ID : SA11AI.6510**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 8 OF 21  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**POWER TO IMPEACH**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Cunningham, Bonnie, , ,**

Mailing Address 399 Swiss Hill Road North

City Jeffersonville    State NY    Zip Code 12748

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

Name of Employer (for Individual) self employed    Occupation (for Individual) Physical Therapist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2019

**Transaction ID : SA11AI.6511**

Amount of Each Receipt this Period  
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Cunningham, Bonnie, , ,**

Mailing Address 399 Swiss Hill Road North

City Jeffersonville    State NY    Zip Code 12748

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

Name of Employer (for Individual) self employed    Occupation (for Individual) Physical Therapist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2019

**Transaction ID : SA11AI.6512**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 399 Swiss Hill Road North

City Jeffersonville    State NY    Zip Code 12748

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

Name of Employer (for Individual) self employed    Occupation (for Individual) Physical Therapist

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2019

**Transaction ID : SA11AI.6513**

Amount of Each Receipt this Period  
50.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 21
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**POWER TO IMPEACH**

**A. Dickerman, Marc, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1417 Sw 2nd Street #2  
 City Fort Lauderdale State FL Zip Code 33312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 14 / 2019  
**Transaction ID : SA11AI.6541**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Dickerman, Marc, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1417 Sw 2nd Street #2  
 City Fort Lauderdale State FL Zip Code 33312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 14 / 2019  
**Transaction ID : SA11AI.6542**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Pierre, Colleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4040 Forest Valley Road  
 City Parkville State MD Zip Code 21234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State of Maryland Occupation (for Individual) Dietitian  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2019  
**Transaction ID : SA11AI.7088**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**POWER TO IMPEACH**

**A. Pierre, Colleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4040 Forest Valley Road  
 City Parkville State MD Zip Code 21234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State of Maryland Occupation (for Individual) Dietitian  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **11 / 12 / 2019**  
**Transaction ID : SA11AI.7089**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Pierre, Colleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4040 Forest Valley Road  
 City Parkville State MD Zip Code 21234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State of Maryland Occupation (for Individual) Dietitian  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **12 / 12 / 2019**  
**Transaction ID : SA11AI.7090**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Rosenberg, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2003 Goldsmith St.  
 City Houston State TX Zip Code 77030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baylor College of Medicine Occupation (for Individual) professor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 16 / 2019**  
**Transaction ID : SA11AI.7167**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**POWER TO IMPEACH**

**A. Rosenberg, Susan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2003 Goldsmith St.

City Houston	State TX	Zip Code 77030
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Baylor College of Medicine	Occupation (for Individual) professor
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2019

**Transaction ID : SA11AI.7168**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Rosenberg, Susan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2003 Goldsmith St.

City Houston	State TX	Zip Code 77030
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Baylor College of Medicine	Occupation (for Individual) professor
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2019

**Transaction ID : SA11AI.7169**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 2003 Goldsmith St.

City Houston	State TX	Zip Code 77030
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Baylor College of Medicine	Occupation (for Individual) professor
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2019

**Transaction ID : SA11AI.7170**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**POWER TO IMPEACH**

**A. Shapiro, Steve, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 90 Dewey Street  
 City Bloomfield State NJ Zip Code 07003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Student Occupation (for Individual) Student  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2019  
**Transaction ID : SA11AI.7235**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Shapiro, Steve, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 90 Dewey Street  
 City Bloomfield State NJ Zip Code 07003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Student Occupation (for Individual) Student  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2019  
**Transaction ID : SA11AI.7236**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Shapiro, Steve, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 90 Dewey Street  
 City Bloomfield State NJ Zip Code 07003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Student Occupation (for Individual) Student  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2019  
**Transaction ID : SA11AI.7237**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**POWER TO IMPEACH**

**A. Shapiro, Steve, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 90 Dewey Street

City Bloomfield	State NJ	Zip Code 07003
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
490.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
08 / 23 / 2019

**Transaction ID : SA11AI.7238**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Shapiro, Steve, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 90 Dewey Street

City Bloomfield	State NJ	Zip Code 07003
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
08 / 23 / 2019

**Transaction ID : SA11AI.7239**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 90 Dewey Street

City Bloomfield	State NJ	Zip Code 07003
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
560.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
08 / 23 / 2019

**Transaction ID : SA11AI.7240**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	170.00
<b>TOTAL</b> This Period (last page this line number only).....	1710.00

**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)  
**POWER TO IMPEACH**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement MM / DD / YYYY 12 / 31 / 2019
Mailing Address 366 Summer Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7475</b> Amount of Each Disbursement this Period [ ] 1278.74
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement Credit Card Processing Fees		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Action Network</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2019
Mailing Address 1900 L Street NW Suite 900		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7482</b> Amount of Each Disbursement this Period [ ] 180.00
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Emails		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Action Network</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2019
Mailing Address 1900 L Street NW Suite 900		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7491</b> Amount of Each Disbursement this Period [ ] 180.00
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Emails		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1638.74
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**POWER TO IMPEACH**

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 Accounts

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2019

FEC Identification Number

C  
**Transaction ID : SB21B.7484**  
Amount of Each Disbursement this Period  
159.00

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  
Email Accounts

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2019

FEC Identification Number

C  
**Transaction ID : SB21B.7494**  
Amount of Each Disbursement this Period  
159.00

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  
Email Accounts

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2019

FEC Identification Number

C  
**Transaction ID : SB21B.7499**  
Amount of Each Disbursement this Period  
159.00

Memo Item

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

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

477.00

# 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)  
**POWER TO IMPEACH**

**A. Mailchimp**

Full Name (Last, First, Middle Initial)

