

# 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

LegitPAC

ADDRESS (number and street) 718 Marlow Bay

Check if different than previously reported. (ACC) Verona WI 53593

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

C C00578013

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

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

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

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

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

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y Y Y

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

Leystra, Cole, , ,

Type or Print Name of Treasurer

Signature of Treasurer Leystra, Cole, , , [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y Y Y

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

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**LegitPAC**

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="7.30"/>	<input type="text" value="7.30"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7.30"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="130147.61"/>	<input type="text" value="130147.61"/>
(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="130154.91"/>	<input type="text" value="130154.91"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="48450.18"/>	<input type="text" value="48450.18"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="81704.73"/>	<input type="text" value="81704.73"/>
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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**LegitPAC**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2019 To: M M / D D / Y Y Y Y 06 / 30 / 2019

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).....	3050.00	3050.00
(ii) Unitemized .....	7043.27	7043.27
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	10093.27	10093.27
(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) .....	10093.27	10093.27
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).....	120054.34	120054.34
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)).....▶	130147.61	130147.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	130147.61	130147.61

**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 .....	38450.18	38450.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	38450.18	38450.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
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).....	5000.00	5000.00
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)) ..	48450.18	48450.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48450.18	48450.18

**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) .....	10093.27	10093.27
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10093.27	10093.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	38450.18	38450.18
37. Offsets to Operating Expenditures (from Line 15, page 3).....	120054.34	120054.34
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	- 81604.16	- 81604.16

**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"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**LegitPAC**

**A. Drake, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 369 Marion Ave  
 City Mill Valley State CA Zip Code 94941-2687  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **04 / 19 / 2019**  
**Transaction ID : VPFNMS06306**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**B. Lebor, Andrew, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4211 Misty Morning Way Apt 2424  
 City Gainesville State GA Zip Code 30506-4354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 19 / 2019**  
**Transaction ID : VPFNMS062S1**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Milner, Renanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 Linden Pl  
 City Dekalb State IL Zip Code 60115-3130  
 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 ▼ 62.50

Date of Receipt **03 / 29 / 2019**  
**Transaction ID : VPFNMRYZ3W9**  
 Amount of Each Receipt this Period 62.50  
 Memo Item  
 \* Earmarked Contribution: See Below

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2362.50
<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 22
	<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)  
**LegitPAC**

**A. ActBlue**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2674.27

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2019

**Transaction ID : VPFNMRYZ3W9E**

Amount of Each Receipt this Period  
62.50

Memo Item

Note: Above Contribution earmarked through this organization.

**B. Milner, Renanne, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 520 Linden Pl

City Dekalb	State IL	Zip Code 60115-3130
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)  
Not Employed Not Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
125.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2019

**Transaction ID : VPFNMSAF5S0**

Amount of Each Receipt this Period  
62.50

Memo Item

\* Earmarked Contribution: See Below

**C. ActBlue**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2674.27

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2019

**Transaction ID : VPFNMSAF5S0E**

Amount of Each Receipt this Period  
62.50

Memo Item

Note: Above Contribution earmarked through this organization.

<b>SUBTOTAL</b> of Receipts This Page (optional).....	62.50
<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 22
	(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

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NAME OF COMMITTEE (In Full)  
**LegitPAC**

**A. Milner, Renanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 Linden Pl  
 City Dekalb State IL Zip Code 60115-3130  
 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 ▼ 187.50

Date of Receipt **04 / 29 / 2019**  
**Transaction ID : VPFNMS2DPF5**  
 Amount of Each Receipt this Period 62.50  
 Memo Item  
 \* Earmarked Contribution: See Below

**B. ActBlue**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 441146  
 City West Somerville State MA Zip Code 02144-0031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2674.27

Date of Receipt **05 / 15 / 2019**  
**Transaction ID : VPFNMS2DPF5E**  
 Amount of Each Receipt this Period 62.50  
 Memo Item  
 Note: Above Contribution earmarked through this organization.

**C. Milner, Renanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 Linden Pl  
 City Dekalb State IL Zip Code 60115-3130  
 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 **05 / 29 / 2019**  
**Transaction ID : VPFNMS4E3E9**  
 Amount of Each Receipt this Period 62.50  
 Memo Item  
 \* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00  
**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: (check only one)	PAGE 9 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**LegitPAC**

**A. ActBlue**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 441146  
 City West Somerville State MA Zip Code 02144-0031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2674.27

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 07 / 2019  
**Transaction ID : VPFNMS4E3E9E**  
 Amount of Each Receipt this Period  
 62.50  
 Memo Item  
 Note: Above Contribution earmarked through this organization.

