

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**
FIGHT FOR TOMORROW

ADDRESS (number and street) **807 BRAZOS STREET**
STE 810
 Check if different than previously reported. (ACC) **AUSTIN TX 78701**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00549279 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on **11** / **08** / **2016** in the State of

5. Covering Period **10** / **20** / **2016** through **11** / **28** / **2016**

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

Signature of Treasurer MACKOWIAK, MATT, L, , [Electronically Filed] Date **12** / **08** / **2016**

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

FIGHT FOR TOMORROW

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="2016"/>	<input type="text"/>	<input type="text" value="2073.92"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="5197.69"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="15000.05"/>	<input type="text" value="41050.42"/>
(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="20197.74"/>	<input type="text" value="43124.34"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="19991.12"/>	<input type="text" value="42917.72"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="206.62"/>	<input type="text" value="206.62"/>
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="18774.10"/>	

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)

Write or Type Committee Name

FIGHT FOR TOMORROW

Report Covering the Period: From:

M M / D D / Y Y Y Y Y Y
10 / 20 / 2016

To:

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

I. Receipts

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

	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).....	15000.00	41000.00
(ii) Unitemized	0.00	50.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	15000.00	41050.00
(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)	15000.00	41050.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.05	0.42
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)).....▶	15000.05	41050.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	15000.05	41050.42

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	952.50	6107.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	952.50	6107.50
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)	9468.00	27239.60
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).....	9570.62	9570.62
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)) ..	19991.12	42917.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19991.12	42917.72

DETAILED SUMMARY PAGE
of Disbursements

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)	15000.00	41050.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15000.00	41050.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	952.50	6107.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	952.50	6107.50

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 22
	<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	

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)
FIGHT FOR TOMORROW

A. Farmer, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2630 Exposition Blvd
 Ste 105
 City Austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Heritage Title of Austin Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 02 / 2016
Transaction ID : SA11AI.7298
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Lucas, Harry Jr, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 327 Congress Ave
 Ste 500
 City Austin State TX Zip Code 78701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lucas Petroleum Group Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 8500.00

Date of Receipt 10 / 31 / 2016
Transaction ID : SA11AI.7297
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Reagan National Advertising of Austin Inc
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1775 North Warm Springs Rd
 City Salt Lake City State UT Zip Code 84116
 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 ▼ 5000.00

Date of Receipt 10 / 25 / 2016
Transaction ID : SA11AI.7279
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	10000.00
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 7 OF 22
(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)
FIGHT FOR TOMORROW

A. The Lamar Companies
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 66338

City Baton Rouge	State LA	Zip Code 70896
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2016

Transaction ID : SA11AI.7285

Amount of Each Receipt this Period
5000.00

Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	15000.00

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)
FIGHT FOR TOMORROW

Full Name (Last, First, Middle Initial)

A. Gober Hilgers PLLC

Mailing Address PO Box 341016

City
Austin

State
TX

Zip Code
78734

Purpose of Disbursement
Legal Services

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
11			03			2016			

FEC Identification Number

C _____
Transaction ID : SB21B.7306
 Amount of Each Disbursement this Period
 _____ 165.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Gober Hilgers PLLC

Mailing Address PO Box 341016

City
Austin

State
TX

Zip Code
78734

Purpose of Disbursement
Legal Services

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
11			03			2016			

FEC Identification Number

C _____
Transaction ID : SB21B.7307
 Amount of Each Disbursement this Period
 _____ 770.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C _____
 Amount of Each Disbursement this Period

Memo Item

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

935.00

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

935.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 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)
FIGHT FOR TOMORROW

A. Left Hand Design

Full Name (Last, First, Middle Initial)

Mailing Address 7233 Manchaca Rd
No 37

City Austin State TX Zip Code 78745

Purpose of Disbursement Non-Federal Mailer Design

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 04 / 2016

FEC Identification Number: C

Transaction ID : SB29.7301

Amount of Each Disbursement this Period: 811.88

Memo Item

B. Thomas Graphics Inc

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 142226

City Austin State TX Zip Code 78714

Purpose of Disbursement Non-Federal Mailer Production Printing and Postage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : SB29.7291

Amount of Each Disbursement this Period: 8758.74

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	9570.62
TOTAL This Period (last page this line number only).....▶	9570.62

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 10 OF 22
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
FIGHT FOR TOMORROW

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 165.00	Transaction ID : SD10.4107	
Amount Incurred This Period 0.00	Payment This Period 165.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 2722.50	Transaction ID : SD10.6938	
Amount Incurred This Period 0.00	Payment This Period 770.00	Outstanding Balance at Close of This Period 1952.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 630.00	Transaction ID : SD10.7016	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 630.00

1) SUBTOTALS This Period This Page (optional)..... ▶	2582.50
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) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 22
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
FIGHT FOR TOMORROW

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 330.00	Transaction ID : SD10.7017	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 330.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 409.00	Transaction ID : SD10.7018	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 409.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 60.00	Transaction ID : SD10.7061	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 60.00

1) SUBTOTALS This Period This Page (optional)..... ▶	799.00
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) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 22
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
FIGHT FOR TOMORROW

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 1400.00	Transaction ID : SD10.7020	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1400.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 52.50	Transaction ID : SD10.7021	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 52.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 520.00	Transaction ID : SD10.7069	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 520.00

1) SUBTOTALS This Period This Page (optional)..... ▶	1972.50
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) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 22
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
FIGHT FOR TOMORROW

