



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**OORAH! POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		215570.40
(b) Cash on Hand at Beginning of Reporting Period.....	215043.37	
(c) Total Receipts (from Line 19) .....	60153.41	452584.77
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	275196.78	668155.17
7. Total Disbursements (from Line 31).....	71723.36	464681.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	203473.42	203473.42
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	41688.70	

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

**OORAH! POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5000.00	64300.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	5000.00	64300.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	38500.00	331000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	43500.00	395300.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	40455.36
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	176.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	16653.41	16653.41
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)).....▶	60153.41	452584.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	60153.41	452584.77

**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 .....	6723.36	173681.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	6723.36	173681.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	65000.00	276000.00
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	15000.00
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)) ..	71723.36	464681.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	71723.36	464681.75

**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) .....	43500.00	395300.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	43500.00	395300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	6723.36	173681.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	176.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6723.36	173505.75

**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 19  
(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)  
**OORAH! POLITICAL ACTION COMMITTEE**

**A. LAPINSKI, MAT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4424 45TH STREET NORTHWEST  
 City WASHINGTON State DC Zip Code 20016-2053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CROSSROADS STRATEGIES Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2020  
**Transaction ID : SA11A.70899**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
**CONTRIBUTION**

**B. YOCHA DEHE WINTUN NATION**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 18  
 City BROOKS State CA Zip Code 95606-0018  
 FEC ID number of contributing federal political committee. **C** C00459255  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2020  
**Transaction ID : SA11A.71447**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
**CONTRIBUTION**

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS PAC - AIC**

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

Mailing Address 220 LEIGH FARM ROAD  
PALLADIAN 1

City DURHAM State NC Zip Code 27707-8110

FEC ID number of contributing federal political committee. **C** C00077321

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2020

**Transaction ID : SA11C.70972**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B. ASSOCIATION FOR ADVANCED LIFE UNDERWRITING PAC**

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

Mailing Address 11921 FREEDOM DRIVE SUITE 1100

City RESTON State VA Zip Code 20190-5634

FEC ID number of contributing federal political committee. **C** C00447565

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2020

**Transaction ID : SA11C.71596**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. DELTA AIR LINES PAC**

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

Mailing Address 1212 NEW YORK AVE STE 200

City WASHINGTON State DC Zip Code 20005-6609

FEC ID number of contributing federal political committee. **C** C00104802

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2020

**Transaction ID : SA11C.70134**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12500.00
<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 8 OF 19
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. GENENTECH INC. PAC**

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

Mailing Address 1 DNA WAY

City SOUTH SAN FRANCISCO	State CA	Zip Code 94080-4918
-----------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00199257

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

**Transaction ID : SA11C.71597**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. GENERAL MOTORS COMPANY PAC**

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

Mailing Address 25 MASSACHUSETTS AVENUE NW  
SUITE 400

City WASHINGTON	State DC	Zip Code 20001-1427
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00076810

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
11	/	24	/	2020

**Transaction ID : SA11C.69002**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. HUMANA INC. PAC**

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

Mailing Address 975 F STREET NW  
SUITE 550

City WASHINGTON	State DC	Zip Code 20004-1458
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00271007

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2020

**Transaction ID : SA11C.70973**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15000.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MARATHON PETROLEUM CORPORATION EMPLOYEES PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 539 S. MAIN STREET

City FINDLAY	State OH	Zip Code 45840-3229
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00496307

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2020

**Transaction ID : SA11C.69606**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B. NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 430 NORTH MICHIGAN AVENUE

City CHICAGO	State IL	Zip Code 60611-4011
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00030718

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2020

**Transaction ID : SA11C.71416**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. THE CAPITAL GROUP COMPANIES INC. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 333 S HOPE STREET

City LOS ANGELES	State CA	Zip Code 90071-1406
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FEC ID number of contributing federal political committee. **C** C00540518

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

**Transaction ID : SA11C.71417**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11000.00
<b>TOTAL</b> This Period (last page this line number only).....	38500.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 10 OF 19	
(check only one)			
<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 checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Mailing Address **57744 ROUND LAKE RD**

City <b>BANDON</b>	State <b>OR</b>	Zip Code <b>97411</b>
-----------------------	--------------------	--------------------------

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 ▼  
**16653.41**

Date of Receipt  
**12 / 15 / 2020**

**Transaction ID : SA16.11633**

Amount of Each Receipt this Period  
**16653.41**

Memo Item  
**REFUND: FACILITY RENTAL/CATERING**

**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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address \_\_\_\_\_

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>16653.41</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>16653.41</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 4017 BUENA VISTA ST UNIT 109

City DALLAS State TX Zip Code 75204

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 25 / 2020

FEC Identification Number

C  
Transaction ID : SB21B.I1135I  
Amount of Each Disbursement this Period  
20.30

Memo Item

Full Name (Last, First, Middle Initial)