**B. Olmer, Judith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6420 Wishbone Ter  
 City Cabin John State MD Zip Code 20818-1705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 19 / 2019  
**Transaction ID : VPFNMS06355**  
 Amount of Each Receipt this Period  
 500.00  
 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 / D D / Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	3050.00

**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 22  
(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 checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**LegitPAC**

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

Mailing Address 1150 18Th St NW  
Ste 800

City Washington State DC Zip Code 20036-3845

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 ▼  
119868.37

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2019

**Transaction ID : VPFNMRT93T3**

Amount of Each Receipt this Period  
119868.37

Memo Item

Refund of unused TV ad time

**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  
MM / DD / YYYY

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  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	119868.37
<b>TOTAL</b> This Period (last page this line number only).....	119868.37

**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)

**LegitPAC**

Full Name (Last, First, Middle Initial)

**A. Chase Bank**

Mailing Address 270 Park Ave  
FI 12

City New York State NY Zip Code 10017-7924

Purpose of Disbursement  
Credit Card Payment - See Memo Entry

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2019

FEC Identification Number

C  
Transaction ID : VPEPCA9A9  
Amount of Each Disbursement this Period  
400.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Best Buy**

Mailing Address PO Box 9312

City Minneapolis State MN Zip Code 55440-9312

Purpose of Disbursement  
Computer

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2019

FEC Identification Number

C  
Transaction ID : VPEPCA9EQI  
Amount of Each Disbursement this Period  
400.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Chase Bank**

Mailing Address 270 Park Ave  
FI 12

City New York State NY Zip Code 10017-7924

Purpose of Disbursement  
Credit Card Payment - See Memo Entry

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
05 / 08 / 2019

FEC Identification Number

C  
Transaction ID : VPEPCA9A9  
Amount of Each Disbursement this Period  
3000.00

Memo Item

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

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

3400.00

**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)

**LegitPAC**

Full Name (Last, First, Middle Initial)

**A. NGP VAN Inc**

Mailing Address 1101 15Th St NW  
Ste 500

City  
Washington

State  
DC

Zip Code  
20005-5006

Purpose of Disbursement  
Database Hosting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : VPEPCA9EQI  
Amount of Each Disbursement this Period

[REDACTED] 3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Clarify Agency**

Mailing Address 101 Broadway

City  
Oakland

State  
CA

Zip Code  
94607-3745

Purpose of Disbursement  
Digital Strategy Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : VPEPCA9EQI  
Amount of Each Disbursement this Period

[REDACTED] 1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Clarify Agency**

Mailing Address 101 Broadway

City  
Oakland

State  
CA

Zip Code  
94607-3745

Purpose of Disbursement  
Digital Strategy Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : VPEPCA9A9  
Amount of Each Disbursement this Period

[REDACTED] 1350.00

Memo Item

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

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

[REDACTED] 2850.00

[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)

**LegitPAC**

Full Name (Last, First, Middle Initial)

**A. Clarify Agency**

Mailing Address 101 Broadway

City  
Oakland

State  
CA

Zip Code  
94607-3745

Purpose of Disbursement  
Digital Strategy Consulting

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : VPEPCA9AA!**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Clarify Agency**

Mailing Address 101 Broadway

City  
Oakland

State  
CA

Zip Code  
94607-3745

Purpose of Disbursement  
Digital Strategy Consulting

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : VPEPCA9AA!**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Engage**

Mailing Address 550 Highland St  
Ste 403

City  
Frederick

State  
MD

Zip Code  
21701-5785

Purpose of Disbursement  
Direct mail processing

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : VPEPCA9AA!**  
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)

Form with checkboxes for line numbers 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b.

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

NAME OF COMMITTEE (In Full)
LegitPAC

Form A: Irvine, Mary, M, , Disbursement details including date (03/11/2019), FEC ID, Transaction ID VPEPCA9AB, and amount 4055.53.

Form B: Irvine, Mary, M, , Disbursement details including date (03/12/2019), FEC ID, Transaction ID VPEPCA9AB, and amount 4055.53.