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 1260.00	Transaction ID : SD10.7070	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1260.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 297.50	Transaction ID : SD10.7086	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 297.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 857.50	Transaction ID : SD10.7087	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 857.50

1) SUBTOTALS This Period This Page (optional)..... ▶	2415.00
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) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 14 OF 22
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
FIGHT FOR TOMORROW

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period <input type="text" value="547.49"/>	Transaction ID : SD10.7088	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="547.49"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period <input type="text" value="87.50"/>	Transaction ID : SD10.7089	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="87.50"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period <input type="text" value="17.50"/>	Transaction ID : SD10.7091	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="17.50"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="652.49"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 22
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
FIGHT FOR TOMORROW

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 192.50	Transaction ID : SD10.7092	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 192.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 1565.00	Transaction ID : SD10.7094	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1565.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 367.50	Transaction ID : SD10.7095	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 367.50

1) SUBTOTALS This Period This Page (optional)..... ▶	2125.00
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) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 22
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
FIGHT FOR TOMORROW

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period		Transaction ID : SD10.7096	
52.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	52.50	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period		Transaction ID : SD10.7097	
52.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	52.50	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period		Transaction ID : SD10.7098	
175.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	175.00	

1) SUBTOTALS This Period This Page (optional)..... ▶	280.00
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) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 22
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
FIGHT FOR TOMORROW

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gober Hilgers PLLC			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 70.00	Transaction ID : SD10.7099	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 70.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Rightside Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 1225.00	Transaction ID : SD10.7202	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1225.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Rightside Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 647.50	Transaction ID : SD10.7203	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 647.50

1) SUBTOTALS This Period This Page (optional)..... ▶	1942.50
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) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 22
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
FIGHT FOR TOMORROW

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Rightside Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 1522.50	Transaction ID : SD10.7253	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1522.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Rightside Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 210.00	Transaction ID : SD10.7254	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 210.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Rightside Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 525.00	Transaction ID : SD10.7256	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 525.00

1) SUBTOTALS This Period This Page (optional)..... ▶	2257.50
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) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 22
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
FIGHT FOR TOMORROW

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Rightside Compliance			Nature of Debt (Purpose): Compliance Services
Mailing Address PO Box 341027			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.7320	
Amount Incurred This Period 3587.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 3587.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 14.97	Transaction ID : SD10.7201	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 14.97

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period 140.00	Transaction ID : SD10.7259	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 140.00

1) SUBTOTALS This Period This Page (optional)..... ▶	3742.47
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) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 22
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
FIGHT FOR TOMORROW

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Gober Group			Nature of Debt (Purpose): Legal Services
Mailing Address PO Box 341016			
City Austin	State TX	Zip Code 78734	

Outstanding Balance Beginning This Period		Transaction ID : SD10.7260	
5.14			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	5.14	

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)..... ▶	5.14
2) TOTALS This Period (last page this line number only)..... ▶	18774.10
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	18774.10

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

NAME OF COMMITTEE (In Full) FIGHT FOR TOMORROW	FEC IDENTIFICATION NUMBER ▼ C C00549279
--	--

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee Left Hand Design <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2016
Mailing Address 7233 Manchaca Rd No 37	Amount 433.00 Transaction ID : SE.7311 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2016
City State Zip Code Austin TX 78745	
Purpose of Expenditure Federal Mailer Production Printing and Postage	
Name of Federal Candidate: MCMULLIN, EVAN JOHNSON, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u>
Calendar Year-To-Date Per Election for Office Sought 468.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Thomas Graphics Inc <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 22 / 2016
Mailing Address PO Box 142226	Amount 5000.00 Transaction ID : SE.7267 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 20 / 2016
City State Zip Code Austin TX 78714	
Purpose of Expenditure Mail List Rental, Mailer Distribution and Postage	
Name of Federal Candidate: JOHNSON, GARY, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 5866.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	5433.00
(a) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL Independent Expenditures	

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.

MACKOWIAK, MATT, L, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 08 / 2016

Signature

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

NAME OF COMMITTEE (In Full) FIGHT FOR TOMORROW	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00549279 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item Thomas Graphics Inc	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11 07 2016 </div>			
Mailing Address PO Box 142226	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 4000.00 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Austin</td> <td style="width:17%; padding: 2px;">State TX</td> <td style="width:50%; padding: 2px;">Zip Code 78714</td> </tr> </table>		City Austin	State TX	Zip Code 78714
City Austin		State TX	Zip Code 78714	
Purpose of Expenditure Federal Mailer Production Printing and Postage	Category/Type 			
Name of Federal Candidate: MCMULLIN, EVAN JOHNSON, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>UT</u>		
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 4468.00 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item Utah Lt. Governor Office	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11 07 2016 </div>			
Mailing Address Utah State Capitol Complex Ste 20 PO Box 142325	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 35.00 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Salt Lake</td> <td style="width:17%; padding: 2px;">State UT</td> <td style="width:50%; padding: 2px;">Zip Code 84114</td> </tr> </table>		City Salt Lake	State UT	Zip Code 84114
City Salt Lake		State UT	Zip Code 84114	
Purpose of Expenditure Voter Mailing Lists	Category/Type 			
Name of Federal Candidate: MCMULLIN, EVAN JOHNSON, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>UT</u>		
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 35.00 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 4035.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 0.00 </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 9468.00 </div>

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.

MACKOWIAK, MATT, L, ,

[Electronically Filed]

Date

MM / DD / YYYY

12
08
2016

Signature