Mailing Address 675 Ponce de Leon Ave NE

City Atlanta State GA Zip Code 30308

Purpose of Disbursement  
Email Accounts

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 22 / 2019

FEC Identification Number: C

Transaction ID : SB21B.7503

Amount of Each Disbursement this Period: 184.44

Memo Item

**B. Mailchimp**

Full Name (Last, First, Middle Initial)

Mailing Address 675 Ponce de Leon Ave NE

City Atlanta State GA Zip Code 30308

Purpose of Disbursement  
Email Accounts

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 22 / 2019

FEC Identification Number: C

Transaction ID : SB21B.7510

Amount of Each Disbursement this Period: 184.44

Memo Item

**C. Mailchimp**

Full Name (Last, First, Middle Initial)

Mailing Address 675 Ponce de Leon Ave NE

City Atlanta State GA Zip Code 30308

Purpose of Disbursement  
Email Accounts

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 23 / 2019

FEC Identification Number: C

Transaction ID : SB21B.7515

Amount of Each Disbursement this Period: 184.44

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 553.32

**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)  
**POWER TO IMPEACH**

Full Name (Last, First, Middle Initial)

**A. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	9

Mailing Address 1025 Vermont Ave, NW  
Suite 300

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Legal Services

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.7496**

Amount of Each Disbursement this Period

[REDACTED] 540.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. US Postal Service**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	9

Mailing Address 475 L'Enfant Plaza SW

City Washington State DC Zip Code 20260

Purpose of Disbursement  
Postage

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.7481**

Amount of Each Disbursement this Period

[REDACTED] 440.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. US Postal Service**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	9

Mailing Address 475 L'Enfant Plaza SW

City Washington State DC Zip Code 20260

Purpose of Disbursement  
Postage

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.7483**

Amount of Each Disbursement this Period

[REDACTED] 110.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

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

[REDACTED] 1090.00

**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)  
**POWER TO IMPEACH**

Full Name (Last, First, Middle Initial)  
**A. US Postal Service**

Mailing Address 475 L'Enfant Plaza SW

City Washington State DC Zip Code 20260

Purpose of Disbursement Postage

Candidate Name

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

State: District:

Date of Disbursement: MM / DD / YYYY  
07 / 31 / 2019

FEC Identification Number: C

Transaction ID : **SB21B.7487**

Amount of Each Disbursement this Period: 110.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. US Postal Service**

Mailing Address 475 L'Enfant Plaza SW

City Washington State DC Zip Code 20260

Purpose of Disbursement Postage

Candidate Name

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

State: District:

Date of Disbursement: MM / DD / YYYY  
08 / 15 / 2019

FEC Identification Number: C

Transaction ID : **SB21B.7492**

Amount of Each Disbursement this Period: 110.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. US Postal Service**

Mailing Address 475 L'Enfant Plaza SW

City Washington State DC Zip Code 20260

Purpose of Disbursement Postage

Candidate Name

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

State: District:

Date of Disbursement: MM / DD / YYYY  
09 / 19 / 2019

FEC Identification Number: C

Transaction ID : **SB21B.7498**

Amount of Each Disbursement this Period: 110.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 330.00

**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)  
**POWER TO IMPEACH**

Full Name (Last, First, Middle Initial)  
**A. US Postal Service**

Mailing Address 475 L'Enfant Plaza SW

City Washington State DC Zip Code 20260

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 21 / 2019

FEC Identification Number: C

Transaction ID : SB21B.7502

Amount of Each Disbursement this Period: 110.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. US Postal Service**

Mailing Address 475 L'Enfant Plaza SW

City Washington State DC Zip Code 20260

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 29 / 2019

FEC Identification Number: C

Transaction ID : SB21B.7504

Amount of Each Disbursement this Period: 110.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. US Postal Service**

Mailing Address 475 L'Enfant Plaza SW

City Washington State DC Zip Code 20260

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 26 / 2019

FEC Identification Number: C

Transaction ID : SB21B.7511

Amount of Each Disbursement this Period: 110.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 330.00

**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)  
**POWER TO IMPEACH**

Full Name (Last, First, Middle Initial)

**A. Yeest, LLC**

Mailing Address 6475 E. Pacific Coast Highway  
#313

City Long Beach State CA Zip Code 90803

Purpose of Disbursement  
Online Ads, Merchandise, Shipping

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.7517**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Yeest, LLC**

Mailing Address 6475 E. Pacific Coast Highway  
#313

City Long Beach State CA Zip Code 90803

Purpose of Disbursement  
Online Ads, Merchandise, Shipping

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.7501**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Yeest, LLC**

Mailing Address 6475 E. Pacific Coast Highway  
#313

City Long Beach State CA Zip Code 90803

Purpose of Disbursement  
Online Ads, Merchandise, Shipping

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.7506**  
Amount of Each Disbursement this Period

Memo Item

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

**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)  
**POWER TO IMPEACH**

**A. Yeest, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 6475 E. Pacific Coast Highway #313

City Long Beach State CA Zip Code 90803

Purpose of Disbursement Online Ads, Merchandise, Shipping

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 12 / 03 / 2019

FEC Identification Number C

**Transaction ID : SB21B.7520**

Amount of Each Disbursement this Period 5052.15

Memo Item

**B. Yeest, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 6475 E. Pacific Coast Highway #313

City Long Beach State CA Zip Code 90803

Purpose of Disbursement Online Ads, Merchandise, Shipping

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 12 / 31 / 2019

FEC Identification Number C

**Transaction ID : SB21B.7518**

Amount of Each Disbursement this Period 4020.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9072.15
<b>TOTAL</b> This Period (last page this line number only).....▶	33193.59