Form C: Irvine, Mary, M, , Disbursement details including date (03/19/2019), FEC ID, Transaction ID VPEPCA9AB, and amount 4055.53.

SUBTOTAL of Disbursements This Page (optional) 12166.59
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)  
**LegitPAC**

**A. Irvine, Mary, M, ,**

Full Name (Last, First, Middle Initial)

Mailing Address 310 Yale Dr

City Alexandria State VA Zip Code 22314-4759

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 04 / 12 / 2019

FEC Identification Number C

**Transaction ID : VPEPCA9AB**

Amount of Each Disbursement this Period 4055.53

Memo Item

**B. Irvine, Mary, M, ,**

Full Name (Last, First, Middle Initial)

Mailing Address 310 Yale Dr

City Alexandria State VA Zip Code 22314-4759

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 05 / 15 / 2019

FEC Identification Number C

**Transaction ID : VPEPCA9AB**

Amount of Each Disbursement this Period 4055.53

Memo Item

**C. Irvine, Mary, M, ,**

Full Name (Last, First, Middle Initial)

Mailing Address 310 Yale Dr

City Alexandria State VA Zip Code 22314-4759

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 06 / 14 / 2019

FEC Identification Number C

**Transaction ID : VPEPCA9AB**

Amount of Each Disbursement this Period 4055.53

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ► 12166.59

**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)

**LegitPAC**

Full Name (Last, First, Middle Initial)

**A. Nexus Direct**

Mailing Address 101 W Main St  
Ste 400

City  
Norfolk

State  
VA

Zip Code  
23510-1646

Purpose of Disbursement  
Fundraising Expense: Direct Mail

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** [Redacted]  
**Transaction ID : VPEPCA9EQI**  
Amount of Each Disbursement this Period  
[Redacted] 1764.59

Memo Item

Full Name (Last, First, Middle Initial)

**B. Park Bank**

Mailing Address 8001 Excelsior Dr

City  
Madison

State  
WI

Zip Code  
53717-1956

Purpose of Disbursement  
Credit Card Payment - Unitemized expenses

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** [Redacted]  
**Transaction ID : VPEPCA8P6L**  
Amount of Each Disbursement this Period  
[Redacted] 158.63

Memo Item

Full Name (Last, First, Middle Initial)

**C. Park Bank**

Mailing Address 8001 Excelsior Dr

City  
Madison

State  
WI

Zip Code  
53717-1956

Purpose of Disbursement  
Credit Card Payment - Unitemized expenses

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	9

FEC Identification Number

**C** [Redacted]  
**Transaction ID : VPEPCA9AA**  
Amount of Each Disbursement this Period  
[Redacted] 76.86

Memo Item

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

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

2000.08
[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)

**LegitPAC**

Full Name (Last, First, Middle Initial)

**A. Park Bank**

Mailing Address 8001 Excelsior Dr

City  
Madison

State  
WI

Zip Code  
53717-1956

Purpose of Disbursement  
Credit Card Payment - See Memo Entries

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	9

FEC Identification Number

**C** [ ]  
**Transaction ID : VPEPCA9AAI**  
 Amount of Each Disbursement this Period  
 [ ] 1863.99

Memo Item

Full Name (Last, First, Middle Initial)

**B. Action Network**

Mailing Address 1900 L St NW  
Ste 900

City  
Washington

State  
DC

Zip Code  
20036-5005

Purpose of Disbursement  
CRM Database Hosting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	9

FEC Identification Number

**C** [ ]  
**Transaction ID : VPEPCA9ENI**  
 Amount of Each Disbursement this Period  
 [ ] 260.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. NGP VAN Inc**

Mailing Address 1101 15Th St NW  
Ste 500

City  
Washington

State  
DC

Zip Code  
20005-5006

Purpose of Disbursement  
Database Hosting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	9

FEC Identification Number

**C** [ ]  
**Transaction ID : VPEPCA9ENI**  
 Amount of Each Disbursement this Period  
 [ ] 1500.00

Memo Item

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

[ ] 1863.99
-------------

**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)  
**LegitPAC**

**A. Park Bank**

Full Name (Last, First, Middle Initial)

Mailing Address 8001 Excelsior Dr

City Madison State WI Zip Code 53717-1956

Purpose of Disbursement  
Credit Card Payment - See Memo Entries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 23 / 2019