**B. BROGHAMER CONSULTING LLC**

Mailing Address 502 MONROE ST

City NEWPORT State KY Zip Code 41071-2006

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 03 / 2020

FEC Identification Number

C  
Transaction ID : SB21B.I11347  
Amount of Each Disbursement this Period  
1507.75

Memo Item

Full Name (Last, First, Middle Initial)

**C. LIMESTONE STRATEGIES**

Mailing Address 5750 CASTLE CREEK PKWY N DR  
SUITE 367

City INDIANAPOLIS State IN Zip Code 46250

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 03 / 2020

FEC Identification Number

C  
Transaction ID : SB21B.I1134  
Amount of Each Disbursement this Period  
5000.00

Memo Item

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

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

6528.05

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. RPM ITALIAN

Mailing Address 650 K ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20001

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2020

FEC Identification Number

C

Transaction ID : SB21B.I1166:  
Amount of Each Disbursement this Period

195.31
--------

Memo Item

Full Name (Last, First, Middle Initial)

### B.

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

FEC Identification Number

C

Amount of Each Disbursement this Period

--

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

FEC Identification Number

C

Amount of Each Disbursement this Period

--

Memo Item

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

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

195.31
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6723.36
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. FAMILIES FOR JAMES LANKFORD</b>			Date of Disbursement MM / DD / YYYY 12 / 27 / 2020	
Mailing Address PO BOX 1639			FEC Identification Number C 000466482 <b>Transaction ID : SB23.I11651</b>	
City BETHANY	State OK	Zip Code 73008	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/Type	Memo Item <input type="checkbox"/>	
Candidate Name <b>LANKFORD, JAMES, PAUL, ,</b>		Disbursement For: 2022		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: OK	District:			

Full Name (Last, First, Middle Initial) <b>B. FAMILIES FOR JAMES LANKFORD</b>			Date of Disbursement MM / DD / YYYY 12 / 27 / 2020	
Mailing Address PO BOX 1639			FEC Identification Number C 000466482 <b>Transaction ID : SB23.I11658</b>	
City BETHANY	State OK	Zip Code 73008	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/Type	Memo Item <input type="checkbox"/>	
Candidate Name <b>LANKFORD, JAMES, PAUL, ,</b>		Disbursement For: 2022		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: OK	District:			

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF ROY BLUNT</b>			Date of Disbursement MM / DD / YYYY 12 / 27 / 2020	
Mailing Address PO BOX 10178			FEC Identification Number C 000304758 <b>Transaction ID : SB23.I11650</b>	
City COLUMBIA	State MO	Zip Code 65205	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/Type	Memo Item <input type="checkbox"/>	
Candidate Name <b>BLUNT, ROY, , ,</b>		Disbursement For: 2022		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MO	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15000.00
<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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF ROY BLUNT</b>		Date of Disbursement MM / DD / YYYY 12 / 27 / 2020
Mailing Address PO BOX 10178		FEC Identification Number C00304758 <b>Transaction ID : SB23.I11656</b> Amount of Each Disbursement this Period 5000.00
City COLUMBIA	State MO	Zip Code 65205
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type
Candidate Name <b>BLUNT, ROY, , ,</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District:	

Full Name (Last, First, Middle Initial) <b>B. LISA MURKOWSKI FOR US SENATE</b>		Date of Disbursement MM / DD / YYYY 12 / 27 / 2020
Mailing Address PO BOX 100847		FEC Identification Number C00384529 <b>Transaction ID : SB23.I11652</b> Amount of Each Disbursement this Period 5000.00
City ANCHORAGE	State AK	Zip Code 99510
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type
Candidate Name <b>MURKOWSKI, LISA, , ,</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AK	District:	

Full Name (Last, First, Middle Initial) <b>C. LISA MURKOWSKI FOR US SENATE</b>		Date of Disbursement MM / DD / YYYY 12 / 27 / 2020
Mailing Address PO BOX 100847		FEC Identification Number C00384529 <b>Transaction ID : SB23.I11659</b> Amount of Each Disbursement this Period 5000.00
City ANCHORAGE	State AK	Zip Code 99510
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type
Candidate Name <b>MURKOWSKI, LISA, , ,</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AK	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15000.00
<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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. MARCO RUBIO FOR SENATE</b>		Date of Disbursement MM / DD / YYYY 12 / 27 / 2020
Mailing Address 228 S WASHINGTON ST STE 115		FEC Identification Number C 00620518 <b>Transaction ID : SB23.I11654</b>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement POLITICAL CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name <b>RUBIO, MARCO, , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL	District:	

Full Name (Last, First, Middle Initial) <b>B. MARCO RUBIO FOR SENATE</b>		Date of Disbursement MM / DD / YYYY 12 / 27 / 2020
Mailing Address 228 S WASHINGTON ST STE 115		FEC Identification Number C 00620518 <b>Transaction ID : SB23.I11661</b>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement POLITICAL CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name <b>RUBIO, MARCO, , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL	District:	

Full Name (Last, First, Middle Initial) <b>C. MIKE CRAPO FOR US SENATE</b>		Date of Disbursement MM / DD / YYYY 12 / 27 / 2020
Mailing Address PO BOX 1948		FEC Identification Number C 00330886 <b>Transaction ID : SB23.I11655</b>
City BOISE	State ID	Zip Code 83701
Purpose of Disbursement POLITICAL CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name <b>CRAPO, MICHAEL, D, ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: ID	District:	

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

15000.00

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

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

Full Name (Last, First, Middle Initial) <b>A. MIKE CRAPO FOR US SENATE</b>		Date of Disbursement MM / DD / YYYY 12 / 27 / 2020
Mailing Address PO BOX 1948		FEC Identification Number C C00330886 <b>Transaction ID : SB23.I11657</b>
City BOISE	State ID	Zip Code 83701
Purpose of Disbursement POLITICAL CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name <b>CRAPO, MICHAEL, D, ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ID	District:	

Full Name (Last, First, Middle Initial) <b>B. PORTMAN FOR SENATE COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 12 / 27 / 2020
Mailing Address 9856 ARCHER LANE		FEC Identification Number C C00458463 <b>Transaction ID : SB23.I11653</b>
City DUBLIN	State OH	Zip Code 43017-8914
Purpose of Disbursement POLITICAL CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name <b>PORTMAN, ROB, THE, HONORA,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH	District:	

Full Name (Last, First, Middle Initial) <b>C. PORTMAN FOR SENATE COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 12 / 27 / 2020
Mailing Address 9856 ARCHER LANE		FEC Identification Number C C00458463 <b>Transaction ID : SB23.I11660</b>
City DUBLIN	State OH	Zip Code 43017-8914
Purpose of Disbursement POLITICAL CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name <b>PORTMAN, ROB, THE, HONORA,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15000.00
<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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. INDIANA REPUBLICAN STATE COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 101 WEST OHIO STREET SUITE 2200

City INDIANAPOLIS State IN Zip Code 46204-4207

Purpose of Disbursement POLITICAL CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 28 / 2020

FEC Identification Number: C C00006486  
Transaction ID : SB23.I11343

Amount of Each Disbursement this Period: 5000.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	65000.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 19
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Young, Todd, , ,</b>			Nature of Debt (Purpose): Travel Reimbursement - See Memos
Mailing Address P.O. Box 3743			
City Carmel	State IN	Zip Code 46082-1053	

Outstanding Balance Beginning This Period <input type="text" value="17.57"/>	<b>Transaction ID : SD10.840</b>	
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="17.57"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Broghamer Consulting LLC</b>			Nature of Debt (Purpose): COMPLIANCE CONSULTING
Mailing Address 502 Monroe St			
City Newport	State KY	Zip Code 41071-2006	

Outstanding Balance Beginning This Period <input type="text" value="3752.68"/>	<b>Transaction ID : SD10.1172</b>	
Amount Incurred This Period <input type="text" value="1507.75"/>	Payment This Period <input type="text" value="1507.75"/>	Outstanding Balance at Close of This Period <input type="text" value="3752.68"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>EC Consulting, LLC</b>			Nature of Debt (Purpose): FINANCE CONSULTING
Mailing Address PO Box 40323			
City Washington	State DC	Zip Code 20016-2705	

Outstanding Balance Beginning This Period <input type="text" value="8607.22"/>	<b>Transaction ID : SD10.481</b>	
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="8607.22"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="12377.47"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> 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 19 OF 19
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Limestone Strategies</b>		Nature of Debt (Purpose): POLITICAL STRATEGY CONSULTING	
Mailing Address 5750 Castle Creek Pkwy N Dr Suite 367			
City Indianapolis	State IN	Zip Code 46250	

Outstanding Balance Beginning This Period	Transaction ID : SD10.519	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="10000.00"/>	<input type="text" value="5000.00"/>	<input type="text" value="5000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>OORAH! POLITICAL ACTION COMMITTEE</b>		Nature of Debt (Purpose): Transfer of Joint Fundraising Proceeds	
Mailing Address PO BOX 3743			
City CARMEL	State IN	Zip Code 46082	

Outstanding Balance Beginning This Period	Transaction ID : SD10.903	
<input type="text" value="20591.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="20591.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Socko Strategies, LLC</b>		Nature of Debt (Purpose): FINANCE CONSULTING	
Mailing Address 4323 Cathedral Ave NW			
City Washington	State DC	Zip Code 20016	

Outstanding Balance Beginning This Period	Transaction ID : SD10.1199	
<input type="text" value="3720.23"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="3720.23"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="29311.23"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="41688.70"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="41688.70"/>