FEC Identification Number  
**C**

Transaction ID : VPEPCA9AA  
Amount of Each Disbursement this Period  
330.00

Memo Item

**B. Action Network**

Full Name (Last, First, Middle Initial)

Mailing Address 1900 L St NW Ste 900

City Washington State DC Zip Code 20036-5005

Purpose of Disbursement  
CRM Database Hosting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 26 / 2019

FEC Identification Number  
**C**

Transaction ID : VPEPCA9ENI  
Amount of Each Disbursement this Period  
260.00

Memo Item

**C. Park Bank**

Full Name (Last, First, Middle Initial)

Mailing Address 8001 Excelsior Dr

City Madison State WI Zip Code 53717-1956

Purpose of Disbursement  
Credit Card Payment - See Memo Entries

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 07 / 2019

FEC Identification Number  
**C**

Transaction ID : VPEPCA9AA  
Amount of Each Disbursement this Period  
383.75

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 713.75

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**LegitPAC**

Full Name (Last, First, Middle Initial)

**A. Action Network**

Mailing Address 1900 L St NW  
Ste 900

City  
Washington

State  
DC

Zip Code  
20036-5005

Purpose of Disbursement  
CRM Database Hosting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	9

FEC Identification Number

**C**

**Transaction ID : VPEPCA9ENI**

Amount of Each Disbursement this Period

260.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. VA Department Of Taxation**

Mailing Address 1957 Westmoreland St

City  
Richmond

State  
VA

Zip Code  
23230-3225

Purpose of Disbursement  
Income tax

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	9

FEC Identification Number

**C**

**Transaction ID : VPEPCA9AAI**

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. VA Department Of Taxation**

Mailing Address 1957 Westmoreland St

City  
Richmond

State  
VA

Zip Code  
23230-3225

Purpose of Disbursement  
Income tax

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	9

FEC Identification Number

**C**

**Transaction ID : VPEPCA9AA**

Amount of Each Disbursement this Period

714.90

Memo Item

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

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

724.90

**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)

**LegitPAC**

Full Name (Last, First, Middle Initial)

**A. VA Department Of Taxation**

Mailing Address 1957 Westmoreland St

City Richmond State VA Zip Code 23230-3225

Purpose of Disbursement  
Income tax

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
05 / 15 / 2019

FEC Identification Number

C  
**Transaction ID : VPEPCA9AA.**  
 Amount of Each Disbursement this Period  
 238.30

Memo Item

Full Name (Last, First, Middle Initial)

**B. VA Department Of Taxation**

Mailing Address 1957 Westmoreland St

City Richmond State VA Zip Code 23230-3225

Purpose of Disbursement  
Income tax

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2019

FEC Identification Number

C  
**Transaction ID : VPEPCA9AAI**  
 Amount of Each Disbursement this Period  
 238.30

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  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

MM / DD / YYYY

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)..... ▶

476.60  
 38317.50

**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)

**LegitPAC**

Full Name (Last, First, Middle Initial)

**A. JAMES MACKLER FOR US SENATE**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	9

Mailing Address PO Box 41012

City  
Nashville

State  
TN

Zip Code  
37204-1012

FEC Identification Number

**C** C00637850

**Transaction ID : VPEPCA9BM**

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement  
Contribution

Category/Type

Candidate Name

**MACKLER, JAMES, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: TN District: 00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TOM MALINOWSKI FOR CONGRESS**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	9

Mailing Address PO Box 263

City  
Somerville

State  
NJ

Zip Code  
08876-0263

FEC Identification Number

**C** C00656686

**Transaction ID : VPEPCA9BM**

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement  
Contribution

Category/Type

Candidate Name

**MALINOWSKI, TOM, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: NJ District: 07

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Mailing Address

City

State

Zip Code

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Memo Item

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

5000.00

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

5000.00

**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

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NAME OF COMMITTEE (In Full)  
**LegitPAC**

**A. Democratic Party Of Wisconsin**

Full Name (Last, First, Middle Initial)

Mailing Address 15 N Pinckney St  
Ste 200

City Madison State WI Zip Code 53703-2833

Purpose of Disbursement Contribution to state party

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement MM / DD / YYYY  
06 / 28 / 2019

FEC Identification Number  
**C**

**Transaction ID : VPEPCA9BM**

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 MM / DD / YYYY

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 MM / DD / YYYY

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).....▶	5000.00